



Veterans Affairs  
Canada

Anciens Combattants  
Canada

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# **Annotated Bibliography of Veterans Affairs Canada Research Directorate Publications for 1992 – 2018: Research Evidence to Support the Well-Being of Veterans and their Families.**

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## **SUMMARY**

The VAC (Veterans Affairs Canada) Research Directorate was established in 2002 under the leadership of Dr. David Pedlar PhD, in response to a need for evidence to guide the development of policies and programs for Canadian military Veterans and their families.

This report lists publications produced by researchers from Veterans Affairs Canada (VAC) Research Directorate from 1992 to 2018. This comprehensive body of research evidence provides sound scientific evidence for the seven domains of the VAC well-being framework: employment/other sense of purpose, finances, health and disability, life skills/knowledge, social integration, housing/physical environment and cultural/social environment. The Directorate's research takes a life course view, including a special focus on the transition from military to civilian life. The work informs policies, programs and services provided by VAC and other agencies to support the well-being of Canadian Armed Forces (CAF) Veterans and their families.

The report gives the citation and a short description for each publication. Of the 173 publications, there were 65 professional journal papers, 12 book chapters, 48 Technical Reports published by VAC, and 48 other types of publications, including Info Briefs and Data Reports. Each of the Technical Reports includes French language Executive Summaries, and 37 of the publications were translated entirely into French. For ease of access, this report sorts the publications by areas of interest, including well-being domains, special interest topics, and programs of research.

### **Keywords**

Bibliography, Veterans, research, well-being, population studies, income studies

### **Abbreviations**

CAF: Canadian Armed Forces

DND: Department of National Defence

LASS: Life After Service Study/Studies

VAC: Veterans Affairs Canada

## SOMMAIRE

La Direction de la recherche d'Anciens Combattants Canada (ACC) a été établie en 2002 sous la direction de David Pedlar, Ph. D., en réponse au besoin de données probantes pour orienter l'élaboration des politiques et des programmes destinés aux vétérans canadiens et à leur famille.

Le présent rapport répertorie les publications des chercheurs de la Direction de la recherche d'Anciens Combattants Canada (ACC) de 1992 à 2018. Cet ensemble de preuves de la recherche fournit des preuves scientifiques solides pour les sept domaines du cadre de référence du bien-être d'ACC : emploi et autre but donnant un sens à la vie; finances; santé et invalidité; aptitudes à la vie quotidienne et connaissances; intégration sociale; logement et environnement physique; et environnement culturel et social. Les recherches de la Direction sont fondées sur le parcours de vie et une attention particulière est accordée à la transition de la vie militaire à la vie civile. Ces travaux servent à orienter les politiques, ainsi que les programmes et les services offerts par ACC et d'autres organismes en vue de favoriser le bien-être des vétérans des Forces armées canadiennes (FAC) et de leur famille.

Le rapport fournit une citation et une brève description de chaque publication.

Les 173 publications comprennent 65 articles de revues scientifiques, 12 chapitres d'ouvrage, 48 rapports techniques publiés par ACC, et 48 autres types de publications, y compris des notes d'information et des rapports de données. Chacun des rapports techniques comprend un sommaire en français, et 37 publications ont été entièrement traduites en français. Afin d'en faciliter l'accès, ce rapport classe les publications par domaine d'intérêt, y compris les domaines du bien-être, les sujets d'intérêt particulier et les programmes de recherche.

### Mots-clés

bibliographie, vétérans, recherche, bien-être, études sur la population, études sur le revenu

### Abréviations

FAC : Forces armées canadiennes

MDN : Ministère de la Défense nationale

EVASM : Étude(s) sur la vie après le service militaire

ACC: Anciens Combattants Canada

## INTRODUCTION

The Veterans Affairs Canada (VAC) Research Directorate was established in 2002 in response to a need for evidence to guide the development of policies and programs for Canadian military Veterans and their families.

The Research Directorate has led or collaborated in several programs of research. The *Life After Service Studies* (LASS) include both nationally representative surveys of CAF Veterans (former members) and income studies of Veterans released from service since 1998. The *Road to Civilian Life (R2CL)* program of research included three projects contracted to researchers through the CIMVHR (Canadian Institute for Military and Veteran Health Research), and the development of a tool for self-assessing need for assistance with transition to civilian life by VAC and CAF (Canadian Armed Forces) researchers. VAC researchers have also informed the development of an interview system for assessing risk in transition. The *Continuing Care Research Project* (CCRP) was a collaboration between VAC and the Province of Ontario which demonstrated the cost-effectiveness of assisting aging persons with living at home rather than becoming institutionalized. The Research Directorate has collaborated with a variety of partners to insert a Veteran identifier in a variety of Canadian datasets. For example, a Veteran identifier was included in the 2003 *Canadian Community Health Survey*, allowing for the first time a glimpse at the well-being of the whole Veteran population. A Veterans' identifier has also been included in the *Canadian Longitudinal Study on Aging*.

The Directorate's researchers report their findings in several types of scientific publications. The top tier publications are those published in professional journals and books, and the Technical Reports published by VAC. The Research Directorate also publishes a series of one-page Info Briefs summarizing key research findings. Additionally, the Directorate publishes Data Reports that supplement the Technical Reports, and Brief Reports produced in short timelines in response to specific requests.

This Technical Report lists the 173 research publications authored by current and former members of the VAC Research Directorate from 1992 to 2018. Of the 173 publications, there were 65 professional journal papers, 12 book chapters, 48 Technical Reports published by VAC, and 48 other types of publications, including Info Briefs and Data Reports. Each of the Technical Reports includes French language Executive Summaries, and 37 of the publications were translated entirely into French. For ease of access, this report sorts the publications by areas of interest, including well-being domains, special interest topics, and programs of research.

The goal is to make the evidence accessible to support the well-being of military Veterans, their families and other persons. The report is organized so as to make it easy for users to find reports by topics of interest to them.

For further information, contact the Research Directorate, Veterans Affairs Canada Head Office, Charlottetown, PEI; email [vac.research-recherche.acc@canada.ca](mailto:vac.research-recherche.acc@canada.ca)



## ENGLISH PUBLICATIONS

### Finding Evidence of Interest to You

#### Section 1: English Publications

This section lists all of the English reports published by the Directorate's researchers to 2018. Each publication has a unique number that identifies the reference throughout the report. Publications published in both English and French use the same unique number. All of the French reports were also published in English.

##### Section 1. Annotated Bibliography:

This section lists all of the publications in alphabetical order. Each citation is written in Vancouver style, along with a short description of the content of the publication.

The citation style guide can be found here: <http://www.nlm.nih.gov/citingmedicine>

##### Section 1a. Publications by Themes:

This section lists publications categorized by topics of interest. Each citation is written in an abbreviated Vancouver style. The full citation and summary can be found in section 1 by referencing the publication's unique number.

Themes include: *Military to Civilian Transition; Health Care, Disability and Rehabilitation; Economics; Suicidal ideation, Attempts and Death by Suicide; Life Course; Sex and Gender; Families; Identity; Homelessness; and Methodology.*

##### Section 1b. Publications by Well-Being Domain:

This section lists publications categorized by the seven domains of the VAC well-being framework. Each citation is written in an abbreviated Vancouver style. The full citation and summary can be found in section 1 by referencing the publication's unique number.

For the original description of the well-being framework, see publication #124.

Well-being domains include: *Health and role disability; Employment and Other Main Activities; Finances; Life Skills and Preparedness; Social Integration; Housing and Physical Environment; and Cultural and Social Environment.*

##### Section 1c. Publications by Research Programs and Projects:

This section lists publications categorized by research programs and projects. Each citation is written in an abbreviated Vancouver style. The full citation and summary can be found in section 1 by referencing the publication's unique number.

Research Programs and Projects include: *Life After Service Studies – Income Studies 2010 to 2016; Life After Service Studies – Population Surveys 2010 to 2016; Veteran Mortality; Continuing Care Research Project; VAC Rehabilitation Program; Road to Civilian Life (R2CL) Program of Research; Conceptual Frameworks; Info Briefs; Veterans' Health Files Series; and Publications Led by Other Organizations.*

Search tools on computers allows readers to search and find specific text. The tool is launched by hitting Control+F in Windows or Command+F on Mac. Enter specific text into the text field to search this report.

## Where to find these Publications

**Journal publications** can be obtained through the journal's website.

**VAC Research Directorate Technical Reports** can be obtained by emailing a request to [vac.research-recherche.acc@canada.ca](mailto:vac.research-recherche.acc@canada.ca). They are variously available on the following websites, and no one website contains all of them:

1. Veterans Affairs Canada:  
<http://www.veterans.gc.ca/eng/about-us/research-directorate>
2. Library and Archives Canada:  
<http://publications.gc.ca/site/eng/9.844433/issues.html>
3. Canadian Institute for Military and Veteran Health Research:  
<https://cimvhr.ca/>
4. Veterans & Families Research Hub:  
<https://www.vfrhub.com/>

**VAC Research Directorate Info Briefs** can be obtained by emailing a request to [vac.research-recherche.acc@canada.ca](mailto:vac.research-recherche.acc@canada.ca) or are available online at <http://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>.

VAC internal employees can access the publications here:  
<https://gcdocs.gc.ca/veterans/lisapi.dll/link/15992435>

## 1. Annotated Bibliography

1. Asmundson GJ, Wright KD, McCreary DR, Pedlar D. Post-traumatic stress disorder symptoms in United Nations peacekeepers: an examination of factor structure in peacekeepers with and without chronic pain. *Cogn Behav Ther.* 2003;32(1):26-37.

This report looked at posttraumatic stress disorder (PTSD) symptoms in military Veterans and studied the relationship between PTSD and chronic pain. One study looked at different analysis models to explain PTSD symptoms, while the other study looked at the models to see if they could explain symptoms of PTSD for people with chronic pain. The studies showed that PTSD symptoms can be best explained by two different models, and that chronic pain may have an influence on PTSD symptoms.

2. Bédard M, Chambers L, Pedlar D. Response to “gender differences in psychiatric morbidity among family caregivers: a review and analysis.” *Gerontologist.* 2000 Dec;40(6):643-44.

This letter is a response to Drs. Yee and Schulz’s report which looked at gender differences in psychiatric morbidity of family caregivers. The letter questioned why problem behaviours were not discussed as a factor influencing psychiatric morbidity. It suggested that women’s higher risk for psychiatric morbidity could be partially explained by women caring for men’s behavior that can be harder to manage. Behaviour problems may be important to look at in order to reduce burden for female caregivers.

3. Bédard M, Molloy DW, Pedlar D, Lever JA, Stones MJ. Associations between dysfunctional behaviors, gender, and burden in spousal caregivers of cognitively impaired older adults. *Int Psychogeriatr.* 1997 Sep;9(3):277-90.

This report looked at caregiver burden in spouses caring for older adults with memory problems like Alzheimer’s disease. Following treatment, the older adults had improved mood, but their difficult behavior did not always improve. These changes did not consistently improve caregiver burden. However, the study did show a relationship between difficult behavior and caregiver burden. There were differences in caregiver burden among males and females.

4. Bédard M, Pedlar D, Martin NJ, Malott O, Stones MJ. Burden in caregivers of cognitively impaired older adults living in the community: methodological issues and determinants. *Int Psychogeriatr.* 2000;12(3):307-32.

This report looked at fifty-three studies published between 1980-1977 examining factors that relate to caregiver burden. This report also looked at differences in the design of each study. Many differences in the measurement design of each study were found. Cognitive impairment was consistently shown to be related to caregiver burden. However, the differences in measurement and design among studies made it difficult to understand what other factors influenced burden, and how they influenced burden over time.

5. Bédard M, Raney D, Molloy DW, Lever J, Pedlar D, Dubois S. The experience of primary and secondary caregivers caring for the same adult with Alzheimer's disease. *J Ment Health Aging*. 2001;7(2):287-96.

This report looked at burden experienced by caregivers of older adults with Alzheimer's disease. The study found that primary caregivers experienced greater burden while caring for individuals with behavior problems. Secondary caregivers experienced greater burden while caring for younger people with Alzheimer's disease. The study also found that caregivers experienced burden differently. Primary caregivers reported more burden overall, but secondary caregivers were burdened by feelings that they were not doing enough.

6. Besemann M, Heber J, Thompson J, Cooper RA, Gupta G, Brémault-Phillips S, Dentry SJ. Reflections on recovery, rehabilitation and reintegration of injured service members and Veterans from a bio-psychosocial-spiritual perspective. *Can J Surg*. 2018 Dec; 61(6; Suppl 1):S219-31. doi: 10.1503/cjs.015318

This report looked at the goals of rehabilitation, well-being factors that can influence recovery and rehabilitation, and major lessons learned from the CAF physical rehabilitation program. Lessons learned focus on the importance of attending to person-centered biopsychosocial aspects of well-being. The report emphasized the importance of helping patients find meaning in life events, set goals and manage identity challenges. The authors recommended the Canadian Model of Occupational Performance and Engagement and used it to demonstrate the crosswalk between the CAF's Total Health and Wellness Strategy and VAC's 7-domain well-being framework.

7. Boswall M, O'Hanley S, Caron-Boulet N, Thompson J. Veterans Health Files: Forms for father - military Veteran with unmet health care needs. *Can Fam Physician*. 2010 Feb;56:147-50. Available from: <http://www.cfp.ca/cgi/reprint/56/2/147>

Using a fictitious case example, this report provided family physicians with information to aid them in helping their Veteran, still-serving Canadian Forces and Royal Canadian Mounted Police patients' access to VAC programs and services. The report helps them to understand the importance of VAC medical forms. Patient access to VAC benefits can help family physicians because they provide access to treatment options for patients.

8. Bourque J, VanTil L, Gibbons C, LeBlanc SR, Landry LA, LeBlanc J, Sareen J, Darté K, Koop B, More F. Impact of a Housing First intervention on homeless Veterans with mental illness: a Canadian multisite randomized controlled trial. *J Mil Veteran Fam Health*. 2015; 1(2): 52-60. Available from: <https://doi.org/10.3138/jmvfh.2985>

This report looked at the impact of a Housing First program among homeless Veterans living with a mental health problem. This study used data from the At Home/Chez Soi study that randomly assigned participants to a control group, assertive community treatment or intensive case management. The Housing First approach was effective in improving housing stability, social functioning, and quality of life in homeless Veterans

with mental health problems. This result was consistent with the intervention's effectiveness with other homeless Canadians.

9. Bourque J, VanTil L, LeBlanc SR, Koop B, Daigle S, LeBlanc J, Sareen J, Darté K, Landry LA, More F. Correlates of Veteran status in a Canadian sample of homeless people with mental illness. *Can J Commun Ment Health*. 2014; 33(4):141-159. Available from: <https://doi.org/10.7870/cjcmh-2014-031>

This report looked at a population of homeless individuals with mental illness to identify characteristics correlated with Veteran status. The study looked at housing, mental health and service use characteristics. The study used data from the At Home/Chez Soi study. Veterans and non-Veterans were found to be similar, although Veterans attended school longer. Veterans comprised 4% of the study population, a rate equivalent to the homelessness of other Canadians.

10. Bourque J, VanTil L, Nadeau J, LeBlanc SR, Ebner-Daigle J, Gibbons C, Darté K. Physical health status of homeless Veterans in Canada: a cross sectional study. *J Mil Veteran Fam Health*. 2017; 3(2):4-11. Available from: <https://doi.org/10.3138/jmvfh.4251>

This report looked at the prevalence of physical health conditions in homeless Canadian Veterans with mental illness. Prevalence was compared to homeless non-Veterans with mental illness. The study used data from the At Home/Chez Soi study. Veterans and non-Veterans were found to have similar prevalence of physical health conditions. On average, Veterans presented with five physical health conditions. The most common were dental problems, head injuries, musculoskeletal injuries and foot problems.

11. Carew M, Rolland E, Whitehead J, Dubiniecki C, Bogaert L, Born J, VanTil L, Thompson J. Epidemiological Protocol for the Canadian Forces Cancer and Mortality Study. Department of National Defence Canadian Forces Health Services Group and Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2010 July.

This report described the study protocol for the Canadian Forces Cancer and Mortality Study (CFCAMS) (see #102). The CFCAMS methodology was a longitudinal record linkage design. The study cohort included Regular Force personnel enrolled between 1972 and 2006, using CAF human resources data. Plans are to link this with mortality and cancer databases held at Statistics Canada.

12. Canadian Study of Health and Aging Working Group (Pedlar D, VanTil L, Co-Investigators). Patterns and health effects of caring for people with dementia: the impact of changing cognitive and residential status. *Gerontologist*. 2002 Oct;42(5):643-52.

This report assessed relationships between the health status of people with dementia and caregiver health outcomes. They found that caregivers of healthy elderly persons had fewer health problems than caregivers for people with dementia or frailty. However, there was not a big difference between the two groups of caregivers. The study did not find a clear relationship between the severity of dementia and caregiver health.

13. Canadian Study of Health and Aging Working Group (Pedlar D, VanTil L, Co-Investigators). The incidence of dementia in Canada. *Neurology*. 2000 Jul;55(1):66-73. Available from: <https://doi.org/10.1212/WNL.55.1.66>

This report looked at the incidence of dementia, including Alzheimer's disease, among Canadians aged 65 and over. Incidence was estimated through a 5-year cohort study of 10,263 seniors who lived in the community or in an institution. The study estimated 60,150 new cases of dementia per year in Canada. However, this estimate may have been influenced by a number of factors, and the actual incidence of dementia may have been higher than this study reports.

14. Connolly DM, Pedlar D, MacKnight C, Lewis C, Fisher J. Guidelines for stage-based supports in Alzheimer's care: The FAST-ACT: Functional assessment staging tool-action checklist. *J Gerontol Nurs*. 2000 Nov;26(11):34-45.

This article looked at a checklist called FAST-ACT for people with Alzheimer's disease. The checklist was designed to help families and caregivers find appropriate support and reduce burden. The guideline is an information sharing and teaching tool for health care providers. Providers can use the tool to help create trusting relationships with patients, families and caregivers. The article discussed the purpose, assumptions, goals and organization of the FAST-ACT checklist.

15. Duel J, Godier L, MacLean MB, Fossey M. Challenging missions: vulnerable veterans leaving the Armed Forces and promising avenues to support them. Chapter 6 in: Casto et al., editors. *Military Veteran Reintegration*. Elsevier. Forthcoming 2019.

This book chapter provides a literature review of factors that may contribute to difficulty during transition from military to civilian life. Most service members who leave the Armed Forces do well transitioning. However, some Veterans do not. Veterans can experience difficulties during transition that results in lower quality of life. Difficulties may include physical or mental health problems, financial problems, relationship problems, homelessness, legal issues, difficulties in the civilian workforce, or adjusting to civilian life.

16. El-Gabalawy R, Thompson J, Sweet J, Erickson J, Mackenzie C, Pietrzak R, VanTil LD, Sareen J. Comorbidity and functional correlates of anxiety and physical conditions in Canadian Veterans. *J Mil Veteran Fam Health*. 2015;1(1):37-46.

This report looked at the relationship between anxiety disorders and physical health conditions in Canadian Veterans. The Veterans were surveyed in the 2010 Survey on Transition to Civilian Life (LASS 2010). The study found that the combination of both anxiety disorders and physical health conditions was common in the Veterans. Veterans with the combination of anxiety disorders with back or arthritis problems more often had poorer physical health and activity limitations than those who did not have anxiety.

17. Elhai J, Richardson J, Pedlar D. Predictors of general medical and psychological treatment use among a national sample of peacekeeping Veterans with health problems. *J Anxiety Disord.* 2006;21(4):580-9. doi: 10.1016/j.janxdis.2006.07.001

This report looked at factors that relate to general physical and mental health treatment use in peacekeeping Veterans with health problems. Results showed that Veterans who were married, had more health problems and had more severe depression had a higher use of general medical services. Veterans who were younger, had more health problems and more severe posttraumatic stress disorder had a higher use of mental health services.

18. Fikretoglu D, Brunet A, Guay S, Pedlar D. Mental health treatment seeking by military members with PTSD: findings on rates, characteristics, and predictors from a nationally representative Canadian military sample. *Can J Psychiatry.* 2007 Feb;52(2):103-10.

This report looked at mental health treatment use for military members with posttraumatic stress disorder (PTSD). It was found that two out of three military members with PTSD sought help from a professional for mental health problems. These members reached out to mental health specialists, other doctors and health care professionals, and religious/spiritual advisors. Members who had experienced 5 or more types of psychological trauma were more likely to seek help. One out of three military members with PTSD did not seek help.

19. Fikretoglu D, Brunet A, Poundja J, Guay S, Pedlar D. Validation of the deployment risk and resilience inventory in French-Canadian Veterans: findings on the relation between deployment experiences and post-deployment health. *Can J Psychiatry.* 2006 Oct;51(12):755-63.

This report assessed a tool designed to measure deployment factors that influence physical and mental function in French-Canadian Veterans. The study showed that the tool was valid and reliable. The risk factors were shown to be negatively associated with mental and physical functioning. The resilience factors were shown to be positively associated with mental and physical functioning. The study found that risk and resilience factors were associated with a variety of physical and psychological functioning problems.

20. Fikretoglu D, Brunet, A, Schmidt, N, Guay S, Pedlar D. Posttraumatic stress disorder and treatment seeking in a nationally representative Canadian military sample. *J Trauma Stress.* 2006 Dec;19(6):847-58.

This report looked at factors associated with treatment-seeking in military members with posttraumatic stress disorder. The study identified psychological trauma characteristics that were related to treatment-seeking. Veterans who did and did not seek treatment were identified by the presence or absence of different factors. Some factors did not relate to treatment-seeking in expected ways.

21. Fikretoglu D, Elhai J, Liu A, Richardson J, Pedlar D. Predictors of likelihood and intensity of past-year mental health service use in an active Canadian military sample. *Psychiatr Serv*. 2009 Mar;60(3):358-66.

This report looked at factors that relate to seeking mental health services in a 2002 survey of serving Canadian military members. The study measured how likely and how often military members were to seek services. Results showed that military members with mental health conditions were more likely to seek services and to seek them more often. Military members who had served longer, and who were lower in rank were more likely to seek services and to seek them more often.

22. Fikretoglu D, Guay S, Pedlar D, Brunet A. Twelve month use of mental health services in a nationally representative active military sample. *Med Care*. 2008 Feb;46(2):217-23.

This report looked at factors that related to seeking mental health services over the past year in a 2002 survey of serving Canadian military members. Results showed that less than half of military members used mental health services in the past year. Females who felt they had poor mental health, who were married, in a common law relationship, or previously married and who were lower in rank were more likely to use services. Lack of trust was the biggest barrier to accessing services.

23. Fikretoglu D, Liu A, Pedlar D, Brunet A. Patterns and predictors of treatment delay for mental disorders in a nationally representative, active Canadian military sample. *Med Care*. 2010 Jan;48(1):10-17.

This report looked at factors that relate to delays in seeking mental health treatment in a 2002 survey of serving Canadian military members. The study showed that while most military members with a mental health condition sought treatment, many delayed seeking treatment for years. Results showed that military members who were older, who served for a shorter amount of time, and who developed a mental health condition earlier in life were more likely to delay seeking treatment.

24. Hachey KK, Sudom K, Sweet J, MacLean MB, VanTil L. Transitioning from military to civilian life: the role of mastery and social support. *J Mil Veteran Fam Health*. 2016;2(1):9-18. doi: 10.3138/jmvfh.3379

This report looked at factors associated with an easier transition to post-service life in CAF members surveyed in the 2010 Survey in Transition to Civilian Life. It also looked at how these factors relate to health and life stress. They identified factors that may have been helpful for Veterans who have physical and mental health conditions with high life stress. These include a sense of control over important life events, being satisfied with social supports, and feeling like they belong in the community.



25. Hachey KK, Sudom K, Sweet J, Thompson J, MacLean MB, VanTil L. Differences in adjustment to civilian life between male and female Canadian Armed Forces Veterans. *Res Militaris*. 2016 Feb.

This report looked at differences between male and female Veterans after leaving military service. The study found that male and female Veterans adjusted to nonmilitary life similarly. However, women were less likely to report an easy adjustment. More women reported mental health issues. For both men and women, there were a number of factors that were related to the ease of the transition. These factors include health, education and social life.

26. Hollander MJ, Miller JA, MacAdam M, Chappell N, Pedlar D. Increasing value-for money in the Canadian health care system: new findings and the case for integrated care for seniors. *Healthc Q*. 2009;12(1):39-47.

This report presented new findings to make the case that it is possible to obtain better value for money in our healthcare system by adopting models of integrated care delivery for seniors and others with ongoing care needs. Findings from the Continuing Care Research Project showed that home care has the potential, through appropriate substitution, to be a cost effective alternative to facility care. Home support services and unpaid caregivers play a critical role in allowing people to remain in the community and maximize their independence for as long as possible.

27. Hopman WM, Thompson J, Sweet J, VanTil L, VanDenKerkhof E, Sudom K, Poirier A, Pedlar D. Multivariate assessment of health-related quality of life in Canadian Armed Forces Veterans after transition to civilian life. *J Mil Veteran Fam Health*. 2015;1(2):61-70.

This report looked at factors associated with the health-related quality of life of CAF Veterans in life after military service. The study found a number of factors related to mental and physical health-related quality of life. These included age, a sense of control over important life events, high satisfaction with life, and chronic physical and mental health conditions. Understanding these factors can help improve health-related quality of life in Veterans.

28. Joshi A, Pedlar D. Geriatric case managers: educational needs and opportunities. *Educ Gerontol*. 1992;18(5):567-86. Available from: <https://doi.org/10.1080/0360127920180512>

Case management is an important health and social service in the community. Professionals working in community-based, long-term care need to be trained as case managers for seniors. Gerontology educators can provide training for case managers. This report assessed the training needs of health and social service case managers working with elderly Canadian. The report described the type of case management training provided in Canada and suggested the type of training that case managers' need.

29. Keough J, MacLean MB, VanTil L, Poirier A, McKinnon K. Regular Force Veterans Not in the Labour Force. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2015 Dec 14. 12p. Data Report. Life After Service Studies (LASS) Secondary Analysis (2015 Series – Release 19).

This report looked at characteristics of Regular Force Veterans who were not in the labour force (i.e. not working and not looking for work). This study found that Veterans who are not in the labour force were more likely than those in the labour force to have difficulty adjusting to civilian life, experience comorbidity and activity limitations and also to be dissatisfied with life, their finances and their main activity. The study also examined main activity of these Veterans and groups that benefitted most from VAC interventions and employment supports.

- 29a. Veterans Affairs Canada. Veteran Employment. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2017 Feb. Info Brief. Available from:  
<https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

30. Macintosh S, Sweet J. Findings from Veterans Affairs Canada Review of Disability Award Recipients. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2010 Jun 17. 13p. Brief Report.

This report looked at the findings from a review of VAC clients in receipt of a Disability Award to better understand how recipients were using their awards. Clients were reviewed using a questionnaire with five questions. The review explored financial advice, use of lump sum payment, client satisfaction with lump sum payment, lump sum payment method and additional New Veterans Charter benefits. Responses were divided by age, the amount of the award and whether the client received the award for a mental health condition.

31. MacLean MB. Veteran population estimates. Charlottetown (PE): Veterans Affairs Canada Statistics Directorate; 2008 May 21. 18p.

This report provides details of the methods used to count Veterans in Canada. The Veteran population was estimated to be 806,000 in 2007. This included 219,500 estimated to be War Service Veterans and 586,500 estimated to be Canadian Forces Veterans. The report examined where the data came from to calculate the estimates. It also looked at population information for both War Service Veterans and Canadian Forces Veterans. There is also a section looking at the population of war service survivors.

32. MacLean MB. Case Management Service Standards and Best Practices. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2011 Dec 16. 9p. Brief Report.

This report looked at developing an appropriate time-frame to complete case management services at VAC. The review looked at best practices and standards for case management from other health care organizations. Two reports discussing specific time-frame measures were found. One organization was using specific time-frames, while the other looked at

how time-frame standards influenced case management. Best practices included looking at the complexity of cases and dealing with the most complex cases early.

33. MacLean MB. Compensation for Economic Loss: Impairment, Severe Disability, Loss of Career Progression. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2014 Nov 4. 11p. Brief Report.

This report looked at factors such as impairment, disability and the ability to work to see how they relate to compensation for earnings loss. It was found that there are factors other than impairment that play a role in a person's ability to do work and in explaining their compensation for earnings loss. The report looked at compensation through workers compensation boards and the Canadian Pension Plan Disability Program. It also discussed the impact of job progression in calculating benefits.

34. MacLean MB. VAC Health Services Review: Client and Expenditure Impact of Proposals. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2008 May 21. 107p. Technical Report.

This report is a review of health services provided by VAC. The report proposed a new approach to providing health benefits, based on Veterans needs rather than entitlement. It looked at Veterans who were eligible and participated in the Veterans Independence Program and Veterans who were not eligible. The study looked at three options for providing benefits based on needs. It looked at the costs and potential outcomes for all options.

35. MacLean MB, Campbell L. Income Adequacy and Employment Outcomes of the New Veterans Charter. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2014 Sep 23. 31p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.816433&sl=0>

This report looked at the New Veterans Charter to see if it is helping Veterans to have an adequate level of income and support to work in the civilian workforce. This involved compensating for earnings loss due to injury after release. It was found that the best way to measure earnings loss was to compare earnings of those injured to the earning of uninjured persons over time. However, benefits that are too generous can have a negative impact on Veterans returning to work.

36. MacLean MB, Campbell L, Macintosh S, Lee J, Pedlar D. Research on Military/Veteran Families. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2015 Dec 14. 40p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.808502&sl=0>

The report looked at research on families of CAF members and Veterans. The study provided information to develop the VAC Family Strategy program and the Life After Service Study. The study found that family relationships are important for CAF members and Veterans. They support the well-being and life satisfaction of CAF members, and are

important to support Veterans with service-related conditions. Low levels of social support and low income are related to difficulty adjusting to civilian life.

37. MacLean MB, Campbell L, O'Connor T, VanTil L, Poirier A, Sudom K, Dursun S, Pedlar D. Profile of Personnel Deployed to Afghanistan. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2015 Dec 14. 20p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.808246&sl=0>

This report looked at characteristics of CAF members and Veterans who were deployed to Afghanistan. It looked at the use of VAC disability benefits for these members. The majority of members who served in Afghanistan are still serving and have not transitioned to nonmilitary life. However, results showed that Afghanistan Veterans have greater difficulty transitioning to civilian life and have more mental health problems. The numbers receiving VAC disability benefits are expected to rise for Afghanistan CAF members and Veterans.

38. MacLean MB, Campbell L, Poirier A. Monitoring Rehabilitation Program: Outcomes using the Life After Service Studies. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2016 Apr 19. 10p. Technical Report. Life After Service Studies (LASS) Secondary Analysis (Release 16).

This report looked to see if LASS data can be used to measure the success of the VAC Rehabilitation Program. It was found that rehabilitation clients had poorer health, disability and community engagement compared to other Veterans. These Veterans also had more problems related to employment and income compared to other Veterans. However, due to the way LASS data was collected, taking part in the Rehabilitation Program cannot explain these outcomes.

39. MacLean MB, Campbell L, Poirier A, Sweet J. Military Occupation and Post-Military Employment and Income Outcomes. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2016 Apr 8. 10p. Technical Report. Life After Service Studies (LASS) Secondary Analysis (Release 15).

This report looked at the relationship between military occupation and employment and income after release from the military. More than one third of Veterans were in occupations that are unique to the military, such as combat arms. The study found that unique occupations and military rank influenced employment and income after release. The findings suggested a need for a strategy focused on how skills from military service can be used in the civilian workforce.

40. MacLean MB, Campbell L, VanTil L, Poirier A, Sweet J, McKinnon K, Sudom K, Dursun S, Herron M, Pedlar D. Pre- and Post-Release Income: Life After Service Studies. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2014 Jul 3. 49p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.629603&sl=0>

This LASS 2013 report looked at changes in income before and after release from the military. It used a dynamic cohort followed for 1-13 years after release (see# 153). Results showed Regular Force Veterans had a lower income after release. Medically released Regular Force Veterans had the greatest decrease in income. Primary Reserve Force Veterans had a higher income after release. Younger Veterans had the greatest increases in income and the highest rates of low income. This report replaces the LASS 2010 income study (see #71).

- 40a. Veterans Affairs Canada. Veteran Income/Finances. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2017 Feb. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

41. MacLean MB, Clow B, Ralling A, Sweet J, Poirier A, Buss J, Pound T, and Rodd B. Veterans in Canada released since 1998: A Sex-disaggregated Profile. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Sep 24. 53p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.863234&sl=0>

This report looked at differences between male and female Veteran populations. It looked at differences in service type and factors relating to the seven domains of well-being. It was found that females were more likely to serve in the air force, while males were more likely to serve in the army and be in combat arms. Looking at the domains of well-being, females and males differed in factors relating to health, purpose and finances.

- 41a. Veterans Affairs Canada. Female and Male Veterans in Canada. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Sep. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

42. MacLean MB, Keough J, Poirier A, McKinnon K, Sweet J. Labour Market Outcomes of Veterans. J Mil Veteran Fam Health [Internet]. 2019 Jan 30. doi:10.3138/jmvfh.2017-0016

This report looked at labour market outcomes for Canadian Regular Force Veterans. Most Veterans had jobs and were satisfied with their jobs after release from the military. Veterans are more likely to experience activity limitations at work compared to the Canadian general population. Veterans who were younger at release, had the fewest years of service, and served in the Army were more likely to be unemployed. The study discussed best practices and interventions to help improve labour-market outcomes. This publication built on the earlier technical report (see #4).

- 42a. Veterans Affairs Canada. Female and Male Veterans in Canada. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Sep. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

42b. Veterans Affairs Canada. Veteran Employment. Charlottetown (PE): Veterans Affairs Canada Research Directorate. 2017 Feb. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

43. MacLean MB, Keough J, Poirier A, McKinnon K, Sweet J. Labour-Market Outcomes of Veterans. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2016 Feb 15. 80p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.811336&sl=0>

This report looked at labour market outcomes for Canadian Regular Force Veterans. Most Veterans had jobs and were satisfied with their jobs after release from the military. Veterans are more likely to experience work disability compared to the Canadian general population. The study found a number of factors related to employment rates, including age, gender, years of service and type of service. The study discussed best practices and interventions to help improve labour-market outcomes. This technical report formed the basis for a later publication (see #42).

44. MacLean MB, Lockhart W. Rapid Review of the Literature Since the 2006 New Veterans Charter. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2016 Nov 7. 37p.

This report looked at findings related to the New Veterans Charter (NVC). The NVC program was designed to improve the well-being of Veterans. This review found that the key aspects of the NVC program design are still relevant today. While the NVC is evidence-based, new evidence and findings have not yet been incorporated into the program since its release. Additionally, the review found a number of challenges with the program, including ineffective screening and poor program reach.

45. MacLean MB, Murray R, Lazier R. Disability and compensation principles in military to civilian transition support. In: Castro et al., editors. Military Veteran Reintegration. Elsevier. Chapter 8. Forthcoming 2019.

This book chapter looked at Veteran disability compensation. Before the end of the First World War, many nations developed disability pensions, healthcare and vocational rehabilitation for Veterans. However, the concept of disability has evolved over time. The chapter looked at how disability is assessed and how compensation is structured. It presents five guiding principles in designing effective compensation systems. Five recommendations were developed to help nations develop and guide reform of compensation schemes.

46. MacLean MB, Poirier A. Identifying Afghanistan service. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2013 May 10. 4p. Data Report. Life After Service Studies (LASS) Secondary Analysis (2013 Series – Release 13).

This report looked at the number of Veterans who served in Afghanistan. The number of Veterans was calculated using records from the DND and VAC. Differences were found in

the collection of records when looking at the number of Afghanistan Veterans who had contact with VAC. Service in Afghanistan is not collected in a consistent way. These differences in the collection of information make it difficult to conduct future studies on Afghanistan Veterans.

47. MacLean MB, Poirier A, O'Connor T. Province of residence at release and post-release- data from the income study. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2011 Mar 2. 5p. Technical Report. Life After Service Studies (LASS) Secondary analysis (2011 Series – Release 2).

This report looked at where Regular Force Veterans chose to live after release from the military. The study looked at Veterans who are New Veterans Charter clients, Disability Pension clients and non-clients. At the time of release, the majority of Veterans were living in Ontario and Quebec. Roughly five years later, the number of Veterans living in Nova Scotia, Ontario and Manitoba decreased, while those living in other countries increased. These findings provide information which helps VAC distribute resources to support Veterans.

48. MacLean MB, Poirier A, O'Connor T, Hennebery A. Health Care Cost Drivers: Canadian Armed Forces Veterans. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2013 May 10. 23p. Technical Report.

This report looked at increases in health care costs by studying Veterans who use VAC health care programs and benefits. Health care costs for CAF clients doubled in the last five years. The report identified a number of factors contributing to the increase in costs. Increases in the number of clients using VAC health care programs and benefits, average cost per client and service use were the most important factors related to increases in costs.

49. MacLean MB, Poirier A, Sweet J. Veterans Independence Program Need- indicators from the Survey on Transition to Civilian Life. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2011 Feb 14. 4p. Technical Report. Life After Service Studies (LASS) Secondary Analysis (2011 Series-Release 1).

This report looked at Veterans use of the Veterans Independence Program (VIP) services. VIP is a program created to help clients remain healthy and independent in their own homes and communities. The majority of VIP clients had participation and activity limitations or needed help with tasks, allowing them to receive VIP benefits. However, there were a small number of Veterans using VIP who did not need benefits, and Veterans who needed benefits but were not using VIP.

50. MacLean MB, Poirier A, Thompson J. Contact with Veterans not in receipt of VAC benefits- data from the Survey on Transition to Civilian Life. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2011 Mar 11. 6p. Technical Report. Life After Service Studies (LASS) Secondary Analysis (2011 Series- Release 3).



This report looked at Veterans use of VAC benefits. It looked to see how many Veterans had contacted VAC but were not receiving benefits, and how many of these Veterans may have been eligible for benefits. Of Veterans who were not VAC clients, a little less than half may have been eligible for benefits. More than one third of these Veterans had applied for benefits. It is unknown how many Veterans applied for benefits and were denied.

51. MacLean MB, Pound T. Compensating for permanent losses: totally and permanently incapacitated. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2014 Apr 22. 24p. Data Report.

This report looked at the New Veterans Charter (NVC) disability and financial benefits costs for Veterans who are totally and permanently incapacitated (TPI). From 2011 to 2013, the NVC costs doubled and the number of Veterans deemed TPI tripled. TPI Veterans were worse off compared to other Veterans in terms of health and disability. However, their rates of experiencing low income were not different from other Veterans. The study also compares alternative approaches to compensation.

52. MacLean MB, Pound T, Dalziel C, Macintosh S. Low income lines and financial security in retirement. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2014 Nov 14. 11p. Technical Report.

This report looked at low income lines and benefits in Canada as well as findings on low income Veterans to inform the New Veterans Charter benefits. The rates of low income among Veterans were found to be lower than that of the general population. Comparing low income lines showed that one line consistently provided higher benefits. Retirement income policies have helped to reduce poverty among seniors. However, little is known about the incomes of Veterans aged 65 and over.

53. MacLean MB, Roach MB, Keough J, MacLean L. Veteran income and employment policies in Canada. J Mil Veteran Fam Health. Forthcoming 2019.

This report looked at the history of financial benefits provided by VAC since the First World War for Veterans released since 1998. Studies during 1997-2003 suggested that the needs of Veterans and their families were inadequately addressed by existing VAC programs. After 2006, policy returned to a focus on employment supports for Veteran well-being as well as benefits for service-related disability. Veterans who were not employed, not satisfied with their job, main activity or finances, or who were experiencing low income had a more difficult adjustment to civilian life.

54. MacLean MB, Sweet J, Poirier A. Effectiveness of career transition services. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2011 Jul 27. 15p. Data Report. Life After Service Studies (LASS) Secondary Analysis (2011 Series – Release 6).

This report looked at VAC's Career Transition Services (CTS) program offered as part of the New Veterans Charter. The study found that while a number of Veterans are using CTS, there are still many who have a need for the program but are not using it. The method



used to provide information about CTS to Veterans is not reaching those most in need. The data currently available is not able to provide information on the effectiveness of the program.

55. MacLean MB, Sweet J, Poirier A. Effectiveness of transition screening- evidence from the Survey on Transition to Civilian Life. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2011 Apr 26. 5p. Technical Report. Life After Service Studies (LASS) Secondary Analysis (2011 Series – Release 4).

This report looked at Transition Interviews for CAF members at risk of experiencing difficulty transitioning to nonmilitary life. The study found that most Transition Interviews were being held with low risk CAF members. It was also found that Transition interviews did not effectively identify CAF members at risk. In order to improve transition for CAF members, identifying and targeting high risk CAF members would be more effective than the Transition Interview.

56. MacLean MB, Sweet J, Poirier A. Income adequacy: comparing pre-and post-military incomes of medical and non-medical releases. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2011 Jun 24. 8p. Technical Report. Life After Service Studies (LASS) Secondary Analysis (2011 Series- Release 5).

This report looked at the income and finances of medically released Regular Force Veterans. The study showed that being medically released has an impact on income. The income of medically released Veterans was about half of their pre-release income, while non-medically released Veterans had roughly the same income before and after release. Medically released Veterans were less satisfied with their financial situation. However, both groups were just as likely to experience low income.

57. MacLean MB, Sweet J, Poirier A. Predictors of persistent low income. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2012 Apr. 9p. Technical Report. Life After Service Studies (LASS) Secondary Analysis (2011 Series – Release 11).

This report looked at factors related to persistent low income for recently released CAF Veterans. The study found that 1.6% of the Veteran study population experienced persistent low income. Veterans who were released involuntarily, released as a recruit, had more children and served for a shorter period of time were more likely to experience persistent low income. Screening for these factors at release can help target at risk Veterans who need additional support.

58. MacLean MB, Sweet J, Poirier A. Testing of case management workload intensity tools. Charlottetown (PE): Veterans Affairs Research Directorate; 2011 Dec 16. 26p. Technical Report.

This report looked at new tools used in case management. Four tools were tested. One looked at the risk of requiring admission to long-term care. One looked at risk of unsuccessful reestablishment to civilian life. One looked at the need, complexity and intensity of a client's case. The other looked at the workload of case managers. The

assessment of risk and need levels between the three tools were similar for most cases. However, the tools need further testing.

59. MacLean MB, Sweet J, Thompson JM, VanTil LD, Poirier A. Predicting receipt of VAC disability benefits. Charlottetown (PE): Veterans Affairs Canada Research Directorate. 2011 Feb 28. 32p. Technical Report.

This report looked at CAF members and Veterans to identify factors associated with becoming VAC disability benefit clients. There were nine factors identified in VAC and DND administrative data. These included type of release, frequency of deployment, mental and physical health, military rank, gender, service length and age. Medical release was most strongly related to becoming a VAC disability benefit client. This study was the first step in developing a screening tool to identify potential clients.

60. MacLean MB, Tait V, Eichler M, Clow B, Ralling A. Examining income disparities between female and male veterans: a gender analysis of income and labour market outcomes. In: Queen's University. Gender Dimensions of Veteran Transition. Kingston (ON). Forthcoming.

This book chapter looked at female Veterans' income and employment in Canada. It also looked at feminist research on women's experiences in the civilian and military labour market. Female Veterans experienced large reductions in post-release income and had lower incomes than males both pre- and post-release. Findings showed that female Veterans have different experiences when transitioning to civilian life and would benefit from labour-market support designed to address their unique needs.

61. MacLean MB, Thompson JM, Poirier A. Rehabilitation needs of VAC clients post eligibility for the SISIP vocational rehabilitation program. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2010 Feb 23. 27p. Technical Report.

The study looked at rehabilitation needs and health problems of VAC Rehabilitation clients. It looked at clients who are no longer eligible for CAF long-term disability benefits. It found that most clients had not participated in vocational Rehabilitation before beginning VAC's rehabilitation program. Many of the clients had physical health, mental health and social rehabilitation needs. Results suggested that some clients did not complete or participate in vocational rehabilitation before entering VAC's program because they had unaddressed health related issues.

62. MacLean MB, VanTil L. Estimated Veterans: Follow-up of 2002 Canadian Forces Mental Health Survey. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2016 Apr. Data Report.

This report looked at CAF members who responded to the Mental Health Survey of CAF to estimate how many would be Veterans by March 2017. It also provided information on release rate of CAF members. Statistics Canada wanted to follow up with CAF members who responded to the survey. Two models were used to estimate the number of Veterans. It

was estimated that 75% of CAF members who responded to the survey would be Veterans by March 2017.

63. MacLean MB, VanTil L, Banman M. VAC's Rehabilitation Program: data collection requirements for an economic evaluation. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2011 Feb 16. 25p. Technical Report.

This report looked at what is needed to study the cost-effectiveness of VAC's rehabilitation program. The rehabilitation program is part of the New Veterans Charter. Data on the rehabilitation program is collected through The Re-establishment Survey, The Survey on Transition to Civilian Life and The Income Study. In order to study cost-effectiveness, additional data must be collected. The report looked at the study design, study perspective and the additional measures needed to study cost-effectiveness.

64. MacLean MB, VanTil LD, Kriger D, Sweet J, Poirier A, Pedlar D. Well-being of Canadian Armed Forces Veterans: Canadian Community Health Survey 2003. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2013 May 10. 65p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.813559&sl=0>

This report looked at the well-being of CAF Veterans compared to other Canadians. CAF Veterans were similar to other Canadians in many areas of well-being. However, Veterans had a lower life satisfaction, more chronic health conditions, greater disability and a higher use of healthcare professionals. Veterans were also better off in a number of ways, including greater income and education. The study also compared well-being for Regular and Reserve Force Veterans and between male and female CAF Veterans.

65. MacLean MB, VanTil L, Macintosh S, Poirier A and McKinnon K. High-Cost Users of Health Care Among Veterans Affairs Canada Clients. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Jan 8. 35p.

This report looked at high cost users of VAC health care among Veteran clients. VAC health care costs were concentrated among a minority of clients, and high cost users had spending patterns and characteristics consistent with high need as in the literature. There appeared to be little relationship between high-cost use, risk level and receipt of case management. Findings suggests the need for further research into effective screening for case management.

- 65a. Veterans Affairs Canada. Health Care Use Among VAC Clients. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Jan. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

66. MacLean MB, VanTil L, Poirier A. Economic Loss: Is it related to age or disability rating? Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2016 Mar. 18p. Data Report. Life After Service Studies (LASS) Secondary Analysis (Release 18).

This report looked at Veterans who received VAC disability benefits to understand economic loss. It examined the economic impact of disability level and age. Overall, younger Veterans who received disability benefits experienced economic losses, while Veterans released at an older age did not. The ability to make the same income before and after release was not consistent for Veterans at the same disability level. This finding suggested income may be influenced by factors other than disability level.

67. MacLean MB, VanTil L, Poirier A. Income recovery after participation in the Rehabilitation Program. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2016 Mar 29. 6p. Technical Report. Life After Service Studies (LASS) Secondary Analysis (Release 20). Available from: <http://publications.gc.ca/pub?id=9.815807&sl=0>

This report looked at the incomes of Veterans who completed the Rehabilitation Services and Vocational Assistance Program. Veterans who completed the Rehabilitation program made 75% of their pre-release income, and 40% of their pre-release labour market earnings. Within the Rehabilitation Program, Veterans who completed vocational rehabilitation made about 60% of their pre-release income and roughly 45% of their pre-release labour market earnings.

68. MacLean MB, VanTil L, Poirier A, McKinnon K. Pre- and post-release income of Regular Force Veterans: Life After Service Studies 2016. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Apr 18. Technical Report.

This LASS 2016 report looked at income trends pre- and post-release for Regular Force Veterans and their families. It used a stable cohort followed for 5 years, and Veterans followed for up to 16 years after release. In general, Veterans experienced little decline in income post release and few experienced low income post-release. Some groups, such as older Veterans and senior officers, were unlikely to experience low income. However, there were several groups that warrant further research and policy consideration including females, younger and medically released Veterans and Veterans who participated in the Rehabilitation program. This report replaces the LASS 2013 income study (see #40).

- 68a. Veterans Affairs Canada. Veteran Income (Life After Service Survey Income Study 2016). Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Jul. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

69. MacLean MB, VanTil L, Thompson JM, Pedlar D, Poirier A, Adams J, Hartigan S, Sudom K. Life After Service Study: Data collection methodology for the income study and the transition to civilian life survey. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2010 Apr [revised 2010 Sep 9]. 79p.

This report looked at the framework and data collection methods for parts 1 and 2 of LASS 2010. It also looked at research findings for transitioning from military to civilian life. The theoretical framework for the LASS is based on health, disability, determinants of health and life course. Part 1 is the income study which looked at income of CAF Veterans. Part 2 is the Transition to Civilian Life Survey which measured the health, disability and determinants of health of Regular Force Veterans.

70. MacLean MB, VanTil L, Thompson J, Poirier A, Sweet J, Adams J, Campbell C, Murphy B, Dionne C, Pedlar D. Income study: Regular Force Veterans. In: Aiken AB, Bélanger SAH, editors. Shaping the Future: Military and Veteran Health Research. Kingston (ON): Canadian Defence Academy Press; 2011. p. 290-305. Available from: <https://cimvhr.ca/documents/Shaping-the-Future.pdf>

This book chapter provides a condensed version of the 2010 Income Study, which is part of the LASS. The study used Statistics Canada's Low Income Measure to look at income of CAF Veterans and their families. The findings showed that on average, Veterans experience a decline in income after release from the military. For the most part, VAC programs reach the Veterans with the largest declines. A small number of Veterans experience low income.

71. MacLean MB, VanTil L, Thompson JM, Poirier A, Sweet J, Pedlar D, Adams J, Sudom K, Campbell C, Murphy B, Dionne C. Income Study: Regular Force Veteran report. Veterans Affairs Canada, Department of National Defence and Statistics Canada; 2011 Jan 4. 70p.

This 2010 LASS report was the first to look at income of CAF Veterans. It used a dynamic cohort followed for 1-9 years after release (see #69). The study used Statistics Canada's Low Income Measure to look at income of CAF Veterans and their families. The findings showed that on average, Veterans experience a decline in income after release from the military. For the most part, VAC programs reach the Veterans with the largest declines. A small number of Veterans experience low income.

72. MacLean MB, VanTil L, Thompson J, Sweet J, Poirier A, Sudom K, Pedlar D. Post-military adjustment to civilian life: Potential risk and protective factors. J Am Phys Ther Assoc. 2014 Aug; 94(8):1-10.

This report looked at factors related to difficulty adjusting from military to civilian life in Regular Force Veterans using LASS 2010. The study found that areas of health, disability and the determinants of health related to difficulty adjusting to civilian life. Veterans who were a lower rank and were released medically, involuntarily, mid-career and from the Army were more likely to have a difficult adjustment. Screening for these factors can help identify Veterans who may need support adjusting to civilian life.

73. Marshall VW, Matteo R, Pedlar D. Post-military experiences of Veterans Affairs Canada clients: the need for military release readiness. University of North Carolina Institute on Aging; 2005 Jan. 24p.

This report examined the need for post-release or retirement planning among VAC clients using the VAC Canadian Forces Survey. The study looked at planning for retirement/release, factors associated with greater or less planning for retirement/release and benefits of retirement/release planning. Demographic, health and military service characteristics were examined. The study identified a need for steps to be taken to enhance financial security after release, and an approach to enhance military release readiness.

74. Marshall VW, Matteo R, Pedlar D. Work-related experience and financial security of Veterans Affairs Canada clients: contrasting medical and non-medical discharge. University of North Carolina Institute on Aging; 2005 Jan. 42p.

This report compared VAC clients who were medically discharged from the military to those who were discharged for other reasons using the VAC Canadian Forces Survey. The report described characteristics found to be associated with medical and non-medical discharge and examined post-discharge work experiences and perceived financial security. While medical discharge status income and financial security are mediated by other measures of health status and work experiences, medical release status remained an important characteristic.

75. Meehan M, Pedlar D, Heber A, Thompson J. Proceedings of a Round Table Held to Engage Whole-of-Community Approach for Suicide Prevention in Serving Military Members, Veterans and Public Safety Personnel. Kingston (ON): Canadian Institute for Military and Veteran Research; 2018. 21p.

This report looked at findings from a round table discussion on preventing suicide in Canadian military personnel, Veterans and public safety personnel. The paper summarized presentations made at the event. It also looked at the opportunities and challenges identified by participants. This included providing education to healthcare providers, providing different forms of support, engaging the community, exploring policies and reducing barriers to service. Participants also discussed several areas where more information was needed.

76. Molloy DW, Bédard M, Pedlar D, Lever JA. Institutionalization in cognitively-impaired older individuals: a longitudinal study. Clin Gerontol. 1999; 20(2): 3-22.

This report looked at older adults with memory or behavior problems to see if these adults were more likely to be institutionalized as their conditions got worse. It was found that the relationship between the adult and the caregiver was the most important factor impacting institutionalization. The adults were less likely to be institutionalized when cared for by their spouse. Worsening of their conditions did not always lead to institutionalization.

77. Molloy DW, Russo R, Pedlar D, Bédard M. Implementation of advance directives among community-dwelling Veterans. *Gerontologist*. 2000; 40(2):213-17.

This report looked at the effects of providing a program for Veterans to create advanced directives. Veterans received education and were assessed on their ability to provide an advanced directive. The number of Veterans with a directive doubled at the end of the study. The large majority of Veterans who participated in the program recommended that VAC offer the program to all Veterans. Overall, it was shown that the implementation of the advanced directive program was worthwhile.

78. Pedlar D. Assumptions and findings: trends in the Veteran client population, health care requirements, and the health care environment. Prepared for the Veterans Affairs Canada Gerontological Advisory Council; 1997 Oct 15. 17p.

This report looked at different trends in Veterans relating to age, health care needs and the health care environment that impact VAC health care services. The study found that the Second World War Veteran population was rapidly aging and declining. As Veterans aged, they developed worse health, which affected their independence. While the population was declining in size, health care needs are rising. The review discussed issues with access to care as well as healthcare reform and delivery.

79. Pedlar D. Client considerations: building a service delivery model to address the needs of a very old Veteran population. Charlottetown (PE): Veterans Affairs Canada; 1995 Jun. 10p.

This paper looked at the social, economic and health status of Veteran and non-Veteran seniors in Canada. This information is important to inform the development of health care services for the Veteran population. The ages of Second World War Veteran seniors were found to be bunched together within a five-year period, indicating the majority will reach old age at approximately the same time. There were a number of differences in health and social status based on age.

80. Pedlar D. Veterans Affairs Canada. In: Turner FJ, editor. *Encyclopedia of Canadian Social Work*. Wilfrid Laurier University; 2005. p. 429-30.

This report was a description of VAC. It looked at the organization's mission and values and went over programs and services relevant to social workers. The department meets its responsibilities through programs for disability pensions, income support, pension advocacy, healthcare and commemoration. Services available through the Veterans Independence Program were described. The report discussed the contribution that VAC has made to the development of Canadian social welfare programs and policies.

81. Pedlar D, Biegel DE. The impact of family caregiver attitudes on the use of community services for dementia care. *J Appl Gerontol*. 1999 Jun; 18(2):201-21.

This study looked at the attitudes of women caregivers caring for their husbands with dementia. It looked at how caregiver attitudes toward community services relate to the use

of the services. The results showed that caregivers had positive attitudes towards community services. Caregiver attitudes may play a role in the use of certain services, but not others. Although factors relating to health needs were most important, caregiver attitudes could also help explain community service use.

82. Pedlar D, Conrad D, Gallant D. Support for family caregiving at VAC: A summary of programs, policies and initiatives. Prepared for the caregiving subcommittee of the Gerontological Advisory Council; 1998 Apr 16. 9p.

This paper summarized VAC policies, programs and projects that supported Veterans' family caregivers in 1998. VAC had three major program areas for clients. These were health care, disability pensions and economic support. VAC did not have a program designed for family caregivers, but family caregivers could receive support through programs VAC offers. Health care programs included Health Care Benefits, the Veterans Independence Program and the long-term care program. Economic support programs include the War Veterans Allowance program.

83. Pedlar D, Lockhart W, Macintosh S. Canada's Veterans Independence Program: a pioneer of "aging at home". *Healthc Pap.* 2009; 10(1):72-7.

This paper looked at VAC's Veterans Independence Program (VIP), which helps Veterans stay at home as they age. The report looked at the history and purpose of the program, the services provided and how the services were delivered. It also looked at four lessons learned while providing VIP. First, VIP was cost-effective. Second, family caregivers must be treated with dignity and respect. Third, programs that help Veterans age at home were effective. Fourth, there is always room for improvement.

84. Pedlar D, Macintosh S. The evolution of healthcare programs for Canadian Veterans. In: Miller TW, Editor. *The Praeger handbook of Veterans' health: History, challenges, issues and developments: Volume 1, History, eras, and global healthcare.* Praeger; 2012. p.237-57.

This book chapter looked at the history of health care benefits for Veterans. It looked at the Veterans Independence Program (VIP) and New Veterans Charter (NVC) services provided through VAC. As soldiers returned from the First World War, the severity of their illnesses and injuries led to the creation of a number of benefits. After the Second World War, Canada focused on helping Veterans return to civilian life. As this population aged, VAC developed the VIP. The NVC is the newest program developed to meet Veteran's needs.

85. Pedlar D, Smyth K. Introduction: Caregiver attitudes, beliefs, and perceptions about service use. *J Appl Gerontology.* 1999 Jun; 18(2):141-44.

This literature review examined papers which looked at caregiver attitudes, beliefs and perceptions about service use. Some papers looked at how the attitudes, beliefs and perceptions of service use are formed. Other papers looked to see if attitudes, beliefs and perceptions were related to service use and outcomes. An understanding of attitudes,



beliefs and perceptions may help to provide information that increases service use and supports Veterans and caregivers in need.

86. Pedlar D, Thompson JM. Research in the life courses of Canadian military Veterans and their families. In: Aiken A, Bélanger SAH, editors. *Shaping the future, military and Veteran health research*. Kingston (ON): Canadian Defence Academy Press; 2011. p.15-31.

This report looked at research challenges that VAC faces in meeting the needs of Veterans and their families. There were five major challenges. These included understanding the needs of Canadian Veterans, understanding how military service impacts the life course of Veterans and their families, and identifying the best way to care for Veterans and their families. It also included managing the large amount of research being published, and strengthening research evidence.

87. Pedlar D and Thompson J, Castro C. Military to Civilian Transition Theories and Frameworks. In: Castro et al., editors. *Military Veteran Reintegration*. Elsevier. Chapter 3. Forthcoming 2019.

This book chapter reviewed theories and frameworks describing military-to-civilian transition (MCT). They were developed to guide the work being done to support military personnel in their transitions to civilian life. Five current theories/frameworks are discussed. No single theory is widely accepted but the chapter identified common features. The life course approach to understanding well-being in life after service is common to all. All the theories and frameworks capture well-being factors thought to influence the well-being of military personnel during MCT.

88. Pedlar D, Walker J. The overseas service Veteran (OSV) at home pilot: how choice of care may affect use of nursing home beds and waiting lists. *Can J Aging*. 2004; 23(4):367-89.

This report looked at the At Home Pilot Project for Second World War overseas service Veterans created by VAC. Clients on waiting lists for long-term care (LTC) facilities were offered at home care and treatment services. Results show that a large majority of clients preferred to remain at home with support, even when a bed became available at a LTC facility. The program reduced waiting times for nursing home beds and may be important for reducing costs and demand for LTC beds.

89. Poundja J, Fikretoglu D, Brunet A, Guay S, Pedlar D. The co-occurrence of pain and PTSD: is depression a mediator? *J Trauma Stress*. 2006 Oct; 19(5):747-51. Available from: <https://doi.org/10.1002/jts.20151>

This report looked to see if depression has a statistical effect on the relationship between posttraumatic stress disorder (PTSD) and pain in a sample of 130 CAF Veterans. Often, people with PTSD are also likely to have depression. The study found that while there is a relationship between PTSD and pain in Veterans, this relationship is strongly influenced by the presence of depression. These findings show it is important for healthcare professionals to pay close attention to depression when treating Veterans with PTSD and pain.

90. Poundja J, Fikretoglu D, Guay S, Brunet A, Pedlar D. Validation of the French version of the brief pain inventory in Canadian Veterans suffering from traumatic stress. *J Pain Symptom Manage*. 2007 Jun; 33(6):720-6.

This report looked to see if the French version of the Brief Pain Inventory (BPI) was able to accurately measure pain in French-speaking Veterans with posttraumatic stress disorder (PTSD). Pain is a major issue for Veterans with PTSD. This study found that Veterans with PTSD were in similar or more pain than what was reported by cancer patients and others with serious physical illness. The French version of the BPI was found to be a reliable measure of pain in PTSD.

91. Pranger T, Murphy K, Thompson JM. Veterans Health Files: Shaken world - coping with transition to civilian life. *Can Fam Physician*. 2009 Feb; 55(2):159-61. Available from: <http://www.cfp.ca/content/55/2/159>

Using a fictitious case example, this report provides family physicians with information about VAC's Rehabilitation Program. The Rehabilitation Program is designed to improve transition to civilian life for Veterans and their families. Transition to civilian life can be difficult for Veterans with physical or mental health problem. The report reviews medical and voluntary release and rehabilitation services at VAC. Family physicians can collaborate with VAC to ensure continuity of care for Veterans and their families during transition to life after military service.

92. Richardson JD, Elhai J, Pedlar D. Association of PTSD and depression with medical and specialist care utilization in modern peacekeeping Veterans in Canada with health-related disabilities. *J Clin Psychiatry*. 2006 Aug; 67(8):1240-45.

This report looked at health care service use for Veterans with disability benefits for mainly physical health conditions. The study looked at the relationship between posttraumatic stress disorder (PTSD) and depression severity and service use. Veterans with PTSD used more medical care services than Veterans without PTSD. Number of health problems and depression severity were associated with increased medical service use. These findings are helpful for health care professionals and administrators to understand Veterans health needs. Areas for future research are discussed.

93. Richardson JD, Long ME, Pedlar D, Elhai JD. Posttraumatic stress disorder and health-related quality of life among a sample of treatment- and pension-seeking deployed Canadian Forces Peacekeeping Veterans. *Can J Psychiatry*. 2008 Sep; 53(9):594-600.

This study looked at health-related quality of life (HRQoL) in deployed peacekeeping Veterans. It looked to see if posttraumatic stress disorder (PTSD) and depression severity affected HRQoL. HRQoL was assessed using a survey that measures functional impairment. It was found that Veterans with PTSD had lower mental HRQoL than those without PTSD. PTSD and depression severity negatively affected mental and physical HRQoL. The study findings are useful for healthcare professionals to understand potential rehabilitation needs of Veterans with PTSD.

94. Richardson JD, Long ME, Pedlar D, Elhai JD. Posttraumatic stress disorder and health-related quality of life in pension-seeking Canadian World War II and Korean War Veterans. *J Clin Psychiatry*. 2010 Aug; 71(8):1099-101.

This study looked at the relationship between posttraumatic stress disorder (PTSD) and health-related quality of life (HRQoL) in Second World War and Korean War Veterans. HRQoL was assessed using the SF-36. It was found that Veterans with PTSD had a lower HRQoL compared to Veterans without PTSD. The severity of PTSD and depression was found to have an effect on HRQoL. The study findings are helpful to understand older Veterans' health care needs.

95. Richardson JD, Thompson JM, Boswall M, Jetly R. Veterans Health Files: Horror comes home- Veterans with posttraumatic stress disorder. *Can Fam Physician*. 2010 May; 56(5):430-433. Available from: <http://www.cfp.ca/cgi/content/full/56/5/430>

Using a fictitious case, this paper gives family physicians information about helping Veterans with posttraumatic stress disorder (PTSD). PTSD in Veterans can present in subtle ways. Understanding military culture and the nature of military deployment is essential to detecting PTSD. This report provided an approach to recognizing and investigating possible PTSD in military Veterans. It also went over the treatment and management of the disorder. VAC has a number of programs, services and benefits for Veterans with operational stress injuries.

96. Rolland-Harris E, VanTil L, Zamorski MA, Boulos D, Reicker A, Masoud H, Trudeau R, Weeks M, Simkus K. The Canadian Forces Cancer and Mortality Study II: a longitudinal record-linkage study protocol. *CMAJ Open*. 2018; 6(4):E619-E627. doi: 10.9778/cmajo.20170125

This report described the study protocol for the Canadian Forces Cancer and Mortality Study (CFCAMS) II (see #97). The CFCAMS II methodology was a longitudinal record-linkage design. The study cohort included Regular Force and Class C Reservist personnel enrolled by CAF between 1976 and 2015, identified using CAF pay data. This will be linked with mortality and cancer databases held at Statistics Canada.

97. Rolland-Harris E, Weeks M, Simkus K, VanTil L. Overall mortality of Canadian Armed Forces personnel enrolled 1976-2012. *Occ Med*. 2018; 68(1):32-37. Available from: <https://doi.org/10.1093/occmed/kqx182>

This report described the burden of mortality in still serving and released CAF personnel. The Canadian Forces Cancer and Mortality Study (CFCAMS) II linked a cohort of CAF enrolled between 1976 and 2012 with Statistics Canada mortality data. All-cause mortality in still serving and released CAF personnel was significantly lower compared with the Canadian general population. The findings allow for the development of effective policies and programs for promoting, protecting and caring for the health of CAF personnel throughout their life course. For study methodology see #96.

98. Shields N, White M, Egan M. Veterans Health Files: Battlefield blues - Ambivalence about treatment among military Veterans with depression. *Can Fam Physician*. 2009 Aug; 55(8):799-802.

Using a fictitious case, this paper gives family physicians information about helping Veterans with depression. The report explored Veterans' uncertainty in seeking help, and looked at detection, diagnosis and management of depression. Continuous screening for a range of mental health conditions is encouraged. There are several levels of VAC care for Veterans suffering with mental health conditions. Family physicians play an important role in engaging and referring Veterans with mental health conditions as well as in providing ongoing care.

99. Simkus K, VanTil L, Pedlar D. 2017 Veteran Suicide Mortality Study: 1976 to 2012. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2017 Nov 30. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.847961&sl=0>

This report looked at suicide in the CAF Veteran population by linking data from the DND and the Canadian Vital Statistics Database. The analysis compared Veterans to the Canadian general population, estimated the risk experienced by Veterans and examined trends over the 37-year period of the study. The risk of suicide for both male and female Veterans remained higher than the risk for males and females in the general population over the four decades. The risk of suicide in males was 4 times higher than in females. This technical report formed the basis for a later publication (see #155).

- 99a. Veterans Affairs Canada. 2017 Veteran Suicide Mortality Study. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2017 Dec. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

100. Sloan J, Caron-Boulet N, Pedlar D, Thompson JM. Veterans Health Files: Overgrown lawn - A military Veteran no longer able to maintain the yard. *Can Fam Physician*. 2009 May; 55:483-85. Available from: <http://www.cfp.ca/cgi/content/full/55/5/483>

Using a fictitious case, this report gives family physicians information about supporting Veterans independently at home. The article described risk factors for loss of independence and strategies to support independence. Evidence suggested that supported care at home can be cost-effective. VAC can work with family physicians to help frail elderly clients remain independent at home. The Veterans Independence Program helps Veterans remain at home by providing support for activities of daily living.

101. Smyth KA, Pedlar DJ. Caregiver attitudes, beliefs, and perceptions about service use: Charting a course for further research. *J Appl Gerontology*. 1999 Jun; 18(2):257-61.

This article introduced the topic of caregiver attitudes, beliefs and perceptions about service use. There are no single set of factors which are always associated with caregivers' attitudes, beliefs and perceptions about services. Together, the studies in the journal suggest that the attitudes, beliefs and perceptions should be considered in the design of service

programs. However, more studies are needed to understand how this can be done effectively.

102. Statistics Canada. Canadian Forces Cancer and Mortality Study (CFCAMS): Causes of death. Ottawa (ON): Health Statistics Division; 2011 May 31. 15p. Catalogue no. 82-584-X.

This report was written by a team of CAF and VAC researchers in collaboration with Statistics Canada. The study compared causes of death in CAF members and Veterans who enrolled in service during 1972-2006 with the Canadian general population. The risk of death from all causes was lower in male and female Veterans than in the Canadian general population. The risk of death from suicide in male Veterans was one and a half times higher than in the general male population but was not different for female Veterans except in females aged 40-44 years.

103. Statistics Canada (Pedlar D, Co-Investigator). Canadian Persian Gulf Cohort Study. Gulf War Veterans Cohort Study Advisory Committee; 2015 Nov 2.

This study looked at the risk of death or developing cancer in Veterans deployed to the first Persian Gulf War in 1990-91. The risk was compared to military personnel who were not deployed to the Persian Gulf, and to the Canadian general population. Findings show the overall risk of death for deployed and non-deployed Veterans was similar. Deployed and non-deployed Veterans had a lower risk of death compared to the Canadian general population. The rate of cancer was similar among all Veterans and the Canadian general population.

104. Sweet J, Thompson JM. Literature review of military to civilian transition – Results of initial searches. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2009 Feb 16; 159p. Data Report.

This report gives the findings from a literature search on military to civilian transition (MCT). Three literature searches were conducted. One at VAC, one at Dalhousie University and one at the University of Prince Edward Island. This search found a few hundred reports related to MCT. This report informed a formal literature review on MCT in the Road to Civilian Life (R2CL) research program.

105. Thompson JM. Dementia - a resource for health professionals. Charlottetown (PE): Veterans Affairs Canada Mental Health Directorate; 2009. 20p.

This was a dementia resource for health care professionals. It looked at tests for diagnosis and different types of dementia. It also looked at managing the disease by discussing medication, treating problem behaviors and social issues. Dementia requires a team approach, and can be a challenge for patients, families, caregivers and doctors. VAC clients with dementia have access to a number of benefits and support services.

106. Thompson JM. Military Veterans and suicide: literature scan. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2009 Jul 29. 15p. Data Report.

This report documents the findings of a literature search on Veterans and suicide. The studies in this report were published from 1990 to 2009. The report provided the abstract of each study and highlighted important findings.

107. Thompson JM. Persistent symptoms following mild traumatic brain injury (mTBI) – A Resource for Clinicians and Staff. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2008 Sep 09. 26p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.691489&sl=0>

This report was written for health care professionals and staff supporting Veterans with persistent symptoms following mild traumatic brain injury (mTBI). mTBI is an acute physical injury. Persistent symptoms following mTBI can be difficult to attribute to prior mTBI and the symptoms can be explained by other health issues. The report summarized published scientific evidence regarding causes, diagnosis and treatment of persistent symptoms following mTBI. The report summarized relevant VAC benefits and outlined further research implications.

108. Thompson JM. Post-Korean War Canadian Forces Veterans [internet]. Prepared for VAC Client Services Learning Wiki; 2012 Feb 14.

This Wiki page looked at CAF Veterans who served after the Korean War. The Wiki summarized findings from the Canadian Community Health Survey and the 2010 Survey on Transition to Civilian Life (LASS 2010). The 2010 LASS included two studies. One looked at Veterans income and the other was a survey of Veterans who had released from 1998. The surveys looked at Veterans compared to the Canadian general population and gave information on Veteran health, disability and the determinants of health.

109. Thompson JM, Banman M, Jaeger H, Landry C, Wedge M, MacLean MB, Pranger T, VanTil L. Veterans' Well-Being Conceptual Framework. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2013 Jan 02. 32p. Technical Report.

This was an early version of the well-being framework. The framework had seven core concepts that operate throughout the life course of Veterans: (1) health, (2) disability, (3) well-being, (4) recovery, (5) determinants of health, (6) life course and (7) roles of Veterans, family, community and private sectors. The framework helped to inform policies, programs and services for Veterans and their families. This early version laid the foundation for the final version published later (see #124).

110. Thompson JM, Banman M, Jaeger H, Landry C, Wedge M, MacLean MB, Pranger T, VanTil L. Veterans' Well-Being Conceptual Framework: Appendices and References. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2012 Dec 19. 77p. Data Report.

This document described the evidence base for the Veterans' well-being framework developed at VAC to support policy, program and service development (see #109).

111. Thompson JM, Chiasson R, Loisel P, Besemann M, Pranger T. Veterans Health Files: A sailor's pain - Veterans' musculoskeletal disorders, chronic pain, and disability. *Can Fam Physician*. 2009 Nov; 55(11):1085-88. Available from: <http://www.cfp.ca/cgi/content/full/55/11/1085>

This paper used a fictitious case to inform family physicians about helping Veterans with problems like arthritis, back problems, disability and chronic pain. The report offered an approach to managing these types of problems in Veterans. The goal in managing disability is to assist patients in achieving role function and good quality of life. The report explained the advantages of collaborating with VAC.

112. Thompson JM, Chiasson R, Pedlar D. Veterans Health Files: Letter to the editor describing the launch of the Veterans Health Files series. *Can Fam Physician*. 2008 Nov; 54(11):1523. Available from: <http://www.cfp.ca/cgi/content/full/54/11/1523>

This letter introduced family physicians and general practitioners to the 2008-2010 *Veterans Health Files* series in the professional medical journal, *Canadian Family Physician*. Using seven fictitious case examples, the series informed family physicians about the military context and emerging issues of Veteran care. The series informed family physicians about their role in working with VAC to help patients and clients access compensation and health care benefits.

113. Thompson JM, Corbière M, VanTil L, Pranger T, Shields N, Wong M, Basque C. BECES-V: Modification of the BECES tool (Barriers to Employment and Coping Efficacy Scales) for Veterans with Mental Health Problems Reintegrating in the Workplace. Charlottetown (PE): Veterans Affairs Canada Research Directorate and Longueuil (QC): Université de Sherbrooke Action Centre for Prevention and Rehabilitation of Work Disability School of Rehabilitation; 2011 Jun 20. 10p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.861863&sl=0>

This report described the development of a tool called BECES-V for measuring and coping with barriers to work for military Veterans with mental health problems. The paper described how the tool developed for civilians with severe mental health conditions was adapted to Veterans with a wide range of mental health problems. The tool is intended to help Veterans with mental health problems who are transitioning to the civilian workforce.



114. Thompson JM, Dursun S, Lee J, Skomorovsky A, Lockhart W, MacLean MB. Self-assessment of Need for Assistance with Transition to Civilian Life. In: Castro et al., editors. *Military Veteran Reintegration*. Elsevier. Chapter 5. Forthcoming 2019.

This book chapter described the development and testing of a self-assessment tool to help military members and Veterans think about whether they should seek help in adapting to life after military service. The tool is 12 questions about how they are doing in 6 well-being domains. The tool uses green, yellow and red colours to either reassure them, or prompt them to seek help. The tool was validated in English and French for both serving and released CAF military members. The tool can be adapted for different support service and cultural contexts. See also #115.

115. Thompson JM, Dursun S, Lee J, Skomorovsky A, Lockhart W, Macintosh S, MacLean MB. Self-assessment of need for assistance with transition to civilian life: development of the Road to Civilian Life (R2CL) transition checklist. Charlottetown (PE): Veterans Affairs Canada Research Directorate and Ottawa (ON): Canadian Armed Forces Director General Military Personnel Research and Analysis; 2017 Jan 26. 25p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.831594&sl=0>

This technical report was an early version of the book chapter published in 2019 describing the development and testing of a self-assessment tool to help military members and Veterans decide whether they should seek help in transition (see #108). This was one of the Road to Civilian Life (R2CL) research projects. See also #114.

116. Thompson JM, Dursun S, VanTil L, Heber A, Kitchen P, de Boer C, Black T, Montelpare B, Coady T, Sweet J, Pedlar D. Group identity, difficult adjustment to civilian life and suicidal ideation in Canadian Armed Forces Veterans: Life After Service Studies 2016. *J Mil Veteran Fam Health*. Forthcoming 2019.

This paper analyzed data from the 2016 Life After Service Studies survey of CAF Regular Force Veterans released in 1998-2015. Difficult adjustment to civilian life and past-year suicidal ideation were more prevalent in Veterans released in 2012-2015 than in 1998-2012 and the Canadian general population. The study found that weak sense of group identity was moderately to strongly associated with perceived difficult adjustment to civilian life and past-year suicidal ideation, independently of having mental health problems like depression, anxiety disorders or posttraumatic stress disorder. The findings showed the importance of managing the identity challenges common in transition from military to civilian life.

117. Thompson JM, Egan M, Stultz T, Chiasson R. Development of the document: dementia – a resource for health professionals. Veterans Affairs Canada National Mental Health Directorate; 2009 Oct 20; 12 p. Technical Report.

This paper describes how VAC developed a dementia resource for health professionals. The resource provides a concise, evidence-based tool for dementia care. It can help physicians who do not see many patients with dementia and can provide quick reminders



while seeing patients. The resource provides a framework for diagnosis. It also looked at managing the disease by discussing medication, treating problem behaviors and social issues.

118. Thompson JM, Gauthier H, Poirier A, Baglole S, MacIntosh S. Nominal rolls: Lessons learned from developing the “Mustard Gas List”. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2010 Mar 03. 26p. Technical Report.

This report describes the development of a list of Canadian military Veterans who participated in chemical warfare testing during the 1940s-70s. The nominal roll was created by combining lists from DND, VAC and a number of other sources. The report describes the challenges of creating the nominal roll, and the value of similar lists. The nominal roll was used to contact Veterans who could be eligible for benefits.

119. Thompson JM, Heber A, VanTil L, Simkus K, Carrese L, Sareen J, Pedlar D. Life course well-being framework for suicide prevention in Canadian Armed Forces Veterans. *J Mil Veteran Fam Health*. Forthcoming 2019.

The risks of suicidality (suicidal ideation or behaviour) are higher in CAF Veterans than in the Canadian general population. Suicide prevention is everyone’s responsibility but it can be difficult for many to see how they can help. This paper proposes an evidence-based theoretical framework for discussing suicide prevention. The framework emphasizes consideration of multiple mental health and other well-being factors thought to play causal roles in suicide. The framework informed the 2017 joint CAF – VAC suicide prevention strategy.

120. Thompson JM, Hopman W, Sweet J, VanTil LD, MacLean MB, VanDenKerkhof E, Sudom K, Poirier A, Pedlar D. Health-related quality of life of Canadian Forces Veterans after transition to civilian life. *Can J Public Health*. 2013; 104(1):e15-e21. doi: 10.17269/cjph.104.3403

This report analyzed the health-related quality of life (HRQoL) data from the 2010 survey of CAF Veterans released from service in 1998-2007. Compared to other Canadians of the same age, CAF and Veterans had a lower physical HRQoL and similar mental HRQoL. The majority of VAC clients had below-average physical HRQoL and half had below average mental HRQoL. Certain groups of CAF and Veterans experienced the lowest physical and mental HRQoL. This study helps identify certain factors related to HRQoL.

- 120a. Veterans Affairs Canada. Chronic Pain in Veterans. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Oct. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

121. Thompson JM, Lockhart W, Roach MB, Atuel H, Bélanger S, Black T, Castro CA, Cox D, Cooper A, de Boer C, Dentry S, Hamner K, Shields D, Truusa, TT. Veterans' Identities and Well-being in Transition to Civilian Life – A Resource for Policy Analysts, Program Designers, Service Providers and Researchers. Charlottetown (PE): Veterans Affairs Canada Veterans' Identities Research Theme Working Group, Canadian Institute for Military and Veteran Health Research Forum 2016; 2017 Jun 1. 95p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.838583&sl=0>

This report summarized the work of an international expert panel convened to understand Veterans' identities. There is evidence that identity challenges lie at the roots of much of the distress people feel during major life transitions. The report explained the evidence for social identities and shows how Veterans' identities relate to well-being. Veterans can have a difficult time adjusting to civilian life if they do not form new identities after leaving the military. This research was conducted to inform programs and services supporting Veterans during transition to civilian life.

- 121a. Veterans Affairs Canada. Veterans' Identities. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2017 Jun. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

122. Thompson JM, MacLean MB. Evidence for best practices in the management of disabilities. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2009 Jul 27. 51p. Technical Report.

This report reviewed studies of disability management. The report identified best practices and evidence for the economic impact of managing disability. Most of the evidence was expert opinion. A number of best practices were identified. Experts favoured early and well-rounded approaches to managing disability. There were few studies looking at the cost-effectiveness of disability management. The report made suggestions for future research.

123. Thompson JM, MacLean MB, Pedlar D. Literature review of case management – basis for further research. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2009 Feb 12. 46p. Technical Report.

This report reviewed literature on case management. VAC has been providing case management to Veterans for many years. It was found that there is no single model for case management, however, case management models shared a number of functions. Case management can be a clinically effective way to help patients participate in complex treatment programs. Evidence for the cost-effectiveness of case management is mixed and limited. The review suggested directions for future research.

124. Thompson JM, MacLean MB, Roach MB, Banman M, Mabior J, Pedlar D. A well-being construct for Veterans' policy, programming and research. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2016 Sep 7. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.857304&sl=0>

This report describes the superordinate, composite type of well-being framework adopted at Veterans Affairs Canada. The framework can describe how well-being fluctuates subjectively and objectively across seven subordinate domains (key areas of life): employment or other purposeful activity, finances, health, life skills/preparation, social integration, housing/physical environment and cultural/social environment. The framework includes the classic determinants of health but accounts for two-way causal relationships between domains. For example, good employment is a determinant of good health, and good health enables finding and keeping a good job. The framework provides a definition for successful transition (good well-being) and informs development of program outcome measures.

- 124a. Veterans Affairs Canada. Veteran Well-Being. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2017 Feb. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

125. Thompson JM, MacLean MB, VanTil L, Sudom K, Sweet J, Poirier A, Adams J, Horton V, Campbell C, Pedlar D. Survey on Transition to Civilian Life: Report on Regular Force Veterans. Charlottetown (PE): Veterans Affairs Canada Research Directorate and Ottawa (ON): Department of National Defence Director General Military Personnel Research and Analysis; 2011 Jan 04. 103p. Available from: <http://publications.gc.ca/pub?id=9.694101&sl=0>

This was the first report of findings from the 2010 Survey on Transition to Civilian Life (LASS 2010) for Regular Force Veterans released in 1998-2007 (for methods see #69). A majority of Veterans had an easy adjustment to civilian life, a majority were employed, and most were doing well. Veterans receiving benefits from VAC more often had physical and mental health problems than the comparable Canadian general population. Among Veterans in VAC programs, the great majority had at least one physical health condition, and about half (40-60%) had at least one mental health condition. Two-thirds had 4-6 physical and mental health conditions. Veterans who were not VAC clients had unmet needs.

126. Thompson JM, Pedlar D. Mortality study of Australian Veterans of the Korean War. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2006 Apr 21. 26p. Technical Report.

This report looked at possible reasons why Australian research found that Korean War Veterans had a greater death rate compared to Australian men in the general population. Korean War Service was associated with a number of health hazards. The findings from this study were used to inform policies for Canadian Korean War Veterans, because of

cultural similarities and because they were exposed to similar health hazards and conditions in Korea.

127. Thompson JM, Poirier A. Descriptive cross tables from the Survey on Transition to Civilian Life. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2012 Jan 12. 8p. Data Report. Life After Service Studies (LASS) Secondary Analysis (2012 Series Release 10).

This report provided descriptive data tables from the 2010 Survey on Transition to Civilian Life (LASS 2010). LASS 2010 looked at the health, disability and determinants of health of Regular Force Veterans. Each table showed prevalence data for a number of characteristics, and reported prevalence for VAC clients and non-clients.

128. Thompson JM, Poirier A. Survey on transition to civilian life: Veterans not receiving benefits from VAC. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2011 Aug 15. 16p. Data Report. Life After Service Studies (LASS) Secondary Analysis (2011 Series-Release 7).

This report looked at CAF Regular Force Veterans surveyed in the 2010 Survey on Transition to Civilian Life (LASS 2010) who were not participating in VAC programs. Two thirds of Regular Force Veterans released during 1998-2007 were not participating in VAC programs. Many of these Veterans had problems with health, disability and determinants of health. The Veterans commonly felt that these problems were attributable to their military service. The findings informed VAC outreach and services for Veterans in need.

129. Thompson JM, Pranger T, Poirier A, Sweet J, Iucci S, Ross D. Mental health findings in the 2010 Survey on transition to civilian life. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2012 Aug 01. 42p. Technical Report. Life After Service Studies (LASS) Secondary Analysis (2012 Series Release 9). Available from: <http://publications.gc.ca/pub?id=9.861871&sl=0>

This report was a deeper analysis of the mental health findings for Regular Force Veterans from the 2010 Survey on Transition to Civilian Life (LASS 2010). A majority of Veterans who had mental health conditions were VAC clients, however a third were not. The report identified characteristics of Veterans who more often had mental health conditions. The great majority of those with mental health conditions also had chronic physical health conditions. Mental health conditions were most common in the 40-49 year age group, but physical health conditions were more common with age. More women than men had mental health conditions.

130. Thompson JM, Pranger T, Ross D, Morrison M. Suicide prevention at Veterans Affairs Canada: Framework. Veterans Affairs Canada Mental Health Directorate; 2010 Sep 02. 71p. Technical Report.

This report described an early version of a suicide prevention framework for Canadian military and police Veterans based on the “Mann” model. Canadian military members are often exposed to operational stress which can lead to mental health problems and suicide. The framework identified a number of targets for suicide prevention. Examples include stressful life events and barriers to care. The framework enables finding interventions for each target to help with suicide prevention. The framework formed the basis of the later version (see #119).

131. Thompson JM, Pranger T, Sweet J, Poirier A, McColl MA, MacLean MB, Besemann M, Shubaly C, Moher D, Pedlar D. Disability findings from the 2010 survey on transition to civilian life. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2013 Oct 18. 68p. Technical report. Life After Service Studies (LASS) Secondary Analysis (2013 Series Release 14). Available from: <http://publications.gc.ca/pub?id=9.857338&sl=0>

This report gave findings on disability of Regular Force Veterans from the 2010 Survey on Transition to Civilian Life (LASS 2010). Disability was measured by health-related activity limitations and need for assistance with daily living. Veterans were more likely to have an activity limitation compared to the Canadian general population. The report identified subgroups of Veterans who more often had disability.

132. Thompson JM, Pranger T, Sweet J, VanTil LD, McColl MA, Besemann M, Shubaly C, Pedlar D. Disability Correlates in Canadian Armed Forces Regular Force Veterans. *Disabil Rehabil.* 2014 Sep; 37(10):884-891. Available from: <https://doi.org/10.3109/09638288.2014.947441>

This study identified factors associated with disability in Regular Force Veterans. Disability was measured as health-related activity limitations and need for assistance with daily living. Veterans were more likely to have an activity limitation compared to the Canadian general population. Disability was found to be associated with a number of personal and environmental factors and health conditions. Disability was more often associated with having both physical and mental health problems. Findings indicate that management of disability require attention to psychosocial as well as health factors.

133. Thompson JM, Ruggles T, Pranger T, Ross D, Morrison M. Suicide prevention literature search: military Veterans. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2010 Feb 15. 1496p. Data Report.

This report contains the results of a literature search for peer-reviewed published evidence on suicide prevention for the past 5 years, and literature relevant to suicide prevention in Veterans. The search was conducted by a researcher from Veterans Affairs Canada in collaboration with a librarian at Dalhousie University Health Sciences Library in Halifax,

Nova Scotia. Eight reference databases were searched using two strategies. The report gives the reference and abstract for several hundred papers.

134. Thompson JM, Scott K, Dubinsky L. Veterans Health Files: Battlefield Brain - Unexplained Symptoms and Blast-related Mild Traumatic Brain Injury. *Can Fam Physician*. 2008 Nov; 54(11):1549-51. Available from: <http://www.cfp.ca/cgi/content/full/54/11/1549>

Using a fictitious case, this article provided family physicians with state of art information about mild traumatic brain injury (mTBI) in military Veterans. mTBI is an acute injury that can have lasting effects in some people. The report reviewed mTBI in relation to Iraq and Afghanistan, explosive blast, symptoms, diagnosis and treatment. It mentions VAC disability compensation and treatment available for CAF members and Veterans who have service-related effects of mTBI.

135. Thompson JM, Sweet J, Poirier A, VanTil L. Suicide ideation and attempt findings in the Survey on Transition to Civilian Life: Descriptive Analysis. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2011 Nov 30. 39p. Technical Report. Life After Service Studies (LASS) Secondary Analysis (2011 Series-Release 8). Available from: <http://publications.gc.ca/pub?id=9.861869&sl=0>

This report analyzed data from the 2010 Survey on Transition to Civilian Life (LASS 2010) on suicidal thoughts and attempts in Regular Force Veterans. Approximately 6% of Veterans had thoughts of suicide in the past year. One third of Veterans who attempted suicide did not seek help from a health professional. The analysis identified subgroups in whom suicidal ideation was more common. Examples include medical release, having both physical and mental health conditions, low social support and a weak sense of community belonging.

136. Thompson JM, Sweet J, VanTil LD, Poirier A, MacKinnon K. Correlates of Mental Health Problems in Canadian Armed Forces Veterans – 2013 Life After Service Survey. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2016 Sep 14. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.857307&sl=0>

This report is the third in a series analyzing mental health findings from the 2013 Life After Service Study survey of CAF Regular and Reserve Force Veterans (see #139 and #140). The report looked at factors associated with a range of severity of mental health problems (diagnosed conditions and subthreshold or undiagnosed symptoms) in Regular and Reserve Force Veterans. Thirty nine percent had a mental health problem. In contrast to an earlier analysis, the presence of mental and physical health conditions were correlated with difficult adjustments, not type of release. Of Veterans reporting a difficult adjustment to civilian life, 60% were not medically released.



137. Thompson JM, VanTil LD, Feder K, Sweet J, Boswall M, Courchesne C, Banta GA, Lamontagne P, Bogaert L, McKinnon K, Poirier A. Prevalence of hearing problems among Canadian Armed Forces Veterans: Life After Service Studies. *J Mil Veteran Fam Health*. 2016; 2(2):62-72. Available from: <https://doi.org/10.3138/jmvfh.4030>

This is the first report of the extent of hearing problems in Canadian Veterans, using data from LASS surveys. Hearing problems were more common in young and middle-aged Veterans than the Canadian general population. CAF Veterans had more hearing problems at younger ages than the general population. Two different self-report methods gave different prevalence estimates. The Health Utilities Index self-report method used in LASS 2013 is known to underestimate the extent of audiometric hearing loss by several times. The report discussed implications for hearing loss prevention, detection, treatment and compensation.

- 137a. Veterans Affairs Canada. Veterans' Hearing Problems. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2017 Feb. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

138. Thompson JM, VanTil L, Poirier A, Sweet J, McKinnon K, Sudom K, Dursun S, Pedlar D. Health and Well-Being of Canadian Armed Forces Veterans: Findings from the 2013 Life After Service Survey. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2014 Jul 3. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.818364&sl=0>

This is a report of the first analysis of the 2013 Life After Service Studies population survey (for methods see #153). The report describes the nature of the data and findings from a descriptive analysis of the well-being of CAF Regular Force and Reserve Force Veterans released from service during 1998-2012. The report contains prevalence findings for most of the domains of well-being, particularly health, disability, employment, life skills, finances and social integration, with comparisons to the Canadian general population.

- 138a. Veterans Affairs Canada. Veteran Employment. Charlottetown (PE): Veterans Affairs Canada Research Directorate. 2017 Feb. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

- 138b. Veterans Affairs Canada. Veteran Income/Finances. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2017 Feb. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

- 138c. Veterans Affairs Canada. Veteran Physical & Mental Health. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2017 Feb. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

139. Thompson JM, VanTil LD, Sweet J, Poirier A, McKinnon K, Dursun S, Sudom K, Zamorski M, Sareen J, Ross D, Hoskins C, Pedlar D. Canadian Armed Forces Veterans: Mental Health Findings from the 2013 Life After Service Survey. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2015 Mar 19. 114p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.808501&sl=0>

This report is the first in a series analyzing mental health findings from the 2013 Life After Service Study survey of CAF Regular and Reserve Force Veterans (see #140 and #136). This report looked at mental health problems measured several different ways. Most Veterans were doing well and had good mental health. Regular and deployed Reserve Force Veterans were more likely to have mental health problems than the general population. The findings identified subgroups more likely to have mental health problems, supporting VAC's approach of providing supports in multiple well-being domains.

140. Thompson JM, VanTil LD, Zamorski MA, Fikretoglu D, Dursun S, Sweet J, Garber B, Richardson JD, Sareen J, Courchesne CE, Pedlar D. Composite Measure of Mental Health Problems in Canadian Armed Forces Veterans – 2013 Life After Service Survey. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2017 May 15. 34p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.857336&sl=0>

This report is the second in a series analyzing mental health findings from the 2013 LASS of CAF Veterans (see #139 and #136). This report described the development and validation of a method to describe the mental health of CAF Veterans. The method combines three individual measures used in the LASS surveys to create one single composite measure. This measure captures those with diagnosed mental health conditions, subthreshold symptoms and undiagnosed symptoms. A majority had no/little mental health problems, 27% were mild/moderate and 16% were severe.

141. Thompson JM, VanTil LD, Zamorski MA, Garber B, Dursun S, Fikretoglu D, Ross D, Richardson JD, Sareen J, Sudom K, Courchesne C, Pedlar D. Mental health of Canadian Armed Forces Veterans – Review of Population Studies. *J Mil Veteran Fam Health*. 2016; 2(1):70-86. Available from: <https://doi.org/10.3138/jmvfh.3258>

This report reviewed mental health findings from four national surveys of CAF Veterans during 1999 to 2013. Most Veterans had good mental health, but many had mental health problems that affected functioning, well-being and use of health services. Mental health problems were associated with difficult adjustment to civilian life. A great majority with mental health problems also had chronic physical health conditions. Mental health problems are key drivers of disability. Findings suggest that Veterans require multiple types of health and social support services, especially during military-to-civilian transition.

- 141a. Veterans Affairs Canada. Chronic Pain in Veterans. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Oct. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>



142. Thompson JM, Zamorski MA, Fikretoglu D, VanTil LD, Sareen J, MacLean MB, Carrese P, Macintosh S, Pedlar D. Out of the shadows: mental health of Canadian Armed Forces Veterans. *Int Psych*. 2014; 11(4):85-87.

This report summarized survey findings of the mental health of CAF Veterans. The report listed the development of mental health care services for CAF members and Veterans. The term Operational Stress Injury (OSI) was created to describe service-related mental health problems. The studies found that an important number of Veterans have mental health problems affecting functioning and successful transition to civilian life. Directions for future research were noted.

143. Thompson JM, Zamorski M, Sweet J, VanTil LD, Sareen J, Pietrzak R, Hopman W, MacLean MB, Pedlar D. Roles of physical and mental health in suicidal ideation in Canadian Armed Forces Regular Force Veterans. *Can J Pub Health*. 2014; 105(2):e109-115. Available from: <http://dx.doi.org/10.17269/cjph.105.4217>

This paper reported an analysis of the relationships between physical and mental health problems and suicidal thinking in Canadian Veterans, using data from the 2010 Survey on Transition to Civilian Life (LASS 2010). Mental health conditions were strongly associated with suicidal thinking, but physical health problems (measured three different ways) were also associated with suicidal thinking, independently of mental health conditions. The findings point to the importance of attending to physical health problems in suicide prevention.

- 143a. Veterans Affairs Canada. Chronic Pain in Veterans. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Oct. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>

144. VanTil LD. LASS 2016: Cross-sectional Methods. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2016 Oct 3. Brief Report.

This report described the cross-sectional methods for LASS 2016 survey (see #156). LASS 2016 is representative of Regular Force Veterans released 1998-2015, with post-entry rank at release. The stratified design is described, and new content was added asking about the Veterans' family. The goal of LASS 2016 is to further understand the transition from military to civilian life, and ultimately improve the well-being of Veterans in Canada.

145. VanTil L. Population Health Research at VAC. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2009 Jan 30. Brief Report.

This report described a strategy for Population Health Research to generate data on all Canadian Veterans – later known as the LASS program of research. The report provided an initial description of the components of the proposed Population Health Research Strategy that will allow VAC to know more about its clients and the broader Veteran population. By investing in Population Health research, VAC will be able to better understand the health

needs of Veterans today, and to prepare itself for Veterans' health needs in the future. This report formed the basis for a future book chapter (see #152).

146. VanTil LD, Campbell L. Homelessness and Veterans: Research Synthesis Report. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2013 Jan 23. 34p. Synthesis Report.

This report looked at findings from studies on homelessness, focusing on Canadian studies and on studies of Veterans; 59 studies published between 2010 and 2012 were summarized. The report looked at the prevalence and causes of homelessness, as well as the physical and mental health of homeless people. The studies support a "Housing First" model to reduce homelessness, and homelessness among Veterans. This model combines housing with income support, mental health care, addiction services, other health services and social support.

147. VanTil LD, Fikretoglu D, Pranger T, Patten S, Wang J, Wong M, Zamorski M, Loisel P, Corbière M, Shields N, Thompson J, Pedlar D. Work reintegration for Veterans with mental disorders: a systematic literature review to inform research. *Phys Ther*. 2013 Sep; 93(9):1163-74. Available from: <https://doi.org/10.2522/ptj.20120156>

This systematic literature review examined 81 studies on mental health conditions and employment. The study found three themes in this literature: return to work, supported employment, and re-integration following a prolonged work absence. Existing literature provides evidence that people with mental health disorders can work after a prolonged absence, and this does not require prior reduction of symptoms. This article summarizes the detailed findings in a previous technical report (see #154).

148. VanTil LD, Macintosh S, Thompson JM, MacLean MB, Campbell L, Sudom K, Dursun S, Herron M, Pedlar D. 2013 Synthesis of Life After Service Studies. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2014 Jul 3. 24p. Synthesis Report. Available from: <http://publications.gc.ca/pub?id=9.699577&sl=0>

This report summarized findings from LASS 2013 Survey of Health and Well-being (see #138) and the 2013 Income Study (see #40). LASS 2013 findings describe the health and well-being of Veterans of the Regular Force, Primary Reserve Class C and Primary Reserve Class A/B.

149. VanTil LD, Macintosh S, Thompson JM, MacLean MB, Campbell L, Sudom K, Dursun S, Herron M, Pedlar D. Fast facts on Veterans' transition experiences. *J Mil Veteran Fam Health*. 2015; 1(1):7-8. doi: 10.3138/jmvfh.1.1.7

This report provided a one-page plain language overview of Veterans' transition experiences. The report provided five key findings from the 2013 LASS program of research. The LASS helps to further the understanding of the transition from military to civilian life, and ultimately improve the health of Veterans. This report references the

synthesis report (see #148), the survey report (see #138), the income report (see #40), and the methodology report (see #153).

150. VanTil L, MacLean MB, Poirier A, McKinnon K, Keough J, Sudom K, Dursun S, Herron M, Pedlar D. Veterans of the Reserve Force: Life After Service Studies 2013. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2016 Oct 25. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.826344&sl=0>

This report looked at the LASS findings on Primary Reserve Force Veterans. This includes 85% with part-time and 15% with full-time Reserve service. The LASS looked at military, demographic, income, occupational and health and well-being characteristics.

Characteristics of Reserve Force Veterans was compared to Regular Force Veterans and the Canadian general population. Part-time Reserve Veterans had similar characteristics to the general population. Full-time Reserve Veterans higher rates of chronic conditions than the general population, and lower rates than Regular Force Veterans. Veterans with service in both Reserve and Regular Forces had similar characteristics compared to Veterans of the Regular Force.

151. VanTil LD, MacLean MB, Sweet J, McKinnon K. Understanding the future needs of Canadian Veterans. Health Reports. 2018; 29(11):20-25. Catalogue no. 82-003-X201801100003

This report looked at the current Veteran population estimates and examined the health of two eras of Veterans compared with the health of Canadians in general. The health of earlier-era veterans was examined using the 2003 Canadian Community Health Survey. The health of recent-era Veterans was examined using the LASS 2013. Veterans differed from the Canadian general population in many areas of well-being, and recent-era Veterans had poorer health than earlier-era Veterans.

152. VanTil LD, MacLean MB, Thompson J, Pedlar D. Life After Service Studies: a program of population health research at Veterans Affairs Canada. In: Aiken AB, Bélanger SAH, editors. Shaping the future, military and Veteran health research. Kingston (ON): Canadian Defence Academy Press. 2011. p.317-322.

This book chapter gives a description of the LASS program of research. The goal of LASS is to improve the health of Veterans in Canada, by understanding the ongoing effects of military service. The chapter looked at current and future LASS studies. The LASS provides information on Veterans who are VAC clients, and Veterans who are potential future clients. The information can be used to improve current programs and services and build new programs and services.

153. VanTil LD, Perrie S, Poirier A, Sweet J, McKinnon K, MacLean MB, Sudom K, Yuen J, Olson E. Methodology: Life After Service Studies 2013. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2014 Dec 31. 68p. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.629947&sl=0>

This report looked at the study design and methods for the 2013 LASS, both the stratified survey of health and well-being (see #138) and the Income Study (see #40). LASS 2013 is representative of all Veterans released 1998-2012, including Veterans of both the Regular Force and Primary Reserve Force.

154. VanTil LD, Pranger T, Pedlar D. Literature review of work and mental disorders. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2010 Dec 17. 69p. Technical Report.

This report provides details of a systematic and comprehensive literature review of 5,195 articles published 1980 - 2009. From that list 81 in-scope studies were included that had quantitative measures of employment for populations with well described mental disorders. Three major categories emerged from the in-scope articles: return to work when attached to the workplace, supported employment, and workplace reintegration following a prolonged work absence. Existing reviews summarize the first 2 themes well, but limited knowledge was found for re-integration. Even more limited knowledge was found for Veterans. Future research is needed to improve civilian workplace reintegration for Veterans with mental health conditions. This report formed the basis for the future journal article (see #147).

155. VanTil LD, Simkus K, Rolland-Harris E, Pedlar D. Veteran suicide mortality in Canada from 1976 to 2012. J Mil Veteran Fam Health. 2018 Sep 10; 4(2):110-116. Available from: <https://doi.org/10.3138/jmvfh.2017-0045>

This study looked at the risk of death by suicide for Canadian Veterans. Regular Force and Reserve Force C Veterans released from service between 1976-2012 were compared to the Canadian general public. Suicide risk for Veterans was found to be higher than for the general public. Risk of death by suicide was reported for male and female Veterans compared to the general public. These findings informed the action plans of the suicide prevention strategy. This publication built on the earlier technical report (see #99).

156. VanTil LD, Sweet J, Poirier A, McKinnon K, Sudom K, Dursun S, Pedlar D. Well-Being of Canadian Regular Force Veterans, Findings from LASS 2016 Survey. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2017 Jun 23. Technical Report. Available from: <http://publications.gc.ca/pub?id=9.839366&sl=0>

This report looked at the LASS 2016 findings for Regular Force Veterans released 1998-2015. The methods are described in #144. This report provides prevalence estimates for military characteristics and over 30 indicators of well-being. Breakdowns are provided by age and rank. Comparisons are provided for Canadians and across LASS 2010, 2013 and 2016. Findings show that 52% of Veterans reported an easy adjustment to civilian life, while 32% reported difficulty.

- 156a. Veterans Affairs Canada. Chronic Pain in Veterans. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Oct. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>
- 156b. Veterans Affairs Canada. Life After Service Survey 2016. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2017 Jun. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>
- 156c. Veterans Affairs Canada. Veteran Income (Life After Service Survey Income Study 2016). Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Jul. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>
157. VanTil LD, Thompson JM, MacLean MB, Pedlar DJ. Screening questions to identify Canadian Veterans. *J Mil Veteran Fam Health*. 2016; 2(1):28-32. Available from: <https://doi.org/10.3138/jmvfh.3587>
- Veterans are a population of interest to Canadian researchers, but there is no publically available list of Veterans in Canada. This creates a need for a standard set of screening questions suitable for self-report surveys. This article proposed a series of screening questions to identify Canadian Veterans. The consistent use of the proposed screening questions allows for comparisons with other studies and will contribute to a better understanding of Veterans in Canada and of the transition from military to civilian life.
158. VanDenKerkhof EG, VanTil LD, Thompson JM, Sweet J, Hopman WM, Carley M, Sudom K. Pain in Canadian Veterans: Analysis of data from the Survey on Transition to Civilian Life. *Pain Res Manag*. 2015; 20(2):89-95.
- This study analyzed findings on chronic pain in Canadian Veterans using data from the 2010 Survey on Transition to Civilian Life (LASS 2010). Sixty-four percent of Canadian Veterans experienced chronic pain or discomfort, and 25% experienced interference with activities due to pain. A number of well-being characteristics were associated with chronic pain. The report identified subgroups of Veterans who more often experienced chronic pain and interference of activities due to pain.
- 158a. Veterans Affairs Canada. Chronic Pain in Veterans. Charlottetown (PE): Veterans Affairs Canada Research Directorate; 2018 Oct. Info Brief. Available from: <https://www.veterans.gc.ca/eng/about-us/research-directorate/info-briefs>
159. Veterans Affairs Canada. Monitoring the well-being of veterans: A veteran well-being surveillance framework. Charlottetown (PE): Veterans Affairs Canada Strategic Policy Unit; 2017 Aug. Available from: <http://www.publications.gc.ca/pub?id=9.849051&sl=0>
- This report looked at the development of the first iteration of the Veterans' Well-Being Surveillance framework. The framework enables ongoing, systematic assessment and surveillance to monitor and measure Veteran well-being. Indicators for each of the seven

domains of well-being were identified. Analysis of the indicators allows Veterans Affairs Canada to understand trends, areas where Veterans are facing challenges, and where gaps in services and support exist. This evidence-informed surveillance can be used to inform policy priorities. For the original description of the well-being framework see #124.

160. Yarvis J, Bordnick P, Spivey C, Pedlar D. Subthreshold PTSD: A comparison of alcohol, depression, and health problems in Canadian peacekeepers with different levels of traumatic stress. In: Bride BE, MacMaster SA, editors. *Stress, Trauma and Substance Use*. Routledge. 2008 May 16.

This report looked at different levels of posttraumatic stress disorder (PTSD) severity in peacekeeping Veterans. The study looked to see if there were differences in alcohol use disorder, depression and physical health problems in Veterans with different levels of PTSD and no PTSD. The findings suggest that Veterans with subthreshold and full PTSD have higher levels of depression and health problems than Veterans with no PTSD. This study highlights the importance of looking at different levels of severity in PTSD.

161. Yarvis J, Bordnick P, Spivey C, Pedlar D. Subthreshold PTSD: A comparison of alcohol, depression and physical health problems in Canadian peacekeepers with different levels of traumatic stress. *Stress, Trauma, and Crisis*. 2005; 8(2-3):195-213.

This report looked at different levels of posttraumatic stress disorder (PTSD) severity in peacekeeping Veterans. The study looked to see if there were differences in alcohol use disorder, depression and physical health problems in Veterans with different levels of PTSD and no PTSD. The findings suggest that Veterans with subthreshold and full PTSD have higher levels of depression and health problems than Veterans with no PTSD. This study highlights the importance of looking at different levels of severity in PTSD.

## 1a. Publications by Themes

This section lists publications categorized by topics of interest. Each citation is written in an abbreviated Vancouver style. The full citation and summary can be found in section 1 by referencing the publication's unique number.

Themes include:

*Military to Civilian Transition*  
*Health Care, Disability and Rehabilitation*  
*Economics*  
*Suicidal ideation, Attempts and Death by Suicide*  
*Life Course*  
*Sex and Gender*  
*Families*  
*Identity*  
*Homelessness*  
*Methodology*

### Military to Civilian Transition

Military-civilian transition (MCT) is the process of adjusting to the shift from life in the military culture to life after military service. The well-being of CAF members and Veterans in MCT has been a major focus of the Directorate's research work. Not listed here are The Life After Service Studies which describe the well-being of the Veteran population during transition (see 1c).

15. Duel J, et al. Challenging missions: vulnerable veterans leaving the Armed Forces and promising avenues to support them. In: Casto et al., editors. Forthcoming 2019.
24. Hachey KK, et al. Transitioning from military to civilian life: the role of mastery and social support. 2016.
25. Hachey KK, et al. Differences in adjustment to civilian life between male and female Canadian Armed Forces Veterans. 2016.
35. MacLean MB, et al. Income Adequacy and Employment Outcomes of the New Veterans Charter. 2014.
37. MacLean MB, et al. Profile of Personnel Deployed to Afghanistan. 2015.
44. MacLean MB, et al. Rapid Review of the Literature Since the 2006 New Veterans Charter. 2016.
54. MacLean MB, et al. Effectiveness of career transition services. 2011.
55. MacLean MB, et al. Effectiveness of transition screening- evidence from the Survey on Transition to Civilian Life. 2011.
58. MacLean MB, et al. Testing of case management workload intensity tools. 2011.
60. MacLean MB, et al. Examining income disparities between female and male Veterans: a gender analysis of income and labour market outcomes. Forthcoming.
72. MacLean MB, et al. Post-military adjustment to civilian life: Potential risk and protective factors. 2014.
73. Marshall VW, et al. Post-military experiences of Veterans Affairs Canada clients: the need for military release readiness. 2005.

74. Marshall VW, et al. Work-related experience and financial security of Veterans Affairs Canada clients: contrasting medical and non-medical discharge. 2005.
87. Pedlar D and Thompson J, et al. Military to Civilian Transition Theories and Frameworks. In: Castro et al., editors. Military Veteran Reintegration. Forthcoming 2019.
91. Pranger T, et al. Veterans Health Files: Shaken world - coping with transition to civilian life. 2009.
104. Sweet J, et al. Literature review of military to civilian transition – Results of initial searches. 2009.
109. Thompson JM, et al. Veterans' Well-Being Conceptual Framework. 2013.
110. Thompson JM, et al. Veterans' Well-Being Conceptual Framework: Appendices and References. 2012.
113. Thompson JM, et al. BECES-V: Modification of the BECES tool (Barriers to Employment and Coping Efficacy Scales) for Veterans with Mental Health Problems Reintegrating in the Workplace. 2011.
114. Thompson JM, et al. Self-assessment of Need for Assistance with Transition to Civilian Life. Forthcoming 2019.
115. Thompson JM, et al. Self-assessment of need for assistance with transition to civilian life: development of the Road to Civilian Life (R2CL) transition checklist. 2017.
116. Thompson JM, et al. Group identity, difficult adjustment to civilian life and suicidal ideation in Canadian Armed Forces Veterans: Life After Service Studies 2016. Forthcoming 2019.
121. Thompson JM, et al. Veterans' Identities and Well-being in Transition to Civilian Life – A Resource for Policy Analysts, Program Designers, Service Providers and Researchers. 2017.
149. VanTil LD, et al. Fast facts on Veterans' transition experiences. 2015

## **Health Care, Disability and Rehabilitation**

2. Bédard M, et al. Response to “gender differences in psychiatric morbidity among family caregivers: a review and analysis.” 2000.
3. Bédard M, et al. Associations between dysfunctional behaviors, gender, and burden in spousal caregivers of cognitively impaired older adults. 1997.
4. Bédard M, et al. Burden in caregivers of cognitively impaired older adults living in the community: methodological issues and determinants. 2000.
5. Bédard M, et al. The experience of primary and secondary caregivers caring for the same adult with Alzheimer's disease. 2001.
6. Besemann M, et al. Reflections on recovery, rehabilitation and reintegration of injured service members and Veterans from a bio-psychosocial-spiritual perspective. 2018.
7. Boswall M, et al. Veterans Health Files: Forms for father - military Veteran with unmet health care needs. 2010.
8. Bourque J, et al. Impact of a Housing First intervention on homeless Veterans with mental illness: a Canadian multisite randomized controlled trial. 2015.
9. Bourque J, et al. Correlates of Veteran status in a Canadian sample of homeless people with mental illness. 2014.



12. Canadian Study of Health and Aging Working Group. Patterns and health effects of caring for people with dementia: the impact of changing cognitive and residential status. 2002.
14. Connolly DM, et al. Guidelines for stage-based supports in Alzheimer's care: The FAST-ACT: Functional assessment staging tool-action checklist. 2000.
17. Elhai J, et al. Predictors of general medical and psychological treatment use among a national sample of peacekeeping Veterans with health problems. 2006.
18. Fikretoglu D, et al. Mental health treatment seeking by military members with PTSD: findings on rates, characteristics, and predictors from a nationally representative Canadian military sample. 2007.
20. Fikretoglu D, et al. Posttraumatic stress disorder and treatment seeking in a nationally representative Canadian military sample. 2006.
21. Fikretoglu D, et al. Predictors of likelihood and intensity of past-year mental health service use in an active Canadian military sample. 2009.
22. Fikretoglu D, et al. Twelve month use of mental health services in a nationally representative active military sample. 2008.
23. Fikretoglu D, et al. Patterns and predictors of treatment delay for mental disorders in a nationally representative, active Canadian military sample. 2010.
26. Hollander MJ, et al. Increasing value-for money in the Canadian health care system: new findings and the case for integrated care for seniors. 2009.
28. Joshi A, et al. Geriatric case managers: educational needs and opportunities. 1992.
30. Macintosh S, et al. Findings from Veterans Affairs Canada Review of Disability Award Recipients. 2010.
32. MacLean MB. Case Management Service Standards and Best Practices. 2011.
33. MacLean MB. Compensation for Economic Loss: Impairment, Severe Disability, Loss of Career Progression. 2014.
34. MacLean MB. VAC Health Services Review: Client and Expenditure Impact of Proposals. 2008.
37. MacLean MB, et al. Profile of Personnel Deployed to Afghanistan. 2015.
38. MacLean MB, et al. Monitoring Rehabilitation Program: Outcomes using the Life After Service Studies. 2016.
44. MacLean MB, et al. Rapid Review of the Literature Since the 2006 New Veterans Charter. 2016.
45. MacLean MB, et al. Disability and compensation principles in military to civilian transition support. Forthcoming 2019.
48. MacLean MB, et al. Health Care Cost Drivers: Canadian Armed Forces Veterans. 2013.
49. MacLean MB, et al. Veterans Independence Program Need- indicators from the Survey on Transition to Civilian Life. 2011.
50. MacLean MB, et al. Contact with Veterans not in receipt of VAC benefits- data from the Survey on Transition to Civilian Life. 2011.
51. MacLean MB, et al. Compensating for permanent losses: totally and permanently incapacitated. 2014.
58. MacLean MB, et al. Testing of case management workload intensity tools. 2011.
59. MacLean MB, et al. Predicting receipt of disability benefits. 2011 Feb 28.
61. MacLean MB, et al. Rehabilitation needs of VAC clients post eligibility for the SISIP vocational rehabilitation program. 2010.

63. MacLean MB, et al. VAC's Rehabilitation Program: data collection requirements for an economic evaluation. 2011.
65. MacLean MB, et al. High-Cost Users of Health Care Among Veterans Affairs Canada Clients. 2018.
66. MacLean MB, et al. Economic Loss: Is it related to age or disability rating? 2016.
75. Meehan M, et al. Proceedings of a Round Table Held to Engage Whole-of-Community Approach for Suicide Prevention in Serving Military Members, Veterans and Public Safety Personnel. 2018.
76. Molloy DW, et al. Institutionalization in cognitively-impaired older individuals: a longitudinal study. 1999.
77. Molloy DW, et al. Implementation of advance directives among community-dwelling Veterans. 2000.
78. Pedlar D. Assumptions and findings: trends in the Veteran client population, health care requirements, and the health care environment. 1997.
79. Pedlar D. Client considerations: building a service delivery model to address the needs of a very old Veteran population. 1995.
80. Pedlar D. Veterans Affairs Canada. In: Turner FJ, editor. Encyclopedia of Canadian Social Work. 2005.
81. Pedlar D, et al. The impact of family caregiver attitudes on the use of community services for dementia care. 1999.
82. Pedlar D, et al. Support for family caregiving at VAC: A summary of programs, policies and initiatives. 1998.
83. Pedlar D, et al. Canada's Veterans Independence Program: a pioneer of "aging at home". 2009.
84. Pedlar D, et al. The evolution of healthcare programs for Canadian Veterans. In: Miller TW, Editor. The Praeger handbook of Veterans' health: History, challenges, issues and developments: Volume 1, History, eras, and global healthcare. 2012.
85. Pedlar D, et al. Introduction: Caregiver attitudes, beliefs, and perceptions about service use. 1999.
86. Pedlar D, et al. Research in the life courses of Canadian military Veterans and their families. In: Aiken A, Bélanger SAH, editors. Shaping the future, military and Veteran health research. 2011.
88. Pedlar D, et al. The overseas service Veteran (OSV) at home pilot: how choice of care may affect use of nursing home beds and waiting lists. 2004.
90. Poundja J, et al. Validation of the French version of the brief pain inventory in Canadian Veterans suffering from traumatic stress. 2007.
91. Pranger T, et al. Veterans Health Files: Shaken world - coping with transition to civilian life. 2009.
92. Richardson J, et al. Association of PTSD and depression with medical and specialist care utilization in modern peacekeeping Veterans in Canada with health-related disabilities. 2006.
93. Richardson JD, et al. Posttraumatic stress disorder and health-related quality of life among a sample of treatment- and pension-seeking deployed Canadian Forces Peacekeeping Veterans. 2008.
95. Richardson JD, et al. Veterans Health Files: Horror comes home- Veterans with posttraumatic stress disorder. 2010.

96. Rolland-Harris E, et al. The Canadian Forces Cancer and Mortality Study II: a longitudinal record-linkage study protocol. 2018.
97. Rolland-Harris E, et al. Overall mortality of Canadian Armed Forces personnel enrolled 1976-2012. 2018.
98. Shields N, et al. Veterans Health Files: Battlefield blues - Ambivalence about treatment among military Veterans with depression. 2009.
100. Sloan J, et al. Veterans Health Files: Overgrown lawn - A military Veteran no longer able to maintain the yard. 2009.
101. Smyth KA, et al. Caregiver attitudes, beliefs, and perceptions about service use: Charting a course for further research. 1999.
105. Thompson JM. Dementia - a resource for health professionals. 2009.
107. Thompson JM. Persistent symptoms following mild traumatic brain injury (mTBI) – A Resource for Clinicians and Staff. 2008.
111. Thompson JM, et al. Veterans Health Files: A sailor's pain - Veterans' musculoskeletal disorders, chronic pain, and disability. 2009.
112. Thompson JM, et al. Veterans Health Files: Letter to the editor describing the launch of the Veterans Health Files series. 2008.
113. Thompson JM, et al. BECES-V: Modification of the BECES tool (Barriers to Employment and Coping Efficacy Scales) for Veterans with Mental Health Problems Reintegrating in the Workplace. 2011.
117. Thompson JM, et al. Development of the document: dementia – a resource for health professionals. 2009.
122. Thompson JM, et al. Evidence for best practices in the management of disabilities. 2009.
123. Thompson JM, MacLean MB, Pedlar D. Literature review of case management – basis for further research. 2009.
125. Thompson JM, et al. Survey on Transition to Civilian Life: Report on Regular Force Veterans. 2011.
128. Thompson JM, et al. Survey on transition to civilian life: Veterans not receiving benefits from VAC. 2011.
131. Thompson JM, et al. Disability findings from the 2010 survey on transition to civilian life. 2013.
132. Thompson JM, et al. Disability Correlates in Canadian Armed Forces Regular Force Veterans. 2014.
134. Thompson JM, et al. Veterans Health Files: Battlefield Brain - Unexplained Symptoms and Blast-related Mild Traumatic Brain Injury. 2008.
136. Thompson JM, et al. Correlates of Mental Health Problems in Canadian Armed Forces Veterans – 2013 Life After Service Survey. 2016.
137. Thompson JM, et al. Prevalence of hearing problems among Canadian Armed Forces Veterans: Life After Service Studies. 2016.
138. Thompson JM, et al. Health and Well-Being of Canadian Armed Forces Veterans: Findings from the 2013 Life After Service Survey. 2014.
139. Thompson JM, et al. Canadian Armed Forces Veterans: Mental Health Findings from the 2013 Life After Service Survey. 2015.
140. Thompson JM, et al. Composite Measure of Mental Health Problems in Canadian Armed Forces Veterans – 2013 Life After Service Survey. 2017.

141. Thompson JM, et al. Mental health of Canadian Armed Forces Veterans – Review of Population Studies. 2016.
142. Thompson JM, et al. Out of the shadows: mental health of Canadian Armed Forces Veterans. 2014.
145. VanTil L. Population Health Research at VAC. 2009.
146. VanTil LD, et al. Homelessness and Veterans: Research Synthesis Report. 2013.
148. VanTil LD, et al. 2013 Synthesis of Life After Service Studies. 2014.
150. VanTil L, et al. Veterans of the Reserve Force: Life After Service Studies 2013. 2016.
152. VanTil LD, et al. Life After Service Studies: a program of population health research at Veterans Affairs Canada. In: Aiken AB, et al, editors. Shaping the future, military and Veteran health research. 2011.
156. VanTil LD, et al. Well-Being of Canadian Regular Force Veterans, Findings from LASS 2016 Survey. 2017.
159. Veterans Affairs Canada. Monitoring the well-being of veterans: A veteran well-being surveillance framework. 2017.

## **Economics**

34. MacLean MB. VAC Health Services Review: Client and Expenditure Impact of Proposals. 2008.
35. MacLean MB, et al. Income Adequacy and Employment Outcomes of the New Veterans Charter. 2014.
52. MacLean MB, et al. Low income lines and financial security in retirement. 2014.
63. MacLean MB, et al. VAC's Rehabilitation Program: data collection requirements for an economic evaluation. 2011.

## **Suicidal Ideation, Attempts and Death by Suicide**

11. Carew M, et al. Epidemiological Protocol for the Canadian Forces Cancer and Mortality Study. 2010.
75. Meehan M, et al. Proceedings of a Round Table Held to Engage Whole-of-Community Approach for Suicide Prevention in Serving Military Members, Veterans and Public Safety Personnel. 2018.
99. Simkus K, et al. 2017 Veteran Suicide Mortality Study: 1976 to 2012. 2017.
102. Statistics Canada. Canadian Forces Cancer and Mortality Study (CFCAMS): Causes of death. 2011.
106. Thompson JM. Military Veterans and suicide: literature scan. 2009.
116. Thompson JM, et al. Group identity, difficult adjustment to civilian life and suicidal ideation in Canadian Armed Forces Veterans: Life After Service Studies 2016. Forthcoming 2019.
119. Thompson JM, et al. Life course well-being framework for suicide prevention in Canadian Armed Forces Veterans. Forthcoming 2019.
125. Thompson JM, et al. Survey on Transition to Civilian Life: Report on Regular Force Veterans. 2011.
130. Thompson JM, et al. Suicide prevention at Veterans Affairs Canada: Framework. 2010.

133. Thompson JM, et al. Suicide prevention literature search: military Veterans. 2010.
135. Thompson JM, et al. Suicide ideation and attempt findings in the Survey on Transition to Civilian Life: Descriptive Analysis. 2011.
138. Thompson JM, et al. Health and Well-Being of Canadian Armed Forces Veterans: Findings from the 2013 Life After Service Survey. 2014.
143. Thompson JM, et al. Roles of physical and mental health in suicidal ideation in Canadian Armed Forces Regular Force Veterans. 2014.
148. VanTil LD, et al. 2013 Synthesis of Life After Service Studies. 2014.
155. VanTil LD, et al. Veteran suicide mortality in Canada from 1976 to 2012. 2018.
156. VanTil LD, et al. Well-Being of Canadian Regular Force Veterans, Findings from LASS 2016 Survey. 2017.

## **Life Course**

12. Canadian Study of Health and Aging Working Group. Patterns and health effects of caring for people with dementia: the impact of changing cognitive and residential status. 2002.
38. MacLean MB, et al. Monitoring Rehabilitation Program: Outcomes using the Life After Service Studies. 2016.
39. MacLean MB, et al. Military Occupation and Post-Military Employment and Income Outcomes. 2016.
40. MacLean MB, et al. Pre- and Post-Release Income: Life After Service Studies. 2014.
47. MacLean MB, et al. Province of residence at release and post-release- data from the income study. 2011.
54. MacLean MB, et al. Effectiveness of career transition services. 2011
56. MacLean MB, et al. Income adequacy: comparing pre-and post-military incomes of medical and non-medical releases. 2011.
57. MacLean MB, et al. Predictors of persistent low income. 2012.
66. MacLean MB, et al. Economic Loss: Is it related to age or disability rating? 2016.
67. MacLean MB, et al. Income recovery after participation in the Rehabilitation Program. 2016.
68. MacLean MB, et al. Pre- and post-release income of Regular Force Veterans: Life After Service Studies 2016. 2018.
69. MacLean MB, et al. Life After Service Study: Data collection methodology for the income study and the transition to civilian life survey. 2010.
70. MacLean MB, et al. Income study: Regular Force Veterans. In: Aiken AB, et al, editors. Shaping the Future: Military and Veteran Health Research. 2011.
71. MacLean MB, et al. Income Study: Regular Force Veteran report. 2011.
108. Thompson JM. Post-Korean War Canadian Forces Veterans [internet]. 2012.
116. Thompson JM, et al. Group identity, difficult adjustment to civilian life and suicidal ideation in Canadian Armed Forces Veterans: Life After Service Studies 2016. Forthcoming 2019.
118. Thompson JM, et al. Nominal rolls: Lessons learned from developing the “Mustard Gas List”. 2010.
119. Thompson JM, et al. Life course well-being framework for suicide prevention in Canadian Armed Forces Veterans. Forthcoming 2019.

121. Thompson JM, et al. Veterans' Identities and Well-being in Transition to Civilian Life – A Resource for Policy Analysts, Program Designers, Service Providers and Researchers. 2017.
126. Thompson JM, et al. Mortality study of Australian Veterans of the Korean War. 2006.
86. Pedlar D, et al. Research in the life courses of Canadian military Veterans and their families. In: Aiken A, Bélanger SAH, editors. Shaping the future, military and Veteran health research. 2011.
87. Pedlar D and Thompson J, et al. Military to Civilian Transition Theories and Frameworks. In: Castro et al., editors. Military Veteran Reintegration. Forthcoming 2019.
96. Rolland-Harris E, et al. The Canadian Forces Cancer and Mortality Study II: a longitudinal record-linkage study protocol. 2018.
97. Rolland-Harris E, et al. Overall mortality of Canadian Armed Forces personnel enrolled 1976-2012. 2018.
148. VanTil LD, et al. 2013 Synthesis of Life After Service Studies. 2014.
149. VanTil LD, et al. Fast facts on Veterans' transition experiences. 2015.
152. VanTil LD, et al. Life After Service Studies: a program of population health research at Veterans Affairs Canada. In: Aiken AB, et al, editors. Shaping the future, military and Veteran health research. 2011.
153. VanTil LD, et al. Methodology: Life After Service Studies 2013. 2014.

## **Sex and Gender**

2. Bédard M, et al. Response to “gender differences in psychiatric morbidity among family caregivers: a review and analysis.” 2000.
3. Bédard M, et al. Associations between dysfunctional behaviors, gender, and burden in spousal caregivers of cognitively impaired older adults. 1997.
22. Fikretoglu D, et al. Twelve month use of mental health services in a nationally representative active military sample. 2008.
25. Hachey KK, et al. Differences in adjustment to civilian life between male and female Canadian Armed Forces Veterans. 2016.
41. MacLean MB, et al. Veterans in Canada released since 1998: A Sex-disaggregated Profile. 2018.
60. MacLean MB, et al. Examining income disparities between female and male Veterans: a gender analysis of income and labour market outcomes. Forthcoming.
99. Simkus K, et al. 2017 Veteran Suicide Mortality Study: 1976 to 2012. 2017.
102. Statistics Canada. Canadian Forces Cancer and Mortality Study (CFCAMS): Causes of death. 2011.
125. Thompson JM, et al. Survey on Transition to Civilian Life: Report on Regular Force Veterans. 2011.
138. Thompson JM, et al. Health and Well-Being of Canadian Armed Forces Veterans: Findings from the 2013 Life After Service Survey. 2014.
148. VanTil LD, et al. 2013 Synthesis of Life After Service Studies. 2014.

## **Families**

- 14. Connolly DM, et al. Guidelines for stage-based supports in Alzheimer's care: The FAST-ACT: Functional assessment staging tool-action checklist. 2000.
- 36. MacLean MB, et al. Research on Military/Veteran Families. 2015.
- 81. Pedlar D, et al. The impact of family caregiver attitudes on the use of community services for dementia care. 1999.
- 82. Pedlar D, et al. Support for family caregiving at VAC: A summary of programs, policies and initiatives. 1998.
- 86. Pedlar D, et al. Research in the life courses of Canadian military Veterans and their families. In: Aiken A, Bélanger SAH, editors. Shaping the future, military and Veteran health research. 2011.

## **Identity**

- 6. Besemann M, et al. Reflections on recovery, rehabilitation and reintegration of injured service members and Veterans from a bio-psychosocial-spiritual perspective. 2018.
- 116. Thompson JM, et al. Group identity, difficult adjustment to civilian life and suicidal ideation in Canadian Armed Forces Veterans: Life After Service Studies 2016. Forthcoming 2019.
- 121. Thompson JM, et al. Veterans' Identities and Well-being in Transition to Civilian Life – A Resource for Policy Analysts, Program Designers, Service Providers and Researchers. 2017.

## **Homelessness**

- 8. Bourque J, et al. Impact of a Housing First intervention on homeless Veterans with mental illness: a Canadian multisite randomized controlled trial. 2015.
- 9. Bourque J, et al. Correlates of Veteran status in a Canadian sample of homeless people with mental illness. 2014.
- 10. Bourque J, et al. Physical health status of homeless Veterans in Canada: a cross sectional study. 2017.
- 146. VanTil LD, et al. Homelessness and Veterans: Research Synthesis Report. 2013.

## **Methodology**

- 4. Bédard M, et al. Burden in caregivers of cognitively impaired older adults living in the community: methodological issues and determinants. 2000.
- 19. Fikretoglu D, et al. Validation of the deployment risk and resilience inventory in French-Canadian Veterans: findings on the relation between deployment experiences and post-deployment health. 2006.
- 31. MacLean MB. Veteran population estimates. 2008.
- 45. MacLean MB, et al. Disability and compensation principles in military to civilian transition support. In: Castro et al., editors. Military Veteran Reintegration. Forthcoming 2019.

62. MacLean MB, et al. Estimated Veterans: Follow-up of 2002 Canadian Forces Mental Health Survey. 2016.
63. MacLean MB, et al. VAC's Rehabilitation Program: data collection requirements for an economic evaluation. 2011.
69. MacLean MB, et al. Life After Service Study: Data collection methodology for the income study and the transition to civilian life survey. 2010.
87. Pedlar D and Thompson J, et al. Military to Civilian Transition Theories and Frameworks. In: Castro et al., editors. Military Veteran Reintegration. Forthcoming 2019.
90. Poundja J, et al. Validation of the French version of the brief pain inventory in Canadian Veterans suffering from traumatic stress. 2007.
96. Rolland-Harris E, et al. The Canadian Forces Cancer and Mortality Study II: a longitudinal record-linkage study protocol. 2018.
113. Thompson JM, et al. BECES-V: Modification of the BECES tool (Barriers to Employment and Coping Efficacy Scales) for Veterans with Mental Health Problems Reintegrating in the Workplace. 2011.
114. Thompson JM, et al. Self-assessment of Need for Assistance with Transition to Civilian Life. In: Castro et al., editors. Military Veteran Reintegration. Forthcoming 2019.
115. Thompson JM, et al. Self-assessment of need for assistance with transition to civilian life: development of the Road to Civilian Life (R2CL) transition checklist. 2017.
117. Thompson JM, et al. Development of the document: dementia – a resource for health professionals. 2009.
119. Thompson JM, et al. Life course well-being framework for suicide prevention in Canadian Armed Forces Veterans. Forthcoming 2019.
124. Thompson JM, et al. A well-being construct for Veterans' policy, programming and research. 2016.
130. Thompson JM, et al. Suicide prevention at Veterans Affairs Canada: Framework. 2010.
140. Thompson JM, et al. Composite Measure of Mental Health Problems in Canadian Armed Forces Veterans – 2013 Life After Service Survey. 2017.
144. VanTil LD. LASS 2016: Cross-sectional Methods. 2016.
145. VanTil L. Population Health Research at VAC. 2009.
153. VanTil LD, et al. Methodology: Life After Service Studies 2013. 2014.
157. VanTil LD, et al. Screening questions to identify Canadian Veterans. 2016.



## **1b. Publications by Well-Being Domain**

This section lists publications categorized by the seven domains of the VAC well-being framework. Each citation is written in an abbreviated Vancouver style. The full citation and summary can be found in section 1 by referencing the publication's unique number.

Well-being domains include:

*Health and role disability*  
*Employment and Other Main Activities*  
*Finances*  
*Life Skills and Preparedness*  
*Social Integration*  
*Housing and Physical Environment*  
*Cultural and Social Environment*

VAC's well-being framework has seven domains relevant to Veterans' well-being: employment/other main activity, finances, health, life skills/preparedness, social integration, housing/physical environment and cultural/social environment.

The VAC well-being framework is a superordinate, composite well-being framework for Veterans' services and research. The framework is superordinate because it views health (individual's physical, mental, social and spiritual functioning) and the other domains as sub-components of well-being. The framework is composite because it incorporates all other subjective and objective well-being measures and concepts, such as subjective happiness or objective economic status. Well-being in any one domain fluctuates over the life course in response to factors from all the domains.

The framework includes and extends the determinants of health concept by considering bidirectional causality: a person's health is influenced by their well-being in the other domains, but conversely their well-being in other domains is influenced by their health. The framework can be applied to thinking about and planning for the well-being of individuals and whole populations. An advantage of the VAC well-being framework is that it resolves the inoperability of the 1948 World Health Organization definition of health.

### **Health (Physical, Mental, Social, Spiritual Functioning) and Role Disability**

1. Asmundson GJ, et al. Post-traumatic stress disorder symptoms in United Nations peacekeepers: an examination of factor structure in peacekeepers with and without chronic pain. 2003.
2. Bédard M, et al. Response to "gender differences in psychiatric morbidity among family caregivers: a review and analysis." 2000.
3. Bédard M, et al. Associations between dysfunctional behaviors, gender, and burden in spousal caregivers of cognitively impaired older adults. 1997.
4. Bédard M, et al. Burden in caregivers of cognitively impaired older adults living in the community: methodological issues and determinants. 2000.
5. Bédard M, et al. The experience of primary and secondary caregivers caring for the same adult with Alzheimer's disease. 2001.

6. Besemann M, et al. Reflections on recovery, rehabilitation and reintegration of injured service members and Veterans from a bio-psychosocial-spiritual perspective. 2018.
7. Boswall M, et al. Veterans Health Files: Forms for father - military Veteran with unmet health care needs. 2010.
8. Bourque J, et al. Impact of a Housing First intervention on homeless Veterans with mental illness: a Canadian multisite randomized controlled trial. 2015.
9. Bourque J, et al. Correlates of Veteran status in a Canadian sample of homeless people with mental illness. 2014.
10. Bourque J, et al. Physical health status of homeless Veterans in Canada: a cross sectional study. 2017.
11. Carew M, et al. Epidemiological Protocol for the Canadian Forces Cancer and Mortality Study. 2010.
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87. Pedlar D and Thompson J, et al. Military to Civilian Transition Theories and Frameworks. In: Castro et al., editors. Military Veteran Reintegration. Forthcoming 2019.
88. Pedlar D, et al. The overseas service Veteran (OSV) at home pilot: how choice of care may affect use of nursing home beds and waiting lists. 2004.
92. Richardson J, et al. Association of PTSD and depression with medical and specialist care utilization in modern peacekeeping Veterans in Canada with health-related disabilities. 2006.
95. Richardson JD, et al. Veterans Health Files: Horror comes home- Veterans with posttraumatic stress disorder. 2010.
98. Shields N, et al. Veterans Health Files: Battlefield blues - Ambivalence about treatment among military Veterans with depression. 2009.

100. Sloan J, et al. Veterans Health Files: Overgrown lawn - A military Veteran no longer able to maintain the yard. 2009.
101. Smyth KA, et al. Caregiver attitudes, beliefs, and perceptions about service use: Charting a course for further research. 1999.
108. Thompson JM. Post-Korean War Canadian Forces Veterans [internet]. 2012.
116. Thompson JM, et al. Group identity, difficult adjustment to civilian life and suicidal ideation in Canadian Armed Forces Veterans: Life After Service Studies 2016. Forthcoming 2019.
121. Thompson JM, et al. Veterans' Identities and Well-being in Transition to Civilian Life – A Resource for Policy Analysts, Program Designers, Service Providers and Researchers. 2017.
124. Thompson JM, et al. A well-being construct for Veterans' policy, programming and research. 2016.
125. Thompson JM, et al. Survey on Transition to Civilian Life: Report on Regular Force Veterans. 2011.
128. Thompson JM, et al. Survey on transition to civilian life: Veterans not receiving benefits from VAC. 2011.
138. Thompson JM, et al. Health and Well-Being of Canadian Armed Forces Veterans: Findings from the 2013 Life After Service Survey. 2014.
146. VanTil LD, et al. Homelessness and Veterans: Research Synthesis Report. 2013.
148. VanTil LD, et al. 2013 Synthesis of Life After Service Studies. 2014.
150. VanTil L, et al. Veterans of the Reserve Force: Life After Service Studies 2013. 2016.
156. VanTil LD, et al. Well-Being of Canadian Regular Force Veterans, Findings from LASS 2016 Survey. 2017.
159. Veterans Affairs Canada. Monitoring the well-being of veterans: A veteran well-being surveillance framework. 2017.

## 1c. Publications by Research Programs and Projects

This section lists publications categorized by research programs and projects. Each citation is written in an abbreviated Vancouver style. The full citation and summary can be found in section 1 by referencing the publication's unique number.

Research Programs and Projects include:

*Life After Service Studies: Income Studies 2010 to 2016*  
*Life After Service Studies: Population Surveys 2010 to 2016*  
*Veteran Mortality*  
*Continuing Care Research Project*  
*VAC Rehabilitation Program*  
*Road to Civilian Life (R2CL) Program of Research*  
*Conceptual Frameworks*  
*Info Briefs; Veterans' Health Files Series*  
*Publications Led by Other Organizations*

### **Life After Service Studies: Income Studies 2010 to 2016**

[Chronological Order]

- 69. MacLean MB, et al. Life After Service Study: Data collection methodology for the income study and the transition to civilian life survey. 2010.
- 71. MacLean MB, et al. Income Study: Regular Force Veteran report. 2011.
- 70. MacLean MB, et al. Income study: Regular Force Veterans. In: Aiken AB, et al, editors. Shaping the Future: Military and Veteran Health Research. 2011.
- 47. MacLean MB, et al. Province of residence at release and post-release- data from the income study. 2011.
- 56. MacLean MB, et al. Income adequacy: comparing pre-and post-military incomes of medical and non-medical releases. 2011.
- 54. MacLean MB, et al. Effectiveness of career transition services. 2011
- 57. MacLean MB, et al. Predictors of persistent low income. 2012.
- 40. MacLean MB, et al. Pre- and Post-Release Income: Life After Service Studies. 2014.
- 148. VanTil LD, et al. 2013 Synthesis of Life After Service Studies. 2014.
- 153. VanTil LD, et al. Methodology: Life After Service Studies 2013. 2014.
- 149. VanTil LD, et al. Fast facts on Veterans' transition experiences. 2015.
- 39. MacLean MB, et al. Military Occupation and Post-Military Employment and Income Outcomes. 2016.
- 38. MacLean MB, et al. Monitoring Rehabilitation Program: Outcomes using the Life After Service Studies. 2016.
- 66. MacLean MB, et al. Economic Loss: Is it related to age or disability rating? 2016.
- 67. MacLean MB, et al. Income recovery after participation in the Rehabilitation Program. 2016.
- 68. MacLean MB, et al. Pre- and post-release income of Regular Force Veterans: Life After Service Studies 2016. 2018.

## **Life After Service Studies: Population Surveys 2010 to 2016**

[Chronological Order]

69. MacLean MB, et al. Life After Service Study: Data collection methodology for the income study and the transition to civilian life survey. 2010.
152. VanTil LD, et al. Life After Service Studies: a program of population health research at Veterans Affairs Canada. In: Aiken AB, et al, editors. Shaping the future, military and Veteran health research. 2011.
125. Thompson JM, et al. Survey on Transition to Civilian Life: Report on Regular Force Veterans. 2011.
49. MacLean MB, et al. Veterans Independence Program Need- indicators from the Survey on Transition to Civilian Life. 2011.
50. MacLean MB, et al. Contact with Veterans not in receipt of VAC benefits- data from the Survey on Transition to Civilian Life. 2011.
55. MacLean MB, et al. Effectiveness of transition screening- evidence from the Survey on Transition to Civilian Life. 2011.
54. MacLean MB, et al. Effectiveness of career transition services. 2011.
128. Thompson JM, et al. Survey on transition to civilian life: Veterans not receiving benefits from VAC. 2011.
135. Thompson JM, et al. Suicide ideation and attempt findings in the Survey on Transition to Civilian Life: Descriptive Analysis. 2011.
129. Thompson JM, et al. Mental health findings in the 2010 Survey on transition to civilian life. 2012.
127. Thompson JM, et al. Descriptive cross tables from the Survey on Transition to Civilian Life. 2012.
46. MacLean MB, et al. Identifying Afghanistan service. 2013.
131. Thompson JM, et al. Disability findings from the 2010 survey on transition to civilian life. 2013.
120. Thompson JM, et al. Health-related quality of life of Canadian Forces Veterans after transition to civilian life. 2013.
148. VanTil LD, et al. 2013 Synthesis of Life After Service Studies. 2014.
138. Thompson JM, et al. Health and Well-Being of Canadian Armed Forces Veterans: Findings from the 2013 Life After Service Survey. 2014.
132. Thompson JM, et al. Disability Correlates in Canadian Armed Forces Regular Force Veterans. 2014.
153. VanTil LD, et al. Methodology: Life After Service Studies 2013. 2014.
143. Thompson JM, et al. Roles of physical and mental health in suicidal ideation in Canadian Armed Forces Regular Force Veterans. 2014.
139. Thompson JM, et al. Canadian Armed Forces Veterans: Mental Health Findings from the 2013 Life After Service Survey. 2015.
29. Keough J, et al. Regular Force Veterans Not in the Labour Force. 2015.
149. VanTil LD, et al. Fast facts on Veterans' transition experiences. 2015.
157. VanTil LD, et al. Screening questions to identify Canadian Veterans. 2016.
25. Hachey KK, et al. Differences in adjustment to civilian life between male and female Canadian Armed Forces Veterans. 2016.



38. MacLean MB, et al. Monitoring Rehabilitation Program: Outcomes using the Life After Service Studies. 2016.
136. Thompson JM, et al. Correlates of Mental Health Problems in Canadian Armed Forces Veterans – 2013 Life After Service Survey. 2016.
144. VanTil LD. LASS 2016: Cross-sectional Methods. 2016.
150. VanTil L, et al. Veterans of the Reserve Force: Life After Service Studies 2013. 2016.
137. Thompson JM, et al. Prevalence of hearing problems among Canadian Armed Forces Veterans: Life After Service Studies. 2016.
141. Thompson JM, et al. Mental health of Canadian Armed Forces Veterans – Review of Population Studies. 2016.
140. Thompson JM, et al. Composite Measure of Mental Health Problems in Canadian Armed Forces Veterans – 2013 Life After Service Survey. 2017.
156. VanTil LD, et al. Well-Being of Canadian Regular Force Veterans, Findings from LASS 2016 Survey. 2017.
151. VanTil LD, et al. Understanding the future needs of Canadian Veterans. Health Reports. 2018.
116. Thompson JM, et al. Group identity, difficult adjustment to civilian life and suicidal ideation in Canadian Armed Forces Veterans: Life After Service Studies 2016. Forthcoming 2019.

### **Veteran Mortality**

11. Carew M, et al. Epidemiological Protocol for the Canadian Forces Cancer and Mortality Study. 2010.
96. Rolland-Harris E, et al. The Canadian Forces Cancer and Mortality Study II: a longitudinal record-linkage study protocol. 2018.
97. Rolland-Harris E, et al. Overall mortality of Canadian Armed Forces personnel enrolled 1976-2012. 2018.
99. Simkus K, et al. 2017 Veteran Suicide Mortality Study: 1976 to 2012. 2017.
102. Statistics Canada. Canadian Forces Cancer and Mortality Study (CFCAMS): Causes of death. 2011.
103. Statistics Canada. Canadian Persian Gulf Cohort Study. 2015.
126. Thompson JM, et al. Mortality study of Australian Veterans of the Korean War. 2006.
155. VanTil LD, et al. Veteran suicide mortality in Canada from 1976 to 2012. 2018.

### **Continuing Care Research Project**

The Continuing Care Research Project (CCRP) was a collaboration between Veterans Affairs Canada and the Province of Ontario to evaluate home care. Dr. Pedlar led the work for VAC. The studies compared the outcomes and costs of providing home care, supportive housing and long-term facility care to groups of Veterans in Ontario. The project also studied the role of home support services in keeping people in their communities and factors that lead people to enter long-term care facilities. Long-term home care was found to be a cost-effective alternative to long-term facility care, validating VAC's Veterans' Independence Program. This ground-breaking program of research demonstrated the value of supporting Veterans at home with home care.

26. Hollander MJ, et al. Increasing value-for money in the Canadian health care system: new findings and the case for integrated care for seniors. 2009.
88. Pedlar D, et al. The overseas service Veteran (OSV) at home pilot: how choice of care may affect use of nursing home beds and waiting lists. 2004.

Some publications are not listed in the bibliography because they were authored by third parties:

- Hollander JM. Evaluation framework for a research study on continuing care services provided by Veterans Affairs Canada: final report. Veterans Affairs Canada and the Government of Ontario; 2004 Oct. 66p.
- Hollander MJ. Literature review on the cost-effectiveness of continuing care services. Veterans Affairs Canada and the Government of Ontario; 2006 Jul. 92p.
- Miller JA, et al. The continuing care research project for Veterans Affairs Canada and Government of Ontario - Study 1: a case study of the OSV/VIP initiative. Victoria (BC): Hollander Analytical Services Ltd; 2008 Mar. 134p.
- Miller JA, et al. The continuing care research project for Veterans Affairs Canada and Government of Ontario - Study 2: a cost-effectiveness study of home care, supportive housing and facility care. Victoria (BC): Hollander Analytical Services Ltd; 2008 Mar. 120p.
- Miller JA, et al. The continuing care research project for Veterans Affairs Canada and Government of Ontario – Synthesis report. Victoria (BC): Hollander Analytical Services Ltd; 2008 Apr. 66p.

### **VAC Rehabilitation Program**

38. MacLean MB, et al. Monitoring Rehabilitation Program: Outcomes using the Life After Service Studies. 2016.
61. MacLean MB, et al. Rehabilitation needs of VAC clients post eligibility for the SISIP vocational rehabilitation program. 2010.
63. MacLean MB, et al. VAC's Rehabilitation Program: data collection requirements for an economic evaluation. 2011.
67. MacLean MB, et al. Income recovery after participation in the Rehabilitation Program. 2016.

### **Road to Civilian Life (R2CL) Program of Research**

104. Sweet J, et al. Literature review of military to civilian transition – Results of initial searches. 2009.
114. Thompson JM, et al. Self-assessment of Need for Assistance with Transition to Civilian Life. In: Castro et al., editors. Military Veteran Reintegration. Forthcoming 2019.
115. Thompson JM, et al. Self-assessment of need for assistance with transition to civilian life: development of the Road to Civilian Life (R2CL) transition checklist. 2017.

Some Research Directorate publications are not listed in the bibliography because they were contracted to third parties:

- *Literature review on military-civilian transition:*  
Shields DM, et al. Mental Health and Well-Being of Military Veterans during Military to Civilian Transition: Review and Analysis of the Recent Literature. Prepared for Canadian Institute for Military and Veteran Health Research and Veterans Affairs Canada. 2016.
- *Environmental scan of Canadian services to support military Veterans in military-civilian transition:*  
Cramm H, et al. Resources for Canadian Armed Forces Veterans during the Military to Civilian Transition. 2016.
- *Longitudinal qualitative study of the well-being of CAF members in military-civilian transition:*  
Data collection in progress.

## Conceptual Frameworks

6. Besemann M, et al. Reflections on recovery, rehabilitation and reintegration of injured service members and Veterans from a bio-psychosocial-spiritual perspective. 2018.
87. Pedlar D and Thompson J, et al. Military to Civilian Transition Theories and Frameworks. In: Castro et al., editors. Military Veteran Reintegration. Forthcoming 2019.
109. Thompson JM, et al. Veterans' Well-Being Conceptual Framework. 2013.
110. Thompson JM, et al. Veterans' Well-Being Conceptual Framework: Appendices and References. 2012.
119. Thompson JM, et al. Life course well-being framework for suicide prevention in Canadian Armed Forces Veterans. Forthcoming 2019.
121. Thompson JM, et al. Veterans' Identities and Well-being in Transition to Civilian Life – A Resource for Policy Analysts, Program Designers, Service Providers and Researchers. 2017.
124. Thompson JM, et al. A well-being construct for Veterans' policy, programming and research. 2016.
130. Thompson JM, et al. Suicide prevention at Veterans Affairs Canada: Framework. 2010.

## Info Briefs

- 99a. Veterans Affairs Canada. 2017 Veteran Suicide Mortality Study. 2017.
- 120a. [also 141a; 143a; 156a; 158a] Veterans Affairs Canada. Chronic Pain in Veterans. 2018.
- 41a. [also 42a] Veterans Affairs Canada. Female and Male Veterans in Canada. 2018.
- 65a. Veterans Affairs Canada. Health Care Use Among VAC Clients. 2018.
- 29a. [also 42b; 138a] Veterans Affairs Canada. Veteran Employment. 2017.
- 137a. Veterans Affairs Canada. Veterans' Hearing Problems. 2017.
- 121a. Veterans Affairs Canada. Veterans' Identities. 2017.
- 68a. [also 156c] Veterans Affairs Canada. Veteran Income (Life After Service Survey Income Study 2016). 2018.
- 40a. [also 138b] Veterans Affairs Canada. Veteran Income/Finances. 2017.

- 156b. Veterans Affairs Canada. Life After Service Survey 2016. 2017.
- 138c. Veterans Affairs Canada. Veteran Physical & Mental Health. 2017.
- 124a. Veterans Affairs Canada. Veteran Well-Being. 2017.

### **Veterans' Health Files Series**

- 7. Boswall M, et al. Veterans Health Files: Forms for father - military Veteran with unmet health care needs. 2010.
- 91. Pranger T, et al. Veterans Health Files: Shaken world - coping with transition to civilian life. 2009.
- 95. Richardson JD, et al. Veterans Health Files: Horror comes home - Veterans with posttraumatic stress disorder. 2010.
- 98. Shields N, et al. Veterans Health Files: Battlefield blues - Ambivalence about treatment among military Veterans with depression. 2009.
- 100. Sloan J, et al. Veterans Health Files: Overgrown lawn - A military Veteran no longer able to maintain the yard. 2009.
- 111. Thompson JM, et al. Veterans Health Files: A sailor's pain - Veterans' musculoskeletal disorders, chronic pain, and disability. 2009.
- 112. Thompson JM, et al. Veterans Health Files: Letter to the editor describing the launch of the Veterans Health Files series. 2008.
- 134. Thompson JM, et al. Veterans Health Files: Battlefield Brain - Unexplained Symptoms and Blast-related Mild Traumatic Brain Injury. 2008.

### **Publications Led by Other Organizations**

The following publications were led by other organizations with VAC Research Directorate co-authors.

- 1. Asmundson GJ, et al. Post-traumatic stress disorder symptoms in United Nations peacekeepers: an examination of factor structure in peacekeepers with and without chronic pain. 2003.
- 2. Bédard M, et al. Response to "gender differences in psychiatric morbidity among family caregivers: a review and analysis". 2000.
- 3. Bédard M, et al. Associations between dysfunctional behaviors, gender, and burden in spousal caregivers of cognitively impaired older adults. 1997.
- 4. Bédard M, et al. Burden in caregivers of cognitively impaired older adults living in the community: methodological issues and determinants. 2000.
- 5. Bédard M, et al. The experience of primary and secondary caregivers caring for the same adult with Alzheimer's disease. 2001.
- 6. Besemann M, et al. Reflections on recovery, rehabilitation and reintegration of injured service members and Veterans from a bio-psychosocial-spiritual perspective. 2018.
- 8. Bourque J, et al. Impact of a Housing First intervention on homeless Veterans with mental illness: a Canadian multisite randomized controlled trial. 2015.
- 9. Bourque J, et al. Correlates of Veteran status in a Canadian sample of homeless people with mental illness. 2014.

10. Bourque J, et al. Physical health status of homeless Veterans in Canada: a cross sectional study. 2017.
11. Carew M, et al. Epidemiological Protocol for the Canadian Forces Cancer and Mortality Study. 2010.
12. Canadian Study of Health and Aging Working Group. Patterns and health effects of caring for people with dementia: the impact of changing cognitive and residential status. 2002.
13. Canadian Study of Health and Aging Working Group. The incidence of dementia in Canada. 2000.
14. Connolly DM, et al. Guidelines for stage-based supports in Alzheimer's care: The FAST-ACT. Functional assessment staging tool-action checklist. 2000.
16. El-Gabalawy R, et al. Comorbidity and functional correlates of anxiety and physical conditions in Canadian Veterans. 2015.
17. Elhai J, et al. Predictors of general medical and psychological treatment use among a national sample of peacekeeping veterans with health problems. 2006.
18. Fikretoglu D, et al. Mental health treatment seeking by military members with PTSD: findings on rates, characteristics, and predictors from a nationally representative Canadian military sample. 2007.
19. Fikretoglu D, et al. Validation of the deployment risk and resilience inventory in French-Canadian Veterans: findings on the relation between deployment experiences and post-deployment health. 2006.
20. Fikretoglu D, et al. Posttraumatic stress disorder and treatment seeking in a nationally representative Canadian military sample. 2006.
21. Fikretoglu D, et al. Predictors of likelihood and intensity of past-year mental health service use in an active Canadian military sample. 2009.
22. Fikretoglu D, et al. Twelve month use of mental health services in a nationally representative active military sample. 2008.
23. Fikretoglu D, et al. Patterns and predictors of treatment delay for mental disorders in a nationally representative, active Canadian military sample. 2010.
24. Hachey KK, et al. Transitioning from military to civilian life: the role of mastery and social support. 2016.
25. Hachey KK, et al. Differences in adjustment civilian life between male and female Canadian Armed Forces Veterans. 2016.
26. Hollander MJ, et al. Increasing value-for-money in the Canadian health care system: new findings and the case for integrated care for seniors. 2009.
27. Hopman WM, et al. Multivariate assessment of health-related quality of life in Canadian Armed Forces Veterans after transition to civilian life. 2015.
28. Joshi A, et al. Geriatric case managers: educational needs and opportunities. 1992.
73. Marshall VW, et al. Post-military experiences of Veterans Affairs Canada clients: the need for military release readiness. 2005.
74. Marshall VW, et al. Work-related experience and financial security of Veterans Affairs Canada clients: contrasting medical and non-medical discharge. 2005.
75. Meehan M, et al. Proceedings of a Round Table Held to Engage Whole-of-Community Approach for Suicide Prevention in Serving Military Members, Veterans and Public Safety Personnel. 2018.

76. Molloy DW, et al. Institutionalization in cognitively-impaired older individuals: a longitudinal study. 1999.
77. Molloy DW, et al. Implementation of advance directives among community-dwelling Veterans. 2000.
89. Poundja J, et al. The co-occurrence of pain and PTSD: is depression a mediator? 2006.
90. Poundja J, et al. Validation of the French version of the brief pain inventory in Canadian Veterans suffering from traumatic stress. 2007.
92. Richardson J, et al. Association of PTSD and depression with medical and specialist care utilization in modern peacekeeping Veterans in Canada with health-related disabilities. 2006.
93. Richardson JD, et al. Posttraumatic stress disorder and health-related quality of life among a sample of treatment- and pension-seeking deployed Canadian Forces peacekeeping Veterans. 2008.
94. Richardson JD, et al. Posttraumatic stress disorder and health- related quality of life in pension-seeking Canadian World War II and Korean War Veterans. 2010.
96. Rolland-Harris E, et al. The Canadian Forces Cancer and Mortality Study II: a longitudinal record-linkage study protocol. 2018.
97. Rolland-Harris E, et al. Overall mortality of Canadian Armed Forces personnel enrolled 1976-2012. 2018.
102. Statistics Canada. Canadian Forces Cancer and Mortality Study (CFCAMS): Causes of death. 2011.
103. Statistics Canada. Canadian Persian Gulf Cohort Study. 2015.
158. VanDenKerkhof EG, et al. Pain in Canadian Veterans: Analysis of data from the Survey on Transition to Civilian Life. 2015.
160. Yarvis J, et al. Subthreshold PTSD: A comparison of alcohol, depression, and health problems in Canadian peacekeepers with different levels of traumatic stress. In: Bride BE, et al, editors. Stress, Trauma and Substance Use. 2008.
161. Yarvis J, et al. Subthreshold PTSD: A comparison of alcohol, depression and physical health problems in Canadian peacekeepers with different levels of traumatic stress. 2005.

## PUBLICATIONS EN FRANÇAIS

### Trouver des preuves qui vous intéressent

Ce rapport répertorie toutes les publications anglaises publiées par les chercheurs de la Direction depuis 2018. Chaque publication a un numéro unique qui identifie la référence tout au long du rapport. Les publications publiées en anglais et en français utilisent le même numéro unique. Tous les rapports en français ont également été publiés en anglais.

### Partie 2 : Publications en français

#### [Partie 2. Bibliographie commentée :](#)

Cette partie répertorie toutes les publications par ordre alphabétique. Chaque citation est rédigée dans le style Vancouver, avec une brève description du contenu des publications.

#### [Partie 2a. Publications par thèmes :](#)

Cette partie répertorie les publications par sujet d'intérêt. Chaque citation est rédigée dans le style Vancouver abrégé. La citation complète et le sommaire se trouvent à la section 1 en mentionnant le numéro unique de la publication.

Les thèmes comprennent : *Transition du militaire au civil; Soins de santé, invalidité et réadaptation; Économie; Idées suicidaires, tentatives et décès par suicide; Parcours de vie; Sexe et genre; Familles; Identité; l'Itinérance et Méthodologie.*

#### [Partie 2b Publications par domaine de bien-être :](#)

Cette partie répertorie les publications en fonction des sept domaines du modèle du bien-être d'ACC. Chaque citation est rédigée dans le style Vancouver abrégé. La citation complète et le sommaire se trouvent à la section 1 en mentionnant le numéro unique de la publication.

Pour la description originale du cadre de bien-être, voir la publication n° 124.

Les domaines de bien-être comprennent : *Santé et invalidité; Emploi ou autre activité significative; Finances; Aptitudes à la vie civile et préparation; Intégration sociale; Logement et contexte physique; et Contexte culturel et social.*

#### [Partie 2c. Publications par programmes et projets de recherche :](#)

Cette partie répertorie les publications classées par programmes et projets de recherche. Chaque citation est rédigée dans le style Vancouver abrégé. La citation complète et le sommaire se trouvent à la section 1 en mentionnant le numéro unique de la publication.

Les programmes et projets de recherche comprennent : *Études sur la vie après le service - Études sur le revenu de 2010 à 2016; Études sur la vie après le service - Enquêtes sur la population de 2010 à 2016; Mortalité des vétérans; Projet de recherche sur les soins continus; Programme de réadaptation d'ACC; Programme de recherche Transition vers la vie civile (R2CL); Cadres conceptuels; Exposés d'information; Série d'articles sur la santé des vétérans; et Publications dirigées par d'autres organisations.*

L'outil de recherche sur ordinateur permettent aux lecteurs de rechercher et de trouver un texte précis. L'outil est lancé en appuyant sur Ctrl + F sous Windows ou sur Commande + F sur Mac. Entrez un texte précis dans le champ de texte pour effectuer une recherche dans ce rapport.

## Savoir où trouver ces publications

Les **revues spécialisées** peuvent être obtenues sur le site Web de la revue.

Les **rapports techniques de la Direction de la recherche d'ACC** peuvent être obtenus en envoyant une demande par courrier électronique à [vac.research-recherche.acc@canada.ca](mailto:vac.research-recherche.acc@canada.ca). Ils sont accessibles de différentes manières sur les sites Web suivants, et aucun site Web ne les contient tous :

1. Anciens Combattants Canada:  
<https://www.veterans.gc.ca/fra/about-vac/research/research-directorate>
2. Bibliothèque et Archives Canada :  
<http://publications.gc.ca/site/fra/9.844433/numeros.html>
3. Institut canadien de recherche sur la santé des militaires et des vétérans :  
<https://cimvhr.ca/fr/>
4. Veterans & Families Research Hub :  
<https://www.vfrhub.com/>

Les **exposés d'information de la Direction de la recherche d'ACC** peuvent être obtenus en envoyant une demande par courrier électronique à [vac.research-recherche.acc@canada.ca](mailto:vac.research-recherche.acc@canada.ca) ou sont accessibles en ligne à <https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>.

Les employés internes d'ACC peuvent accéder les documents à l'adresse suivante : <https://gcdocs.gc.ca/veterans/lisapi.dll/link/15992435>



## 2. Bibliographie commentée

7. Boswall M, O'Hanley S, Caron-Boulet N, Thompson J. Dossiers sur la santé des anciens combattants : Formulaires à remplir- Ancien combattant ayant des besoins de soins de santé à combler. Le médecin de famille canadien. 2010 Fév;56:e53-56. Sur Internet : <http://www.cfp.ca/cgi/reprint/56/2/e53>

À l'aide d'un exemple fictif, le présent rapport fournissait aux médecins de famille des renseignements qui les aidaient à aider leurs vétérans et membres actifs des Forces canadiennes et de la Gendarmerie royale du Canada à accéder aux programmes et services d'ACC. Le rapport les aide à comprendre l'importance des formulaires médicaux d'ACC. L'accès des patients aux avantages d'ACC peut aider les médecins de famille, car ils offrent un accès aux options de traitement pour les patients.

- 29a. Anciens Combattants Canada. L'emploi des Vétérans. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2017 fev. Exposé d'information. Sur Internet : <https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>
33. MacLean MB. Indemnisation de pertes économiques: déficience, invalidité grave, perte d'avancement professionnel. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2014 nov 4. 14p. Rapport sommaire.

Ce rapport a examiné des facteurs comme la déficience, l'invalidité et la capacité de travailler pour voir en quoi ils sont liés à l'indemnisation pour perte de revenus. Il a été constaté que des facteurs autres que la déficience jouent un rôle dans la capacité d'une personne à travailler et à expliquer son indemnisation pour perte de revenus. Le rapport examinait l'indemnité par le biais des commissions d'indemnisation des accidents du travail et du Programme de prestations d'invalidité du Régime de pensions du Canada. On y a également discuté des répercussions sur l'avancement professionnel dans le calcul des prestations.

- 40a. Anciens Combattants Canada. Les revenus et les finances des Vétérans. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2017 fev. Exposé d'information. Sur Internet : <https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>
- 41a. Anciens Combattants Canada. Femmes et hommes vétérans au Canada. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2018 sept. Exposé d'information. Sur Internet : <https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>

47. MacLean MB, Poirier A, O'Connor T. Province de résidence à la libération et après la libération – Données de l'Étude sur le revenu. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2011 mars 2. 6p. Rapport technique. Analyse secondaire de l'étude sur la vie après le service militaire (EVASM) (série 2011 – version 2).

Ce rapport a examiné les lieux où les vétérans de la Force régulière ont choisi de vivre après leur libération des forces militaires. L'étude portait sur des vétérans qui sont des clients de la Nouvelle Charte des anciens combattants, des clients touchant une pension d'invalidité et des non-clients. Au moment de la libération, la majorité des vétérans vivaient en Ontario et au Québec. Environ cinq ans plus tard, le nombre de vétérans vivant en Nouvelle-Écosse, en Ontario et au Manitoba a diminué, tandis que le nombre de ceux vivant dans d'autres pays a augmenté. Ces constatations fournissent des renseignements qui aident ACC à répartir les ressources pour appuyer les vétérans.

49. MacLean MB, Poirier A, Sweet J. Besoins auxquels répond le Programme pour l'autonomie des anciens combattants – Indicateurs tirés de l'Enquête sur la transition à la vie civile. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2011 fév 14. 5p. Rapport technique. Analyse secondaire de l'étude sur la vie après le service militaire (EVASM) (série 2011 – version 1).

Ce rapport a examiné l'utilisation par les vétérans des services du Programme pour l'autonomie des anciens combattants (PAAC). Le PAAC est un programme créé pour aider les clients à rester en santé et autonomes dans leur domicile et dans leur communauté. La majorité des clients du PAAC avaient des limitations de participation et d'activité ou avaient besoin d'aide pour effectuer certaines tâches, ce qui leur permettait de recevoir des prestations du PAAC. Toutefois, un petit nombre de vétérans utilisant le PAAC n'avaient pas besoin de prestations, et certains vétérans qui avaient besoin de prestations n'utilisaient pas le PAAC.

50. MacLean MB, Poirier A, Thompson J. Communication avec les Vétérans qui ne sont pas bénéficiaires d'avantages d'ACC – Données de l'Enquête sur la transition à la vie civile. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2011 mars 11. 6p. Rapport technique. Analyse secondaire de l'étude sur la vie après le service militaire (EVASM) (série 2011 – version 3).

Ce rapport a examiné l'utilisation des prestations d'ACC par les vétérans. Il a cherché à savoir combien de vétérans avaient communiqué avec ACC, mais ne recevaient pas de prestations, et combien d'entre eux étaient peut-être admissibles à des prestations. Parmi les vétérans qui n'étaient pas clients d'ACC, un peu moins de la moitié pourraient avoir eu droit à des prestations. Plus du tiers de ces vétérans avaient présenté une demande de prestations. L'on ne connaît pas le nombre de vétérans qui ont fait des demandes d'avantages qui ont été refusées.

52. MacLean MB, Pound T, Dalziel C et Macintosh S. Lignes de faible revenu et sécurité financière à la retraite. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2014 nov 14. 13p. Rapport technique.

Dans ce rapport, les seuils de revenu et les prestations au Canada ont été examinés, ainsi que les constatations sur les vétérans à faible revenu afin d'éclairer les avantages de la Nouvelle Charte des anciens combattants. Les taux de faible revenu étaient moins élevés chez les vétérans que dans la population en général. La comparaison des seuils de faible revenu a montré qu'un seuil fournissait constamment des avantages plus élevés. Les politiques de revenu de retraite ont contribué à réduire la pauvreté chez les personnes âgées. Toutefois, nous ne disposons que de peu de renseignements sur les revenus des vétérans de 65 ans et plus.

54. MacLean MB, Sweet J, Poirier A. Efficacité des services de transition de carrière. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2011 juil 27. 19p. Rapport technique. Analyse secondaire de l'étude sur la vie après le service militaire (EVASM) (série 2011 – version 6).

Dans ce rapport, nous avons examiné le programme de services de transition de carrière d'ACC offert dans le cadre de la Nouvelle Charte des anciens combattants. L'étude a révélé que même si un certain nombre de vétérans utilisent les services de transition de carrière, nombreux sont ceux qui ont besoin du programme, mais qui ne l'utilisent pas. La méthode utilisée pour fournir des renseignements aux vétérans sur les services de transition de carrière n'atteint pas ceux qui en ont le plus besoin. Les données actuellement accessibles ne sont pas en mesure de fournir des renseignements sur l'efficacité du programme.

55. MacLean MB, Sweet J, Poirier A. Efficacité de la sélection préalable à l'entrevue de transition – Constatations de l'Enquête sur la transition à la vie civile. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2011 avril 26. 6p. Rapport technique. Analyse secondaire de l'étude sur la vie après le service militaire (EVASM) (série 2011 – version 4).

Dans le présent rapport, nous avons examiné les entrevues de transition menées auprès de membres des FAC susceptibles de rencontrer des difficultés dans leur transition à une vie non militaire. L'étude a révélé que la plupart des entrevues de transition avaient lieu avec des membres des FAC qui présentaient un faible risque. Il a également été constaté que les entretiens de transition ne permettaient pas de cibler efficacement les membres des FAC à risque. Afin d'améliorer la transition des membres des FAC, identifier et cibler les membres des FAC qui présentent un risque élevé seraient plus efficace que l'entrevue de transition.

56. MacLean MB, Sweet J, Poirier A. Adéquation du revenu: comparaison du revenu avant et après la libération des militaires libérés pour raisons médicales ou non. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2011 juin 24. 9p. Rapport technique. Analyse secondaire de l'étude sur la vie après le service militaire (EVASM) (série 2011 – version 5).

Ce rapport a examiné le revenu et les finances des vétérans de la Force régulière libérés pour des raisons médicales. L'étude a montré que le fait d'être libéré pour des raisons médicales avait des répercussions sur le revenu. Le revenu des vétérans libérés pour des raisons médicales représentait environ la moitié de leur revenu avant la libération, tandis que les vétérans non libérés pour des raisons médicales avaient à peu près le même revenu avant et après la libération. Les vétérans libérés pour des raisons médicales étaient moins satisfaits de leur situation financière. Cependant, les deux groupes étaient tout aussi susceptibles de connaître un faible revenu.

57. MacLean MB, Sweet J, Poirier A. Indicateurs prédictifs du faible revenu persistant. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2012 avril 3. 10p. Rapport technique. Analyse secondaire de l'étude sur la vie après le service militaire (EVASM) (série 2011 – version 11).

Ce rapport a examiné les facteurs liés au faible revenu persistant des vétérans des FAC récemment libérés. L'étude a révélé que 1,6 % de la population des vétérans à l'étude touchait un faible revenu persistant. Les vétérans qui ont été libérés contre leur gré, libérés en tant que recrues, ayant plus d'enfants et ayant servi pendant moins longtemps, étaient plus susceptibles d'avoir un faible revenu persistant. Le dépistage de ces facteurs lors de la libération peut aider à cibler les vétérans à risque qui ont besoin d'un soutien supplémentaire.

- 65a. Anciens Combattants Canada. L'utilisation des soins de santé par les clients d'ACC. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2018 jan. Exposé d'information. Sur Internet : <https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>

66. MacLean, MB, Van Til L, Poirier A. Les pertes financières sont-elles reliées à l'âge ou au degré d'invalidité? Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2016 mars 29. 20p. Rapport technique. Analyse secondaire de l'étude sur la vie après le service militaire (EVASM) (version 18).

Ce rapport a examiné les vétérans ayant reçu des prestations d'invalidité d'ACC afin de comprendre les pertes économiques. Il a examiné l'incidence économique liée au degré d'invalidité et à l'âge. Dans l'ensemble, les vétérans plus jeunes qui ont reçu des prestations d'invalidité ont subi des pertes économiques, contrairement aux vétérans libérés à un âge plus avancé. La capacité de gagner le même revenu avant et après la libération n'était pas uniforme pour les vétérans ayant le même degré d'invalidité. Cette constatation suggère que le revenu peut être influencé par d'autres facteurs que le degré d'invalidité.

67. MacLean MB, Van Til L, Poirier A. Récupération des revenus après la participation au programme de réadaptation. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2016 mars 29. 9p. Rapport technique. Analyse secondaire de l'étude sur la vie après le service militaire (EVASM) (version 20). Sur Internet : <http://publications.gc.ca/site/eng/9.815810/publication.html>

Ce rapport a examiné les revenus des vétérans ayant terminé le Programme de services de réadaptation et d'assistance professionnelle. Les vétérans ayant terminé le programme de réadaptation gagnaient 75 % de leur revenu avant la libération et 40 % de leurs revenus du marché du travail avant leur libération. Dans le cadre du programme de réadaptation, les vétérans ayant terminé leur réadaptation professionnelle gagnaient environ 60 % de leur revenu avant la libération et environ 45 % de leurs gains sur le marché du travail avant leur libération.

91. Pranger T, Murphy K, Thompson JM. Dossiers sur la santé des anciens combattants : Un univers bouleversé - Gérer la transition à la vie civile. Le médecin de famille canadien. 2009 fév.

À l'aide d'un exemple fictif, le présent rapport fournit aux médecins de famille des renseignements sur le programme de réadaptation d'ACC. Le programme de réadaptation est conçu pour améliorer la transition des vétérans et de leur famille vers la vie civile. La transition vers la vie civile peut être difficile pour les vétérans ayant un problème de santé physique ou mentale. Le rapport passe en revue la libération pour des raisons médicale et la libération volontaire et les services de réadaptation à ACC. Les médecins de famille peuvent collaborer avec ACC pour assurer la continuité des soins aux vétérans et à leur famille pendant la transition vers la vie après le service militaire.

95. Richardson JD, Thompson JM, Boswall M, Jetly R. Dossiers sur la santé des anciens combattants : Quand l'horreur nous rejoint- Le trouble de stress post-traumatique chez les anciens combattants. Le médecin de famille canadien. 2010 Mai;56(5):169-73. Sur Internet : <http://www.cfp.ca/cgi/content/full/56/5/e169>

À l'aide d'un cas fictif, le présent document explique aux médecins de famille comment aider les vétérans atteints d'un état de stress post-traumatique (ESPT). L'ESPT chez les vétérans peut se présenter de manière subtile. Comprendre la culture militaire et la nature du déploiement militaire est essentiel pour détecter l'ESPT. Ce rapport a fourni une approche permettant de reconnaître et d'étudier les risques possibles de l'ESPT chez les vétérans militaires. Il a également examiné le traitement et la gestion de la maladie. ACC offre un certain nombre de programmes, de services et d'avantages aux vétérans souffrant de traumatismes liés au stress opérationnel.

98. Shields N, White M, Egan M. Dossiers sur la santé des anciens combattants : Battlefield Blues - Ambivalence face au traitement chez les Vétérans souffrant de dépression. Le médecin de famille canadien. 2009 Août;55(8):799-802. Sur Internet : <http://www.cfp.ca/content/55/8/799>

À l'aide d'un cas fictif, le présent document explique aux médecins de famille comment aider les vétérans souffrant de dépression. Le rapport a examiné l'incertitude des vétérans à aller chercher l'aide dont ils ont besoin et a examiné la détection, le diagnostic et la gestion de la dépression. On encourage la tenue d'examen continus de dépistage de diverses maladies mentales. ACC offre plusieurs niveaux de soins aux vétérans souffrant de troubles mentaux. Les médecins de famille jouent un rôle de premier plan dans l'engagement et l'aiguillage des vétérans souffrant de troubles mentaux, de même que dans la prestation de soins continus.

99. Simkus K, VanTil L, Pedlar D. Étude sur la mortalité par suicide chez les Vétérans 2017 : 1976 à 2012. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2017 nov 30. 35p. Rapport technique. Sur Internet : <http://publications.gc.ca/pub?id=9.847961&sl=0>

Ce rapport a examiné le suicide chez les vétérans des FAC en faisant le lien entre les données du MDN et de la Base canadienne de données sur l'état civil. L'analyse a comparé les vétérans à la population canadienne en général, a estimé le risque encouru par les vétérans et a examiné les tendances au cours de la période de recherche de 37 ans. L'étude comprenait des vétérans des FAC qui ont été libérés de 1976 à 2012. Le risque de suicide chez les hommes et les femmes vétérans est demeuré supérieur à celui des hommes et des femmes dans la population en général au cours des quatre décennies. Le risque de suicide chez les hommes était 4 fois plus élevé que chez les femmes.

- 99a. Anciens Combattants Canada. L'étude de 2017 sur la mortalité par suicide chez les Vétérans. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2017 dec. Exposé d'information. Sur Internet : <https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>

100. Sloan J, Caron-Boulet N, Pedlar D, Thompson JM. Dossiers sur la santé des anciens combattants : Une pelouse trop longue - Un ancien combattant n'arrive plus à entretenir sa cour. Le médecin de famille canadien. 2009 mai.

À l'aide d'un cas fictif, le présent rapport fournit aux médecins de famille des renseignements sur le soutien apporté aux vétérans pour qu'ils soient autonomes à domicile. L'article décrivait les facteurs de risque de perte d'autonomie et les stratégies pour favoriser l'autonomie. Les preuves suggèrent que les soins assistés à domicile peuvent être rentables. ACC peut travailler avec les médecins de famille pour aider les clients âgés de santé précaire à rester autonomes à la maison. Le Programme pour l'autonomie des anciens combattants aide les vétérans à rester chez eux en leur fournissant de l'aide pour leurs activités quotidiennes.

102. Statistique Canada. Étude du cancer et de la mortalité chez les membres des Forces canadiennes : Causes de décès. Ottawa (Ont.) : Division de la statistique de la santé ; 2011 Mai. 15p.

Ce rapport a été rédigé par une équipe de chercheurs des FAC et d'ACC, en collaboration avec Statistique Canada. L'étude a comparé les causes de décès chez les membres des FAC et les vétérans qui se sont enrôlés entre 1972 et 2006 à celles de la population canadienne en général. Le risque de décès, toutes causes confondues, était inférieur chez les hommes et les femmes vétérans par rapport à la population canadienne en général. Le risque de décès par suicide chez les hommes vétérans était une fois et demie plus élevé que dans la population masculine générale, mais il n'était pas différent pour les femmes vétérans, sauf chez les femmes âgées de 40 à 44 ans.

105. Thompson JM. La démence- une ressource pour les professionnels de la santé. Charlottetown (ÎPÉ) : Anciens Combattants Canada la Direction sur la santé mentale; 2009. 24p.

Ceci est une ressource sur la démence pour les professionnels de la santé. Des tests de diagnostic et différents types de démence ont été examinés. On y abordait également la gestion de la maladie en discutant des médicaments, des traitements des problèmes de comportement et des problèmes sociaux. La démence nécessite une approche d'équipe et peut constituer un défi pour les patients, la famille, les soignants et les médecins. Les clients d'ACC atteints de démence ont accès à un certain nombre d'avantages et de services de soutien.

107. Thompson, JM. Symptômes persistants consécutifs à un traumatisme cérébral léger – Une ressource à l'intention des cliniciens et des employés. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2008 Sep 9. 42p. Rapport technique.

Ce rapport a été rédigé à l'intention des professionnels de la santé et du personnel de soutien aux vétérans qui présentent des symptômes persistants à la suite d'une lésion cérébrale traumatique légère (traumatisme cérébral léger). Le TCL est une blessure physique aiguë. Les symptômes persistants après un TCL peuvent être difficiles à attribuer à un antécédent de TCL et les symptômes peuvent être expliqués par d'autres problèmes de santé. Le rapport résumait les preuves scientifiques publiées concernant les causes, le diagnostic et le traitement des symptômes persistants après un TCL. Le rapport résume les avantages pertinents d'ACC et décrit les répercussions pour la recherche.

111. Thompson JM, Chiasson R, Loisel P, Besemann M, Pranger T. Dossiers sur la santé des anciens combattants : La douleur d'un marin: Troubles musculosquelettiques, douleur chronique et invalidité chez les Vétérans militaires. Le médecin de famille canadien. 2009 Nov;55(11):e50-e54. Sur Internet : <http://www.cfp.ca/cgi/content/full/55/11/e50>

Ce document a utilisé un cas fictif pour renseigner les médecins de famille sur l'aide apportée aux vétérans souffrant de problèmes comme l'arthrite, les problèmes de dos, l'invalidité et la douleur chronique. Le rapport propose une approche de la gestion de ce type de problèmes chez les vétérans. L'objectif de la gestion de l'invalidité est d'aider les



patients à s'acquitter de leurs fonctions et à améliorer leur qualité de vie. Le rapport explique les avantages de la collaboration avec ACC.

117. Thompson, JM, Egan M, Stultz T, Chiasson R. Elaboration du document intitulé Document sur la démence – Une ressource pour les professionnels de la santé. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction sur la santé mentale ; 2009 Oct 20. 13p. Rapport technique.

Ce document décrit comment ACC a élaboré une ressource sur la démence destinée aux professionnels de la santé. La ressource fournit un outil concis, fondé sur des preuves, pour le traitement de la démence. Il peut aider les médecins qui ne voient pas beaucoup de patients atteints de démence et peut servir d'aide-mémoire lors des rencontres avec leurs patients. La ressource fournit un cadre pour le diagnostic. On y aborde également la gestion de la maladie en discutant des médicaments, des traitements des problèmes de comportement et des problèmes sociaux.

- 120a. Anciens Combattants Canada. Douleur chronique chez les vétérans. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2018 sept. Exposé d'information. Sur Internet : <https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>

- 121a. Anciens Combattants Canada. L'identité des Vétérans. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2017 juin. Exposé d'information. Sur Internet : <https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>

- 124a. Anciens Combattants Canada. Bien-être des Vétérans. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2017 fev. Exposé d'information. Sur Internet : <https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>

134. Thompson JM, Scott K, Dubinsky L. Dossiers sur la santé des anciens combattants : Lésion cérébrale subie sur le champ de bataille - Symptômes inexpliqués et traumatisme cérébral léger par souffle. Le médecin de famille canadien. 2008 nov. Sur Internet : <http://www.cfp.ca/cgi/content/full/54/11/1549/DC1>

À l'aide d'un cas fictif, cet article a fourni aux médecins de famille des renseignements de pointe sur les traumatismes cérébraux légers (TCL) chez les vétérans militaires. Le TCL est une lésion aiguë qui peut avoir des symptômes persistants chez certaines personnes. Le rapport a examiné les TCL liés à l'Iraq et à l'Afghanistan, la détonation des explosifs, les symptômes, le diagnostic et le traitement. Il mentionne les indemnités et les traitements d'invalidité offerts par ACC aux membres des FAC et aux vétérans qui subissent les effets du TCL lié au service.



- 137a. Anciens Combattants Canada. Les Troubles de l'audition des Vétérans.  
Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ;  
2017 fev. Exposé d'information. Sur Internet :  
<https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>
- 138c. Anciens Combattants Canada. La Santé Physique et Mentale des Vétérans.  
Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ;  
2017 fev. Exposé d'information. Sur Internet :  
<https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>
148. Van Til L, Macintosh S, Thompson JM, MacLean MB, Campbell L, Sudom K, Dursun S, Herron M, Pedlar D. Synthèse des Études sur la vie après le service de 2013. Charlottetown (ÎPÉ): Anciens Combattants Canada Direction de la recherche; 2014 juil 3. Rapport technique.
- Le présent rapport résume les constatations de l'Enquête sur la santé et le bien-être des EVAS de 2013 (voir le point n° 138) et l'Étude sur le revenu des EVAS de 2013 (voir le n° 40). Les constatations des EVAS de 2013 décrivent la santé et le bien-être des vétérans de la Force régulière, de la Première réserve (classe C) et de la Première réserve (classes A et B).
156. Van Til LD, Sweet J, Poirier A, McKinnon K, Sudom K, Dursun S, Pedlar D. Bien-être des Vétérans de la Force régulière : Conclusions des EVASM 2016. Charlottetown (ÎPÉ): Anciens Combattants Canada Direction de la recherche; 2017 juin 23. Rapport technique. Sur Internet : <http://publications.gc.ca/pub?id=9.839366&sl=0>
- Dans le présent rapport, on a examiné les résultats des EVASM de 2016 relatifs aux vétérans de la Force régulière libérés entre 1998 et 2015. Les méthodes sont décrites au point n° 144. Ce rapport fournit les estimations de la prévalence des caractéristiques militaires et plus de 30 indicateurs du bien-être. Les ventilations sont fournies en fonction de l'âge et du grade. Les comparaisons sont présentées pour les Canadiens et pour l'ensemble des EVAS de 2010, de 2013 et de 2016. Les résultats indiquent que 52 % des vétérans ont signalé une adaptation facile à la vie civile, tandis que 32 % ont déclaré avoir de la difficulté à s'adapter.
- 156b. Anciens Combattants Canada. Sondage sur la vie après le service militaire 2016.  
Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ;  
2018 juil. Exposé d'information. Sur Internet :  
<https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>
- 156c. Anciens Combattants Canada. Revenu des Vétérans. Charlottetown (ÎPÉ) : Anciens Combattants Canada Direction de la recherche ; 2018 juil. Exposé d'information. Sur Internet : <https://www.veterans.gc.ca/fra/about-vac/research/research-directorate/info-briefs>

## 2a. Publications par thèmes

Cette partie répertorie les publications par sujet d'intérêt. Chaque citation est rédigée dans le style Vancouver abrégé. La citation complète et le sommaire se trouvent à la section 1 en mentionnant le numéro unique de la publication.

Les thèmes comprennent :

*Transition du militaire au civil*  
*Soins de santé, invalidité et réadaptation*  
*Économie*  
*Idées suicidaires, tentatives et décès par suicide*  
*Parcours de vie*  
*Sexe et genre*  
*Familles*  
*Identité*  
*l'Itinérance*  
*Méthodologie*

### Transition du militaire au civil

La transition militaire-civile (TMC) est le processus d'adaptation au passage de la vie militaire à la vie après le service militaire. Le bien-être des membres des FAC et des anciens combattants du TMC a été l'un des principaux objectifs des travaux de recherche de la Direction. Pas énumérés ici sont les Études sur la vie après le service qui décrivent le bien-être de la population d'anciens combattants au cours de la transition (voir 1c).

- 54. MacLean MB, et al. Efficacité des services de transition de carrière. 2011.
- 55. MacLean MB, et al. Efficacité de la sélection préalable à l'entrevue de transition – Constatations de l'Enquête sur la transition à la vie civile. 2011.

### Soins de santé, invalidité et réadaptation

- 7. Boswall M, et al. Dossiers sur la santé des anciens combattants : Formulaires à remplir- Ancien combattant ayant des besoins de soins de santé à combler. 2010.
- 33. MacLean MB. Indemnisation de pertes économiques: déficience, invalidité grave, perte d'avancement professionnel. 2014.
- 49. MacLean MB, et al. Besoins auxquels répond le Programme pour l'autonomie des anciens combattants – Indicateurs tirés de l'Enquête sur la transition à la vie civile. 2011.
- 50. MacLean MB, et al. Communication avec les Vétérans qui ne sont pas bénéficiaires d'avantages d'ACC – Données de l'Enquête sur la transition à la vie civile. 2011.
- 66. MacLean, MB, et al. Les pertes financières sont-elles reliées à l'âge ou au degré d'invalidité? 2016.
- 91. Pranger T, et al. Dossiers sur la santé des anciens combattants : Un univers bouleversé - Gérer la transition à la vie civile. 2009 fév.

95. Richardson JD, et al. Dossiers sur la santé des anciens combattants : Quand l'horreur nous rejoint- Le trouble de stress post-traumatique chez les anciens combattants. 2010.
98. Shields N, et al. Dossiers sur la santé des anciens combattants : Battlefield Blues - Ambivalence face au traitement chez les Vétérans souffrant de dépression. 2009.
100. Sloan J, et al. Dossiers sur la santé des anciens combattants : Une pelouse trop longue - Un ancien combattant n'arrive plus à entretenir sa cour. 2009.
105. Thompson JM. La démence- une ressource pour les professionnels de la santé. 2009.
107. Thompson, JM. Symptômes persistants consécutifs à un traumatisme cérébral léger – Une ressource à l'intention des cliniciens et des employés. 2008.
111. Thompson JM, et al. Dossiers sur la santé des anciens combattants : La douleur d'un marin: Troubles musculosquelettiques, douleur chronique et invalidité chez les Vétérans militaires. 2009.
117. Thompson, JM, et al. Elaboration du document intitulé Document sur la démence – Une ressource pour les professionnels de la santé. 2009.
134. Thompson JM, et al. Dossiers sur la santé des anciens combattants : Lésion cérébrale subie sur le champ de bataille - Symptômes inexplicables et traumatisme cérébral léger par souffle. 2008.
148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.
156. Van Til LD, et al. Bien-être des Vétérans de la Force régulière : Conclusions des EVASM 2016. 2017.

## **Économie**

52. MacLean MB, et al. Lignes de faible revenu et sécurité financière à la retraite. 2014.

## **Idées suicidaires, tentatives et décès par suicide**

99. Simkus K, et al. Étude sur la mortalité par suicide chez les Vétérans 2017 : 1976 à 2012. 2017.
102. Statistique Canada. Étude du cancer et de la mortalité chez les membres des Forces canadiennes : Causes de décès. 2011.
148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.
156. Van Til LD, et al. Bien-être des Vétérans de la Force régulière : Conclusions des EVASM 2016. 2017.

## **Parcours de vie**

47. MacLean MB, et al. Province de résidence à la libération et après la libération – Données de l'Étude sur le revenu. 2011.
54. MacLean MB, et al. Efficacité des services de transition de carrière. 2011.
56. MacLean MB, et al. Adéquation du revenu: comparaison du revenu avant et après la libération des militaires libérés pour raisons médicales ou non. 2011.
57. MacLean MB, et al. Indicateurs prédictifs du faible revenu persistant. 2012.
66. MacLean, MB, et al. Les pertes financières sont-elles reliées à l'âge ou au degré d'invalidité? 2016.

67. MacLean MB, et al. Récupération des revenus après la participation au programme de réadaptation. 2016.
148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.

### **Sexe et genre**

102. Statistique Canada. Étude du cancer et de la mortalité chez les membres des Forces canadiennes : Causes de décès. 2011.
148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.

### **Familles**

Pour plus d'informations sur ce thème s'il vous plaît se référer aux sommaire en français dans les rapports techniques d'ACC (voir le n° 36). Des publications en anglais sont également disponibles (voir n° 14, 81, 82, 86).

### **Identité**

Pour plus d'informations sur ce thème s'il vous plaît se référer aux sommaire en français dans les rapports techniques d'ACC (voir n° 121). Une publication en anglais est également disponible (voir le n° 116).

### **Itinérance**

Pour plus d'informations sur ce thème, des publications en anglais sont disponibles (voir n° 8, 9, 10, 146).

### **Méthodologie**

117. Thompson, JM, et al. Elaboration du document intitulé Document sur la démence – Une ressource pour les professionnels de la santé. 2009.

## **2b. Publications par domaine de bien-être**

Cette partie répertorie les publications en fonction des sept domaines du modèle du bien-être d'ACC. Chaque citation est rédigée dans le style Vancouver abrégé. La citation complète et le sommaire se trouvent à la section 1 en mentionnant le numéro unique de la publication.

Pour la description originale du cadre de bien-être, voir la publication n° 124.

Les domaines de bien-être comprennent :

*Santé et invalidité*  
*Emploi ou autre activité significative*  
*Finances*  
*Aptitudes à la vie civile et préparation*  
*Intégration sociale*  
*Logement et contexte physique*

### *Contexte culturel et social*

Cette partie oriente les lecteurs vers des publications par domaine de bien-être. Le modèle du bien-être d'ACC comprend sept domaines pertinents au bien-être des vétérans : emploi ou autre activité significative, finances, santé, aptitudes à la vie civile et préparation, intégration sociale, logement et contexte physique, et contexte culturel et social.

Le modèle du bien-être d'ACC est un cadre de bien-être composite et superordonné destiné aux services et à la recherche pour les vétérans. Le modèle est superordonné, car il considère la santé (fonctionnement physique, mental, social et spirituel de l'individu) et les autres domaines comme des sous-composantes du bien-être; et il est composite, car il intègre tous les autres mesures et concepts de bien-être subjectifs et objectifs, tels que le bonheur subjectif ou le statut économique objectif. Le bien-être dans un domaine donné fluctue au cours de la vie en fonction de facteurs de tous les domaines.

Le modèle inclut et étend le concept de déterminants de la santé en prenant en compte la causalité bidirectionnelle : la santé d'une personne est influencée par son bien-être dans les autres domaines, mais inversement, son bien-être dans d'autres domaines est influencé par sa santé. Le modèle peut être appliqué à la réflexion et à la planification pour le bien-être d'individus et de populations entières.

### **Santé (physique, mentale, sociale, spirituelle) et invalidité**

7. Boswall M, et al. Dossiers sur la santé des anciens combattants : Formulaire à remplir- Ancien combattant ayant des besoins de soins de santé à combler. 2010.
33. MacLean MB. Indemnisation de pertes économiques: déficience, invalidité grave, perte d'avancement professionnel. 2014.
49. MacLean MB, et al. Besoins auxquels répond le Programme pour l'autonomie des anciens combattants – Indicateurs tirés de l'Enquête sur la transition à la vie civile. 2011.
50. MacLean MB, et al. Communication avec les Vétérans qui ne sont pas bénéficiaires d'avantages d'ACC – Données de l'Enquête sur la transition à la vie civile. 2011.
66. MacLean, MB, et al. Les pertes financières sont-elles reliées à l'âge ou au degré d'invalidité? 2016.
91. Pranger T, et al. Dossiers sur la santé des anciens combattants : Un univers bouleversé - Gérer la transition à la vie civile. 2009 fév.
95. Richardson JD, et al. Dossiers sur la santé des anciens combattants : Quand l'horreur nous rejoint- Le trouble de stress post-traumatique chez les anciens combattants. 2010.
98. Shields N, et al. Dossiers sur la santé des anciens combattants : Battlefield Blues - Ambivalence face au traitement chez les Vétérans souffrant de dépression. 2009.
99. Simkus K, et al. Étude sur la mortalité par suicide chez les Vétérans 2017 : 1976 à 2012. 2017.
100. Sloan J, et al. Dossiers sur la santé des anciens combattants : Une pelouse trop longue - Un ancien combattant n'arrive plus à entretenir sa cour. 2009.

102. Statistique Canada. Étude du cancer et de la mortalité chez les membres des Forces canadiennes : Causes de décès. 2011.
105. Thompson JM. La démence- une ressource pour les professionnels de la santé. 2009.
107. Thompson, JM. Symptômes persistants consécutifs à un traumatisme cérébral léger – Une ressource à l'intention des cliniciens et des employés. 2008.
111. Thompson JM, et al. Dossiers sur la santé des anciens combattants : La douleur d'un marin: Troubles musculosquelettiques, douleur chronique et invalidité chez les Vétérans militaires. 2009.
117. Thompson, JM, et al. Elaboration du document intitulé Document sur la démence – Une ressource pour les professionnels de la santé. 2009.
134. Thompson JM, et al. Dossiers sur la santé des anciens combattants : Lésion cérébrale subie sur le champ de bataille - Symptômes inexplicables et traumatisme cérébral léger par souffle. 2008.
148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.
156. Van Til LD, et al. Bien-être des Vétérans de la Force régulière : Conclusions des EVASM 2016. 2017.

### **Emploi ou autre activité significative**

156. Van Til LD, et al. Bien-être des Vétérans de la Force régulière : Conclusions des EVASM 2016. 2017.
33. MacLean MB. Indemnisation de pertes économiques: déficience, invalidité grave, perte d'avancement professionnel. 2014.
54. MacLean MB, et al. Efficacité des services de transition de carrière. 2011.
148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.

### **Finances**

156. Van Til LD, et al. Bien-être des Vétérans de la Force régulière : Conclusions des EVASM 2016. 2017.
33. MacLean MB. Indemnisation de pertes économiques: déficience, invalidité grave, perte d'avancement professionnel. 2014.
52. MacLean MB, et al. Lignes de faible revenu et sécurité financière à la retraite. 2014.
56. MacLean MB, et al. Adéquation du revenu: comparaison du revenu avant et après la libération des militaires libérés pour raisons médicales ou non. 2011.
57. MacLean MB, et al. Indicateurs prédictifs du faible revenu persistant. 2012.
66. MacLean, MB, et al. Les pertes financières sont-elles reliées à l'âge ou au degré d'invalidité? 2016.
67. MacLean MB, et al. Récupération des revenus après la participation au programme de réadaptation. 2016.
148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.

### **Aptitudes à la vie civile et préparation**

156. Van Til LD, et al. Bien-être des Vétérans de la Force régulière : Conclusions des EVASM 2016. 2017.

148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.

### **Intégration sociale**

156. Van Til LD, et al. Bien-être des Vétérans de la Force régulière : Conclusions des EVASM 2016. 2017.
148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.

### **Logement et contexte physique**

148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.

### **Contexte culturel et social**

95. Richardson JD, et al. Dossiers sur la santé des anciens combattants : Quand l'horreur nous rejoint- Le trouble de stress post-traumatique chez les anciens combattants. 2010.
98. Shields N, et al. Dossiers sur la santé des anciens combattants : Battlefield Blues - Ambivalence face au traitement chez les Vétérans souffrant de dépression. 2009.
100. Sloan J, et al. Dossiers sur la santé des anciens combattants : Une pelouse trop longue - Un ancien combattant n'arrive plus à entretenir sa cour. 2009.
156. Van Til LD, et al. Bien-être des Vétérans de la Force régulière : Conclusions des EVASM 2016. 2017.
148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.

## **2c. Publications par programmes et projets de recherche**

Cette partie répertorie les publications classés par programmes et projets de recherche. Chaque citation est rédigée dans le style Vancouver abrégé. La citation complète et le sommaire se trouvent à la section 1 en mentionnant le numéro unique de la publication.

Les programmes et projets de recherche comprennent :

*Études sur la vie après le service : Études sur le revenu de 2010 à 2016*  
*Études sur la vie après le service : Enquêtes sur la population de 2010 à 2016*  
*Mortalité des vétérans*  
*Projet de recherche sur les soins continus*  
*Programme de réadaptation d'ACC*  
*Programme de recherche Transition vers la vie civile (R2CL)*  
*Cadres conceptuels*  
*Exposés d'information*  
*Série d'articles sur la santé des vétérans*  
*Publications dirigées par d'autres organisations*

## **Études sur la vie après le service - Études sur le revenu de 2010 à 2016**

[Ordre chronologique]

- 47. MacLean MB, et al. Province de résidence à la libération et après la libération – Données de l'Étude sur le revenu. 2011.
- 56. MacLean MB, et al. Adéquation du revenu: comparaison du revenu avant et après la libération des militaires libérés pour raisons médicales ou non. 2011.
- 54. MacLean MB, et al. Efficacité des services de transition de carrière. 2011.
- 57. MacLean MB, et al. Indicateurs prédictifs du faible revenu persistant. 2012.
- 148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.
- 66. MacLean, MB, et al. Les pertes financières sont-elles reliées à l'âge ou au degré d'invalidité? 2016.
- 67. MacLean MB, et al. Récupération des revenus après la participation au programme de réadaptation. 2016.

## **Études sur la vie après le service - Enquêtes sur la population de 2010 à 2016**

[Ordre chronologique]

- 49. MacLean MB, et al. Besoins auxquels répond le Programme pour l'autonomie des anciens combattants – Indicateurs tirés de l'Enquête sur la transition à la vie civile. 2011.
- 50. MacLean MB, et al. Communication avec les Vétérans qui ne sont pas bénéficiaires d'avantages d'ACC – Données de l'Enquête sur la transition à la vie civile. 2011.
- 55. MacLean MB, et al. Efficacité de la sélection préalable à l'entrevue de transition – Constatations de l'Enquête sur la transition à la vie civile. 2011.
- 54. MacLean MB, et al. Efficacité des services de transition de carrière. 2011.
- 148. Van Til L, et al. Synthèse des Études sur la vie après le service de 2013. 2014.
- 156. Van Til LD, et al. Bien-être des Vétérans de la Force régulière : Conclusions des EVASM 2016. 2017.

## **Mortalité des vétérans**

- 99. Simkus K, et al. Étude sur la mortalité par suicide chez les Vétérans 2017 : 1976 à 2012. 2017.
- 102. Statistique Canada. Étude du cancer et de la mortalité chez les membres des Forces canadiennes : Causes de décès. 2011.

## **Projet de recherche sur les soins continus**

Pour plus d'informations sur ce thème, des publications en anglais sont disponibles (voir n° 26, 88).

## **Programme de réadaptation d'ACC**

- 67. MacLean MB, et al. Récupération des revenus après la participation au programme de réadaptation. 2016.



## **Programme de recherche Transition vers la vie civile (R2CL)**

Pour plus d'informations sur ce thème s'il vous plaît se référer aux sommaire en français dans les rapports techniques d'ACC (voir le n° 115). Des publications en anglais sont également disponibles (voir n° 104, 114).

## **Cadres conceptuels**

Pour plus d'informations sur ce thème, s'il vous plaît se référer aux sommaire en français dans les rapports techniques d'ACC (voir le n° 109, 121, 124, 130). Des publications en anglais sont également disponibles (voir n° 6, 87, 110, 119).

## **Exposé d'information**

- 29a. Anciens Combattants Canada. L'emploi des Vétérans. 2017
- 40a. Anciens Combattants Canada. Les revenus et les finances des Vétérans. 2017
- 41a. Anciens Combattants Canada. Femmes et hommes vétérans au Canada. 2018
- 65a. Anciens Combattants Canada. L'utilistation des soins de santé par les clients d'ACC. 2018
- 99a. Anciens Combattants Canada. L'étude de 2017 sur la mortalité par suicide chez les Vétérans. 2017
- 120a. Anciens Combattants Canada. Douleur chronique chez les vétérans. 2018
- 121a. Anciens Combattants Canada. L'identité des Vétérans. 2017
- 124a. Anciens Combattants Canada. Bien-être des Vétérans. 2017
- 137a. Anciens Combattants Canada. Les Troubles de l'audition des Vétérans. 2017
- 138c. Anciens Combattants Canada. La Santé Physique et Mentale des Vétérans. 2017
- 156b. Anciens Combattants Canada. Sondage sur la vie après le service militaire 2016. 2018
- 156c. Anciens Combattants Canada. Revenu des Vétérans. 2018

## **Dossiers sur la santé des anciens combattants**

- 7. Boswall M, et al. Dossiers sur la santé des anciens combattants : Formulaire à remplir- Ancien combattant ayant des besoins de soins de santé à combler. 2010.
- 91. Pranger T, et al. Dossiers sur la santé des anciens combattants : Un univers bouleversé - Gérer la transition à la vie civile. 2009 fév.
- 95. Richardson JD, et al. Dossiers sur la santé des anciens combattants : Quand l'horreur nous rejoint- Le trouble de stress post-traumatique chez les anciens combattants. 2010.
- 98. Shields N, et al. Dossiers sur la santé des anciens combattants : Battlefield Blues - Ambivalence face au traitement chez les Vétérans souffrant de dépression. 2009.
- 100. Sloan J, et al. Dossiers sur la santé des anciens combattants : Une pelouse trop longue - Un ancien combattant n'arrive plus à entretenir sa cour. 2009.
- 111. Thompson JM, et al. Dossiers sur la santé des anciens combattants : La douleur d'un marin: Troubles musculosquelettiques, douleur chronique et invalidité chez les Vétérans militaires. 2009.

134. Thompson JM, et al. Dossiers sur la santé des anciens combattants : Lésion cérébrale subie sur le champ de bataille - Symptômes inexpliqués et traumatisme cérébral léger par souffle. 2008.

**Publications dirigées par d'autres organisations**

Les publications suivantes ont été dirigées par d'autres organisations avec des coauteurs de la Direction de la recherche d'ACC.

102. Statistique Canada. Étude du cancer et de la mortalité chez les membres des Forces canadiennes : Causes de décès. 2011.