



FIRST RESPONDERS* MENTAL HEALTH GRANT PROGRAM

(Applications from: Ireland, New Zealand, United States)

*A Movember and The Distinguished Gentleman's Ride
Collaboration*

REQUEST FOR PROPOSALS

Release Date: 21 September 2020

Funding Availability: NZD \$270,000/year; EUR €154,500/year; USD \$171,500) x 2 years

Letter of Intent Due Date: 23 November 2020

Full Proposal Due Date: 6 February 2021 (by invitation only)

*Emergency Services, Emergency Medical Technicians (EMT's), Paramedics, Police/Gardai, Fire Fighters/Fire Brigade

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BACKGROUND

ABOUT MOVEMBER

Movember is the leading charity changing the face of men's health on a global scale, focusing on mental health and suicide prevention, prostate cancer and testicular cancer. The charity raises funds to deliver innovative, breakthrough research and support programs that enable men to live happier, healthier and longer lives. Committed to disrupting the status quo, millions have joined the movement, helping fund over 1,250 projects around the world. In addition to tackling key health issues faced by men, Movember is working to encourage men to stay healthy in all areas of their life, with a focus on men staying socially connected and becoming more open to discussing their health and significant moments in their lives. The charity's vision is to have an everlasting impact on the face of men's health. To donate or learn more, please visit [Movember.com](https://www.movember.com).

Why has Movember chosen to get involved? As the largest global men's health charity, Movember has been entrusted by our donors to invest in better mental health outcomes and suicide prevention interventions for men and boys. As a not-for-profit, Movember is single-mindedly focused on achieving impact and preventing men and boys from dying too young.

Movember is committed to collecting and disseminating information globally on the impact of its investments in boys' and men's mental health. Veteran's and First Responders are disproportionately affected by suicide and mental ill-health and are identified as a priority population for Movember. A key goal is to build evidence around effective programs and have others adopt them as exemplars or best practices that meet the needs of men in these groups. When something works, Movember will seek to mobilize that knowledge to help others. This outcome information is an important part of Movember's accountability, transparency and ability to scale successful interventions.

Further information about Movember can be found [here](#).
Further information about the programs we fund can be found [here](#).

ABOUT THE DISTINGUISHED GENTLEMAN'S RIDE

Over 120,000 riders in over 650 cities worldwide dress dapper and sit astride their classic and vintage styled motorcycles each year to raise funds and awareness for men's health, specifically prostate cancer and men's mental health. The Distinguished Gentleman's Ride (DGR) was founded in Sydney, Australia by Mark Hawwa. It was inspired by a photo of Mad Men's Don Draper standing beside a classic bike and wearing his finest suit. Initially, the themed ride was formed to combat the often-negative stereotype of men in motorcycling while connecting niche motorcycle communities together. Since that first ride in 2012, The Distinguished Gentleman's Ride has united a passionate and caring global community that shares a love of classic and vintage motorcycles and a connection to a worthy cause.

Further information about The Distinguished Gentleman's Ride can be found [here](#).

PROBLEM WE ARE TRYING TO ADDRESS

Men who work in emergency services are likely to be exposed to a variety of workplace stressors throughout their careers, ranging from non-traumatic operational and organizational stressors to complex and potentially regular traumatic events. The mental health status of military veterans and of those working in emergency services has grown steadily in public consciousness.

The current Covid-19 pandemic has placed further demands on emergency services where expectations require them to coordinate and (in some countries) enforce local shutdowns and encourage physical distancing. Since emergency services are classified as “essential workers” in many regions, individual workers are not immune from the stress that covid-19 places on their own mental health and well-being.

In the key Movember and DGR markets of Australia, Canada, Ireland, New Zealand, United Kingdom, and the United States, men in these two groups experience higher rates of poor mental health and suicide compared to men in the general population.

In the past, Movember has funded a range of innovative projects and research programs specifically designed for military veterans and first responders. Programs and health promotion initiatives aimed at a more general male audience which includes both military veterans and first responders have also been supported. Through this current initiative, we are seeking to deepen our impact with these important groups.

In 2019, Movember commissioned a scoping review to examine the effectiveness of current programs focusing on the prevention of poor mental health and suicide in military veterans and first responders, as well as early intervention programs in first responders, within Canada, Australia, New Zealand, Ireland, and the United Kingdom. Services categorized as crisis support or treatment were excluded from the scan. The executive summary and full report are available to download at movember.com/vfrgrants.

Results from the review

The review of the existing scientific literature found:

- There is little evidence of overall effectiveness when it comes to psychoeducation and skills-based programming (e.g. teaching stress management techniques, such as breathing and SMART goal setting).
- Any effects on participants’ mental health tends to be small and diminishes over time (> 1 month).
- Early intervention programs had little effect on reducing mental ill health in first responders.
- Most workplace suicide prevention programs have no evidence of effectiveness, mostly because these types of programs are generally not evaluated for effectiveness or evaluations are small-scale and inconclusive.

In speaking with Subject Matter Experts (SME's), the following themes were identified:

- Everyone appears to be working on their own (there's a lack of information about who is doing what and what evidence they are finding to support their programs).

- Organizations are attempting to find a balance between doing the work and protecting their people.
- There is little awareness of the limited evidence for early intervention programs.
- The application of a gendered lens is missing when developing and implementing programs.
- There may be group differences in poor mental health prevention expectations across first responder groups as well as between first responders and veterans.

The review showed that many organizations recognize the importance of the mental health burden faced by veterans and first responders and they are trying to address the problem. However, prevention and early intervention programs either appear to be used without first ensuring that the programs do what they say they are supposed to do or are implemented differently from what was intended. The programs also tend to focus solely on the employee, placing an undue burden on individuals to maintain their own psychological health.

Where do we go from here?

Given this initial research and review, Movember is interested in supporting scalable mental health and/or suicide prevention programs that can be rigorously evaluated, use a gendered lens, focus on a broad range of mental health outcomes (i.e., not just PTSD), and a wide range of traumatic and non-traumatic (organizational and operational) stressors.

For Ireland, New Zealand, and the United States – this grant funding opportunity will focus on First Responders only.

The intention is to embed approaches that are upstream and supportive of men who work and volunteer in environments with first responders.

While numerous gaps were identified, those that stood out and are prioritized under this initiative are:

| |
|---|
| <ul style="list-style-type: none"> • Fire fighters (employed, volunteer, former) • Emergency Medical Services (EMS) / Paramedics (employed and former) • Police (employed and former) • First responder families |
| <p>Submissions may consider the many roles and relationships that individuals within these two focal groups have through targeted sub-groups and/or geographical locations. e.g. new fathers who are volunteer fire fighters in a remote area.</p> |
| <p>Areas of Focus</p> |
| <p><i>Programs aimed at creating a mentally healthy workforce.</i></p> <p>The review identified the need to balance the individual and the organizational responsibility when addressing known causes of poor psychological health in the workplace. It highlighted the importance of considering the impact of both non-traumatic workplace stressors, and/or exposure to traumatic events.</p> <p>Therefore, programs aimed at improving mental health by addressing systemic, non-traumatic, organization and operational workplace elements are also encouraged.</p> |

Three additional areas identified and prioritized under this area of focus are:

- Development of suicide prevention programs for first responder communities that may be evaluated and adapted to other jurisdictions.
- Programs aimed toward first responders transitioning out of a career in emergency services.
- Programs focused on heightened social isolation among first responders working in remote settings with low levels of social connections and organizational belonging.

* Programs need to be grounded in the real world, be evidence informed, and take a prevention or early intervention approach. They should be developed from the male perspective and must have been co-developed with members of first responder populations. Additionally, Programs would need to provide a balance between organizational and individual responsibility.

WHAT IS A PROGRAM?

For the purposes of this initiative, a formal mental health or suicide focused prevention/early intervention program has a purpose-built curriculum that is designed to be taught or given to others, and then implemented by the learners. Potential sub-elements may include the following:

- a. It may or may not have support tools (e.g., apps, other web-based tools, pocket cards, books, peer support) built into the program;
- b. It may be a one-time training session, or it may need regular, ongoing maintenance sessions, but this distinction needs to be made clear in the program design and implementation;
- c. It emphasizes program fidelity i.e. the program should work equally well across all instructors such that they follow the same implementation approach, with nothing added or subtracted.
- d. It is/will be based on accepted scientific principles and mechanisms (e.g., cognitive behavior therapy, psychoeducation). Any modifications from the original intended use (e.g., using clinical intervention procedures, such as diaphragmatic breathing, in a prevention approach), would require evaluation before being termed evidence based.
- e. The program has a specified outcome for which the efficacy and effectiveness can be measured. i.e. it can be determined that the program does what it claims to do.

Peer support programs may be included if:

1. The peers come from the same occupational grouping as the person experiencing problems;
2. The program includes the following elements:
 - a) training is provided to the peer support providers;
 - b) the roles of the peer-mentee relationship are clearly defined;
 - c) there are appropriate, clearly stated goals for the program (e.g., a reduction in mental health symptoms);
 - d) the goals are testable in order to determine if the program does what it claims to do; and
 - e) There are adequate pathways to support from mental health professionals.

Overarching Goal of Funding Initiative

As a global initiative, the overarching goal is to improve mental health and wellbeing and prevent suicide of first responders in Australia, Canada, Ireland, New Zealand, United Kingdom, and the United States.

The specific goals for this program are to:

- Support the ongoing development, implementation and evaluation of prevention, early intervention programs to improve mental health of first responders, while using a gendered lens.
- Foster collaboration and knowledge sharing globally around evaluation and evidence about programs aimed to improve mental health for first responders through a prevention, early intervention and gendered lens.

THE OPPORTUNITY

Movember and The Distinguished Gentleman's Ride are excited to launch a new Grant Program to identify partners to strengthen the implementation and evaluation of programs that take a prevention, early intervention perspective and incorporate a gendered lens to improve mental health and wellbeing for first responders.

Submissions should propose to adapt or build upon current programs/products that are demonstrating early promise that they work. Such programs should have an underlying evidence-base upon which the program has been built and be able to provide the supporting information i.e. publications or research reports. At the outset, the submission would need to make a serious commitment to robust evaluation. A third-party evaluation partner will be contracted and funded separately by Movember to work directly with project teams. Consideration of future scaling and sustainability potential would ideally be built in early in the proposal process.

An initial investment of AUD \$6.34 million from Movember and DGR is being earmarked over the next two years to support this First Responder initiative as well as a Veteran and First Responder Initiative in Australia and Canada. This translates to; EUR €3.92 M; NZD \$6.85 M; or USD \$4.35 M.

A minimum of eight **(8)** programs globally in total will be supported under a Veterans and First Responders Mental Health Program. This includes a minimum of three **(3)** first responder programs, one in each of Ireland, New Zealand, and the US, that have already shown initial promise of improved mental health and wellbeing, or prevention of suicide that will be supported for a period of two years within this opportunity. Funding in the amount of up to AUD \$250,000 per annum each with a total maximum value of AUD \$500,000 per funded program is being offered to successful teams. Funding amounts by market per annum are converted as follows: EUR €154,500/year; NZD \$270,000/year; USD \$171,500.

It is hoped that this opportunity will encourage interest across a diverse population and build capacity in the entire area of male health by developing new avenues of investigation.

FUNDING ELIGIBILITY

To be eligible for this funding opportunity, applicants must:

1. Be based in any one of the participating countries: Ireland, New Zealand, or the United States. Collaboration within and across countries is permitted,
2. Be legally able to accept grant funds within their respective country,
3. Designate a member of the project team to participate in the program evaluation and agree to the roll-out/delivery of controlled evaluation with Movember's evaluation partner,

4. Be implementing an existing program that is showing promise that it works but requires rigorous evaluation; **or**
5. Be adapting a program that has shown promise that it works with one focal group to implement and evaluate with another focal group (e.g. a program that has had success with fire fighters and is proposed to trial with paramedics OR paramedics/EMS to paramedics/EMS in another location)
6. Take a prevention or early intervention perspective and incorporate a gendered lens to improve mental health and wellbeing in one or more of the targeted groups,
7. Work in one of the targeted workplaces, e.g. police, fire, emergency/ paramedic services, **or**
8. Involve the “end user” from any of the targeted workplaces as a collaborator on the project team.

What will not be funded

The following will not be considered for funding under this initiative:

1. Programs that are not aligned with the intent of this call and the goals of the Request for Proposal listed above.
2. Research salaries/scholarships for Universities or Research Institutes.
3. Awareness and education activities that do not specify and provide a clear and measurable link to improved mental health in the target group(s).
4. Programs that rely on motivational speakers and/or are informal, one-off sessions.
5. Programs that are not based on scientific principles or mechanisms.
6. Programs that have not been designed nor implemented in a way that can be tested for whether the appropriate outcomes are being achieved.
7. Sole requests for infrastructure support.

APPLICATION PROCESS

Applications will follow a two-step submission process utilizing an online grants management system:

- Step 1: Online submission of a Letter of Intent (LOI), and
 Step 2: Online submission of Full Program Proposal (by invitation only)

| Key Dates** | |
|--|--------------------------|
| Step 1: Letter of Intent Deadline – 5:00 pm EDT | 23 November 2020 |
| Invitation to Step 2 | Week of 14 December 2020 |
| Step 2: Full Program Proposal Deadline | 6 February 2021 |
| Panel Assessment & Board Approval Period | February - March 2021 |
| Notices of Decision | Week of 12 April 2021 |
| Earliest Program Start Date | May 2021 |

****Note that emailed or late submissions will not be accepted for either step of the process.**

HOW DO I APPLY?

Log into the online grants management system which can be accessed through <https://www.grantinterface.com/Home/Logon?urlkey=moveember> to set up a user profile. Complete the electronic form to submit your LOI.

Step 1 – Letter of Intent Submission (approximately 1000 - 1200 words)

The Letter of Intent (LOI) will include basic information and a short narrative describing the prevention or early intervention program you would like to implement to improve mental health or prevent suicide of first responders. Applicants will be asked to respond to questions under the following headings in the online grants management system:

- Program name
- Amount of funding requested
- Estimated cost for the total program if known and/or different from funding request
- The primary purpose of the program and the need or problem you are seeking to address
- Target audience
- Program Description including:
 - a. Details on prior implementation
 - b. A description of the impact/reach (any data /findings that have been generated)
 - c. A description of the underlying evidence and research that supports or has informed the idea or development of your program
 - d. A description of how the program directly benefits those of your target population
- Project Team - Who will be involved in the project. (lead, end user(s), collaborators etc.)
- The anticipated outcome(s) of the program; with clearly stated goals (e.g., a reduction in symptoms of depression, anxiety, PTSD, and substance abuse).
- What success would look like for your program.

Note: A budget is not required for Step 1: Letter of Intent.

A list of Questions and Answers (Q&A) related to this funding opportunity will be available and regularly updated based on questions received from interested applicants. Please refer to movember.com/vfrgrants to access current questions and revisit for updates.

Please note, in the interest of fairness and parity Movember will not be discussing individual proposals prior to submission. All questions must be submitted via the portal and will be published for all applicants to see.

Step 2 - Full Program Proposal Submission

Following the review of the Letters of Intent (LOI's), short-listed applicants will be invited to submit a full program proposal and budget to cover a two-year grant period. The invitation to progress to Step 2 will be determined by the quantity and strength of submissions received while also ensuring equal geographical and population representation.

If you are selected to progress to Step 2, the following are examples of the types of questions that would need to be addressed in the program proposal (a template will be provided):

Full program proposal outline

- *Program Description* - What is being proposed? Include a description of the population and how the program is addressing the identified need or problem.
- *Project Goals and Impact* - What would your specific learning and performance goals and desired mental health/suicide related outcomes be for the project over the term of the implementation period?
- *Implementation Plan* - Include proposed steps to develop and test the program/initiative.
- *Timelines* - Include activities, milestones and deliverables.

- *Engagement and Recruitment* - How will you reach and engage with the men in the target population?
- *Team Description* - Outline who will be involved in the project. Include a description of the project lead and team members' expertise, roles and responsibilities.
- *Partners* - How will team members including any partners work together during the project? Include a plan for conflict resolution.
- *Relationships* - Where applicable, describe the relationship with proposed partners. Include signed Memoranda of Understanding (MOU's) to demonstrate the relationship described above.
- *Sustainability and scalability* - Outline evidence of program scalability and sustainability. Is there organizational buy-in? Where applicable, include an assessment of cost effectiveness.

Full program budget

Funding in the amount of up to AUD \$250,000 per annum with a total maximum value of AUD \$500,000 per funded program over 2 years – (a template will be provided). Include itemized justifications to deliver the project. Funding amounts by market per annum are converted as follows: EUR €154,500/year; NZD \$270,000/year; USD \$171,500/year.

HOW WILL PROGRAMS BE SELECTED?

Step 1: Letters of Intent (LOI's) will be shortlisted through a process carried out by a panel convened specifically to assess submissions. The assessment will be based on the following criteria:

- 1) Alignment to the stated intent of the funding opportunity;
- 2) How well the program is described;
- 3) The supporting evidence/theory for the program; and,
- 4) The extent to which the program can be evaluated.

Step 2: A selection panel comprised of subject matter experts (SME's), who do not have any conflict of interests with the applicants, will be engaged to assess full program proposals. The SME's will have specific knowledge relevant to mental health and suicide prevention for first responders, families of first responders, lived experience, evaluation, program design and implementation.

Full proposals will be reviewed by the selection panel to determine which initiatives should be recommended to the Movember Board for funding. Proposals will be assessed based on the following criteria:

1. Alignment with the intent of the initiative;
2. How well the program addresses the mental health and wellbeing of first responders with a prevention, early intervention approach;
3. Probability of success for widespread adoption of the results;
4. The quantity and strength of a submission relative to other proposals while also ensuring equal geographical and population representation;
5. The extent to which the proposed program can be evaluated;
6. The likelihood that program outcomes will contribute to new knowledge;
7. The technical components of the application including:
 - o Clarity of the proposal

- Description of the proposed program
- Robustness of the plan - How well the program plan is explained
- Suitability of the proposed program
- The quality and availability of the data to be used for evaluation
- Potential for scaling & sustainability

DEVELOPMENT PERIOD

Ensuring readiness for implementation will be critical to program success; therefore, a development period will be included at the start of the award term to allow teams to refine their program plans. Those selected to receive funding will have up to two months to complete a detailed workplan. Incorporating evaluation upfront will be critical to success. As such, this period will also involve working with the evaluation team to develop and incorporate the project level evaluation into the implementation plan. At the completion of the development period, applicants would have a formal program plan to be implemented for the remaining 22 months with an ultimate goal to demonstrate program effectiveness.

KNOWLEDGE COMMUNITY

Successful teams will be required to participate in a Knowledge Community, to promote knowledge exchange, sharing of program best practices and learnings, and build capacity.

The Knowledge Community will include online learning forums as well as in-person global convenings, once travel restrictions related to covid-19 are lifted. Movember would cover travel costs for one designated team member to participate; however, teams are welcome to send an additional representative(s) at their own cost.

GUIDANCE ON SUBMISSIONS

1. COSTS

- a. Eligible Costs. The following expenditures will be considered eligible for funding received through this opportunity:
 - Direct program related costs including supplies, expenses, travel and equipment related to the proposed program.
 - Relevant proportion of salaries of project or program managers, research assistants, coordinators, technicians, administrative staff, and other personnel.
 - Indirect costs up to 10% of the total budget (allowable for Community Organizations only).
- b. Ineligible Costs. The following expenditures are not eligible expenses through this opportunity:
 - Overhead costs, including accounting fees, insurance, interest, legal fees, taxes, utilities and costs associated with construction, renovation or rental of offices, laboratories or other supporting facilities.
 - Tuition and professional membership dues.
 - Secondary grants and awards issued by you to other parties.

2. COMMUNICATION REQUIREMENTS

Funding recipients will be required to ensure appropriate acknowledgement of Movember and partner organizations in all communication or publications related to this funding opportunity. In addition, recipients of program funding are also required to adhere to Movember and partner organization's branding requirements as a condition of the program funding. Branding requirements will be communicated to successful recipients.

Funding recipients will be required to agree to a peer-review / open access publication of the results of the evaluation.

3. PERFORMANCE MEASUREMENT

Movember is committed to collecting and disseminating information on the impact of its investments in boys' and men's mental health. This outcome information is an important part of the Movember's accountability and transparency with its community (see previously funded program report cards for example: <http://ca.movember.com/report-cards>)

If a program is selected, the Program Leader(s) will be required to submit annual progress reports and an end-of-funding report within 3 months following the end of the final year of the funding period. The format of the report will be made available to the successful program lead at the beginning of the funding period and can be updated as the program progresses.

In addition, the Program Leader(s) must contribute to the monitoring, review and evaluation of their program by participating in requested media events, evaluation studies, surveys, audits, and workshops as required for the purposes of collecting information to assess progress and results.

4. TERMS & CONDITIONS

- 1) Movember does not make any representation that it will, and disclaims any obligation to, proceed with or to commit to any particular future actions in relation to the subject matter of

- the program call, including without limitation: a) accepting any application or shortlist any applicant; and b) considering, not considering, accepting or rejecting any application.
- 2) Movember reserves the right, at its sole discretion, to initiate another selection process, enter into negotiations with a person or persons who have not been invited to respond to this call for programs or to cancel the program.
 - 3) Applicants must pay their own costs and expenses incurred in preparing and submitting an application.
 - 4) To the extent permitted by law, Movember excludes all liability for any loss, costs (including legal expenses) or damages, suffered or incurred by an applicant or any person, arising out of the applicant's participation in the application process.
 - 5) The Applicant warrants that it has no actual or potential conflict of interest in relation to its participation in the application process or its delivery of the Project other than that is has disclosed in the application.
 - 6) No legal or other obligation arises between an Applicant and Movember in relation to the outcome of the application process, unless and until Movember executes a contract with the applicants.
 - 7) Movember is not obliged to a) accept any application or b) enter into any contract with any applicant or c) give reasons for not considering or accepting or rejecting all or any part of any application, or for cancelling the application process. Movember may, at its sole discretion, consider for acceptance a response that does not comply with the requirements of this request for applications.
 - 8) The Applicant grants Movember, a non-exclusive license to use for the purpose of this application process, any information, processes, sketches, calculations, drawings, or other data or information submitted with or included in, the response submitted by the Applicant.
 - 9) Each Applicant agrees to indemnify Movember against third party claims arising out of any use of any proprietary information submitting with or included in, the full application.
 - 10) Should the Applicant find any material discrepancy, error or omission in this call for applications, the applicant must immediately notify Movember in writing of the nature of the discrepancy, error or omission.
 - 11) The Applicant and team members of the program acknowledge that their details, including any personal details may be disclosed to third parties including peer reviewers, for the purposes of this application process and any related purposes.
 - 12) Movember reserves the right to fund lower rated projects based on specific areas of interest in the requested themes.

5. VARIATIONS

Movember may vary the requirements set out in this call and seek further information from the Applicants. Applicants shall supply this information on reasonable request.

6. MOVEMBER'S RIGHTS

Movember reserves the right to subject the Applicant to a "due diligence" enquiry, which may comprise of:

- a. Verifying whether the represented resources and skills are actually available; and
- b. Assessing experience and integrity.

Movember, at its sole discretion, reserves the right to depart from any method of evaluation set out in this call for proposals.

7. RELIANCE ON INFORMATION

Movember will rely on information provided by, or on behalf of the Applicants at all stages of the application process. In providing information, Applicants represent to Movember that the

information is complete and accurate in all material respects, that it is not misleading and that in preparing the information, reasonable skill and care has been exercised by the Applicant and its personnel and acknowledges that Movember may rely on that information.

8. PUBLICITY

Applicants are not to make any public statement in relation to the application process, their response, or their participation in the application process, or contract negotiation process without Movember's prior written consent.

CONTACT INFORMATION

For further information on this funding opportunity, please contact: Ivy Lim-Carter at: vfrgrants@movember.com.

APPENDIX 1

Veterans and First Responders Definitions of Terms related to Executive Summary of Movember Scoping Review of Veteran and First Responder Mental Ill Health and Suicide Prevention

*Definitions from Public Health Agency of Canada (PHAC) Federal Framework on PTSD, Jan 2020, used with permission from the Canadian Institute for Public Safety Research and Treatment (CIPSRT). (Framework includes separate definitions for experts and the general public, the latter used below).

| Term/Concept | Definition/Understanding |
|---|---|
| First Responders/Emergency Medical Services Personnel | <p>Fire Fighters or Fire Brigade (employed, volunteer, former)</p> <p>Emergency Medical Technicians/Paramedics/Ambulance Personnel (employed and former)</p> <p>Police / Gardai (employed and former)</p> <p>National Health Service - frontline health workers (United Kingdom only)</p> |
| Gendered Lens | <p>Applying a gendered lens means developing, implementing, and evaluating the program with the knowledge that men and women may respond differently to the program and its content. Program developers need to consult with groups of men to determine how best to attract them to the program, how to retain them (e.g., program content, language, activities), and how to determine whether the program is working for them.</p> |
| Health Prevention | <p>First responders may be focused on more than one type of health prevention –</p> <p><i>Primary Prevention</i> aims to stop the onset of an illness before it has begun. An example would be early intervention approaches for those already exposed to a traumatic (or potentially traumatic event) but not yet experiencing symptoms.</p> <p><i>Secondary Prevention</i> involves identifying illness or risks for that illness at its earliest possible stage so that effective treatments can be implemented. Examples would be the routine assessment of the psychological well-being of at-risk employees; or assessing the impact of known organizational barriers to physical and mental health (e.g., overwork).</p> <p><i>Tertiary Prevention</i> focuses on those who are already ill and attempts to restore overall health and function. For example, strategies aimed at getting affected individuals</p> |

| Term/Concept | Definition/Understanding |
|---|--|
| | into treatment early to prevent the development of interpersonal and occupational conflicts. |
| Mental Ill Health Early Intervention Programs | Interventions designed to prevent the development of mental ill health following a recent exposure to workplace stressors (e.g., non-traumatic workplace stressors; potentially traumatic events). |
| Mental Ill Health Prevention Programs | Interventions designed to prevent the development of mental ill health following exposure to future stressors (e.g., workplace stress; potentially traumatic events). |
| Peer Support Program | A program whereby an individual from the same occupation (with lived mental ill health or suicide attempt experience), helps other individuals cope with the outcomes of stressful or potentially traumatic events. To qualify as an intervention program it should provide: support from mental health professionals; training for participants; defined roles for peer-mentee relationship; and have clearly stated goals which are measurable. |
| Program | A formal prevention/early intervention program includes the following: a purpose-built curriculum; designed to be taught to others; and implemented by learners; content that is based on accepted principles (e.g., cognitive behavior therapy); stated outcomes that are measurable |
| Resilience* | Public Health Agency Canada (PHAC) Definition Generally used to describe the concept of adapting to or bouncing back from a negative event or experience. • Defined in a number of different ways as something one has, something one develops, or something one uses, which reflects a lack of consensus over the specific qualities or components that make up <i>resilience</i> . • Can refer to the <i>resilience</i> of individuals but can also refer to the <i>resilience</i> of groups (e.g., families, teams, organizations). • <i>Resilience</i> has been used to describe the ability to adapt and maintain, or return to previous levels of good <i>well-being</i> in individuals or groups (e.g., families, teams, organizations). <i>Resilience</i> may be influenced by factors internal to individuals and by factors created by groups (e.g., families, teams, organizations). • <i>Resilience</i> is not constant, but may vary over time due to internal and/or external factors. |
| Stress | The psychological and physical response people experience when they are unable to cope with the various stressors in their daily lives. Stress is what leads to strain, otherwise referred to as psychological ill health. |

| Term/Concept | Definition/Understanding |
|---|--|
| Traumatic Event/Traumatic Stress/Traumatic Stressor * | Currently not a <i>diagnosis</i> in the DSM or ICD. • In the context of mental health discussions, usually refers to a potentially <i>psychologically traumatic event</i> . • Using these terms without specifying “psychologically” or “physically” can cause confusion about the nature of the potentially traumatic stress or event. |
| Vicarious Traumatic Stress* | Currently not a <i>diagnosis</i> in the DSM or ICD. • <i>Stress</i> that a person feels when they learn about <i>trauma</i> experienced by another person. |
| Vicarious Traumatization* | Currently not a <i>diagnosis</i> in the DSM or ICD. • <i>Psychological trauma</i> that can occur in people who are indirectly exposed to a potentially <i>psychologically traumatic event</i> (e.g., witnessed the aftermath; learned about the <i>trauma</i> happening to a loved one; or as part of providing support or care to a traumatized person, either professionally or personally). |
| Validity | Validity is when a program has been demonstrated, via rigorous scientific evaluation, to do what it says it is supposed to do. Evaluation will look at a program’s effectiveness and efficiency. |