



FIRST RESPONDERS* MENTAL HEALTH GRANT PROGRAM

Expanded Scope

(Applications from: United Kingdom, Ireland and
Germany)

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

.....
Additional funding proudly provided by

REQUEST FOR PROPOSALS

Release Date: 14 December 2020

Funding Availability: EUR €154,500/year; GBP £133,000/year; x 2 years

Letter of Intent Due Date: 05 February 2021

Invitation to Full Proposal sent w/o 15 February 2021

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

Contents

BACKGROUND	2
PROBLEM WE ARE TRYING TO ADDRESS	3
WHAT IS A PROGRAM?	5
THE OPPORTUNITY	6
FUNDING ELIGIBILITY	6
APPLICATION PROCESS	7
HOW DO I APPLY?	7
HOW WILL PROGRAMS BE SELECTED?	8
GUIDANCE ON SUBMISSIONS	10
1. COSTS	10
2. COMMUNICATION REQUIREMENTS	10
3. PERFORMANCE MEASUREMENT	10
4. TERMS & CONDITIONS.....	10
5. VARIATIONS.....	11
6. MOVEMBER'S RIGHTS.....	11
7. RELIANCE ON INFORMATION.....	11
8. PUBLICITY	11
CONTACT INFORMATION	11

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](#).

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](#).

ABOUT GILLETTE

For over 110 years, Gillette has delivered precision technology and unrivalled product performance – improving the lives of over 750 million men around the world. From shaving and body grooming, to skin care and sweat protection, Gillette offers a wide variety of products including razors, shave gel (gels, foams and creams), skin care, after shaves, antiperspirants, deodorants and body wash. For more information and latest news, visit www.gillette.co.uk.

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, and the United States, men in emergency services experience higher rates of poor mental health and suicide compared to men in the general population. In Ireland, New Zealand, and the United Kingdom, data are lacking to make this claim, but a recent study showing high prevalence of PTSD among British police suggest higher rates of poor mental health and suicide are likely.

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 and a 2020 follow-up scan in Germany to confirm alignment with findings. Services categorized as crisis support or treatment were excluded from the scan. The 2019 executive summary is available to download at movember.com/vfrgrants. To obtain a copy of the full report, email vfrgrants@movember.com. The 2020 follow-up scan in Germany identified that emergency medical services workers are experiencing higher levels of mental ill health compared to the general population¹. Additionally, the 2020 scan suggested that existing prevention-focused programs for emergency medical services workers was limited (based on publicly available information).

Results that follow are from the initial 2019 scoping 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 tend to be small and diminish 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.
- The extent of the mental health burden experienced by first responders and their families is not known due to a lack of high-quality prevalence data.

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

¹ Baier et al. BMC Emergency Medicine (2018) 18:24 <https://doi.org/10.1186/s12873-018-0177-2>; & Eiche C, Birkholz T, Jobst E, Gall C, Prottengeier J (2019) Well-being and PTSD in German emergency medical services – A nationwide cross-sectional survey. PLoS ONE 14 (7): <https://doi.org/10.1371/journal.pone.0220154>

- 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.

Where do we go from here?

Given this initial research and review, Movember is interested in funding research proposals aimed at building the case to develop and implement effective mental ill health prevention programs for first responders, as well as the development and initial implementation or pilot testing of new evidence-based or evidence-informed programs themselves. Proposals should focus on a needs assessment to support the development and implementation of scalable mental health and/or suicide prevention programs that can be rigorously evaluated, use a gendered lens, and focus on a broad range of mental health outcomes (e.g., depression, anxiety, PTSD, substance use), as well as organizational and operational stressors.

For this initiative, the intention is to ultimately embed approaches that are upstream and supportive of men who work and volunteer in environments as first responders.

While numerous gaps were identified in the 2019 and 2020 reports, those that stood out and are prioritized under this initiative are:

PRIORITY GROUPS AND AREAS OF FOCUS
<p>United Kingdom, Ireland - Priority Groups:</p> <ul style="list-style-type: none"> • Fire fighters (employed, volunteer, former) • Emergency Medical Services (EMS)/Paramedics (employed and former) • Police (employed and former) • Families of First Responders • National Health Service-frontline health workers (UK only) <p>Germany – Priority Groups:</p> <ul style="list-style-type: none"> • Emergency Medical Services (EMT level (<i>Rettungssanitäter</i>), Paramedic level (<i>Rettungsassistent, Notfallsanitäter</i>) and Emergency Physician (<i>Notarzt</i>) (employed and former). *Note: all levels do not need to be included or incorporated into any program development. • Families of Emergency Medical Services personnel <p>Areas of Focus - (United Kingdom, Ireland, Germany)</p> <ul style="list-style-type: none"> • Needs assessments, data collection, and data analyses to inform the development of programs that create a mentally healthy workforce. • The need to balance the individual and the organizational responsibility when addressing known causes of poor psychological health in the workplace and the importance of considering the impact of both non-traumatic workplace stressors, and/or exposure to traumatic events.
SECONDARY TARGET GROUPS AND AREAS OF FOCUS
<p>Secondary target groups and/or themes that may be addressed under this funding initiative are:</p> <ul style="list-style-type: none"> • Development of suicide prevention programs for first responder communities that may be evaluated and adapted to other jurisdictions (e.g. a fire fighter program adapted to police services).

- Development of programs aimed toward first responders transitioning out of a career in emergency services, and their families.
- Development of programs focused on heightened social isolation among first responders and their families living in remote settings and who have low levels of social connections and organizational belonging.

NOTES: *Submissions may consider the many roles and relationships that individuals within these focal groups have through targeted sub-groups and/or geographical locations. e.g. new fathers who are volunteer fire fighters or emergency medical service workers/paramedics in a remote area.

**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.

WHAT IS A PROGRAM?

Our 2019 and 2020 scans of mental health and suicide prevention programming for first responders suggest that people have taken a wide variety of approaches to their development. However, given our requirements that programs be grounded in scientific theory and be evidence-informed, it is important to note that some directions previously taken by program developers are not directions Movember is interested in pursuing.

For the purposes of this initiative, Movember is interested in supporting a formal mental health or suicide-focused prevention/early intervention program that has a purpose-built curriculum 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 also 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 This Funding Initiative

As a global initiative, the overarching goal is to improve the prevention of mental ill health, as

well as prevent suicide among first responders in Germany, Ireland and the United Kingdom.

The specific goals for this program are to:

- Support the development, implementation and evaluation of prevention and early intervention programs to improve the 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

The First Responders Mental Health Grants Program, a Movember and The Distinguished Gentleman's Ride (DGR) Collaboration, with additional funding from Gillette, is being launched to identify partners to strengthen the research, development, implementation and evaluation of programs that take a prevention or early intervention perspective and incorporate a gendered lens to improve mental health and wellbeing for first responders. Owing to the lack of effective programs existing in this area, we hope to spark an effort to fill this gap by funding the development of validated interventions for this at-risk community.

Submissions should have an underlying evidence-base upon which a proposed program will be built, supported by relevant data, publications or research reports. Submissions should include a strong research methodology and include specific mental health outcomes that can be effectively measured. 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 total investment of £3.38 M / €3.92 M from Movember and DGR is being earmarked over the next two years to support this First Responder initiative in Ireland, New Zealand, UK and the US, as well as a Veteran and First Responder Initiative in Australia and Canada. A further £750,000 in funding is being provided through Gillette towards specific First Responder programs in the UK and Germany.

A minimum of five **(5)** first responder programs, three in the UK, one in Ireland and one program in Germany, will be supported for a period of two years through this initiative. Funding in the amount of up to GBP £133,000/ €154,500 per annum each with a total maximum value of £266,000/ €309,000 per funded program is being offered to successful teams.

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: Germany, Ireland or the United Kingdom. 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 developing, testing /piloting an intervention that addresses one of the identified first responder groups (including a needs assessment, if a recent one is not already available);
5. Take a prevention or early intervention perspective and incorporate a male gendered

- lens to improve mental health and wellbeing in one or more of the targeted groups,
- 6. Work in one of the targeted workplaces, e.g. police, fire, emergency/ paramedic services, **or**
- 7. 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. Projects that are not aligned with the intent of this call and the goals of the Request for Proposal listed above.
- 2. Principle Investigator salaries 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. Projects that are not based on scientific principles or mechanisms.
- 6. Projects 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	05 February 2021
Invitation to Step 2: Full Proposal	Week of 15 February 2021
Step 2: Full Proposal Deadline	31 March 2021
Panel Assessment & Board Approval Period	April – May 2021
Notices of Decision	June 2021
Earliest Program Start Date	End July 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=movember> to set up a user profile. Complete the electronic form to submit your LOI.

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

The Letter of Intent (LOI) will include basic information and a short narrative describing the rationale for, as well as the specific 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:

- Project name
- Amount of funding requested
- The primary purpose of the project and the need or problem you are seeking to address
- Target audience
- Project Description including:
 - a. Outline rationale for the potential need in the chosen target group,

- b. Details on potential program to be developed,
- c. A description of the underlying evidence and research that supports or has informed the idea or development of your potential project
- d. A description of how the project would directly benefit 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 project with clearly stated goals (e.g., a reduction in symptoms of depression, anxiety, PTSD, and substance abuse).
- What success would look like for your project.

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

Step 2 - Full Proposal Submission

Following the review of the Letters of Intent (LOI's), short-listed applicants will be invited to submit a full 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 full proposal (a template will be provided):

Full proposal outline

- *Project Description* - What is being proposed? Include a description of the population, the program being proposed, the outcomes being sought, 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?
- *Project Development Plan* - Include proposed steps to build the case for why a program is needed in the proposed population, how the program will be created, and the plans for pilot testing and iteration so that desired goals are achieved.
- *Timelines* - Include activities, milestones and deliverables.
- *Engagement and Recruitment* - How will you reach out 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 project scalability and sustainability. Is there organizational buy-in? Where applicable, include an assessment of cost effectiveness.

Full Proposal Budget

Funding in the amount of up to GBP £133,000/ €154,500 per annum with a total maximum value of £266,000/ €309,000 per funded project over two years (a template will be provided). Include itemized justifications to deliver the project.

HOW WILL PROJECTS 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 proposed project is described including design, methodology etc.
- 3) The provided evidence/theory supporting the research focus;
- 4) The extent to which the program can be evaluated, and;
- 5) The anticipated project goals and impact; particularly how the project would directly benefit those of your target population.

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 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 project 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 project can be evaluated;
6. The likelihood that the outcomes will contribute new knowledge;
7. The technical components of the application, including:
 - Clarity of the proposal
 - Description of the proposed project. Robustness of the plan. How well the plan is explained
 - Suitability of the proposed project
 - The quality and availability of the data to be used for evaluation
 - Potential for scaling & sustainability

EVALUATION

Ensuring the effectiveness of a new project is one of the keys of success. Therefore, those selected to receive funding will work with the project's evaluation team to be sure that the project's evaluation aligns with the overarching evaluation framework for the broader research program.

DEVELOPMENT PERIOD

This period will involve working with the evaluation team to discuss how the project level evaluation will align with the overarching evaluation framework.

KNOWLEDGE COMMUNITY

Successful teams will be required to participate in a Knowledge Community, to promote knowledge exchange, sharing of 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 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	Fire Fighters or Fire Brigade (employed, volunteer, former) Emergency Medical Technicians/Paramedics/Ambulance Personnel (employed and former) Police / Gardai (employed and former) National Health Service - frontline health workers (United Kingdom only) Emergency Medical Service (Germany) - workers who are trained professionals according to their level of qualification who work in pre-hospital emergency medical care
Gendered Lens	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.
Health Prevention	First responders may be focused on more than one type of health prevention – <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. <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). <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 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

Term/Concept	Definition/Understanding
	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 behaviour 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 Stress/Stressor/Stressful Event*	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. <i>Stress</i> means the way a person feels or looks when they are affected by a <i>stressor</i> . • <i>Stress</i> is a common experience and some <i>stress</i> can be a good thing if the <i>stress</i> leads to growth and adaptation; however, <i>stress</i> can result in <i>psychological trauma</i> . • A <i>stressor</i> is something that puts pressure on a person physically or mentally. • A person experiencing a <i>stressful event</i> is being impacted by one or more <i>stressors</i> that are causing them to experience <i>stress</i> . If the experience is severe enough, <i>stress</i> may result in a <i>psychological trauma</i> that can lead to a <i>mental health condition</i> , such as <i>Posttraumatic Stress Disorder</i> . • Confusingly, the word <i>stress</i> often is used interchangeably, sometimes mistakenly, when people are referring to <i>traumatic stress</i> , <i>psychological trauma</i> , a <i>mental health condition</i> , or a <i>mental disorder</i> associated with experiencing a <i>stressful event</i> . • <i>Stress</i> , <i>stressor</i> , and <i>stressful event</i> , are often used interchangeably to refer to a potentially <i>psychologically traumatic event</i> or an <i>adverse childhood experience</i> .

Term/Concept	Definition/Understanding
Suicide Postvention Programs	Programs aimed at reducing the future suicide risk of anyone (e.g., first responders, family members) exposed to a suicide of another person. They are early intervention programs because they occur after exposure to a traumatic event (i.e., someone's suicide).
Suicide Prevention Programs	Programs aimed at identifying at-risk individuals and getting them help to avoid suicide (e.g., may include reductions in suicidal thoughts, suicide attempts, or completed suicide).
<p>Trauma – American Psychology Association (APA) definition</p> <p>Trauma/ Traumatic Injury *</p> <p>Traumatic Event/ Traumatic Stress/ Traumatic Stressor *</p> <p>Vicarious Traumatic Stress*</p> <p>Vicarious Traumatization*</p>	<p>The APA defines traumas as: “<i>exposure to actual or threatened death, serious injury, or sexual violence</i>” through “<i>directly experiencing the event(s), witnessing, in person, the event(s) as it occurs to others, learning that the traumatic event(s) occurred to a close family member or close friend... [or] experiencing repeated extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)</i>” ref. DSM-V, p.20, November 2019 Scoping Review</p> <p>Currently not a <i>diagnosis</i> in the DSM or ICD. • “Trauma” is something that causes physical, emotional, spiritual, or psychological harm. In the mental health context, trauma is a person’s own experience during an event so distressing to them that it overwhelms them emotionally. • In the mental health context, <i>psychological trauma</i> is viewed as the cause of a mental disorder like Posttraumatic Stress Disorder. • Psychologically Stressful experiences are not necessarily traumatic. People can feel Stressed without experiencing trauma.</p> <p>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.</p> <p>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.</p> <p>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).</p>
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.