ADDRESSING POSTTRAUMATIC STRESS DISORDER (PTSD) AND TRAUMA IN THOSE MOST AFFECTED BY COVID – 19
Targeted Call for Proposals

The Public Health Agency of Canada (PHAC) is inviting eligible organizations to apply for funding to deliver and test interventions to address Posttraumatic Stress Disorder (PTSD) and trauma in frontline and essential workers, and others who are most affected by the COVID-19 pandemic. These projects will deliver and test interventions; develop resources for affected or at-risk populations; or develop resources and guidance for service providers and organizations.

The deadline to submit a funding request in response to this targeted call is Wednesday, October 13th, 2021 at 6 pm EST.

Reminder: Please note this is a targeted call for proposals and only those receiving the call for proposals directly from PHAC are eligible to apply, therefore please do not share this invitation. However, it is acceptable to partner with another organization. If you would like to suggest an organization that should be invited to apply, please contact phac.mhpc-psmc.aspc@canada.ca.

Section 1 – Overview

During the pandemic, frontline and essential workers (e.g. health workers, public safety and social services providers and long-term care workers) have experienced higher workload, stressors and new challenges. Sources of stress have included staffing shortages, high risk exposure to COVID-19, personal and familial contagion, isolation, quarantine, insufficient resources, and burnout. These workers are at risk of stress, anxiety, vicarious trauma, moral injury, and PTSD.

Despite gaps in evidence and capacity to address PTSD and trauma, particularly for some frontline workers, many promising interventions and approaches exist. This investment provides an opportunity to deliver, evaluate and build evidence about effective interventions. It is also an opportunity to scale up effective interventions for broader reach, and/or adapt and pilot them with new populations or different delivery systems (e.g., virtual modalities).
In addition, this investment is an opportunity to foster improvements in the delivery of existing supports, (e.g., initiatives that can help reduce stigma, enhance trauma-informed practice, remove barriers to care, and improve help-seeking and system navigation.)

This funding opportunity aims to promote mental health, wellness and resilience, as well as provide support following exposure to trauma to prevent or mitigate mental health impacts. Promotion and prevention is an important complement to mental health care services, and can help reduce demand on the health care system.

Mental health promotion is concerned with strengthening protective factors for good mental health and enabling access to skills, resources, and supportive environments that enhance equity and keep individuals and populations mentally healthy. Mental illness prevention builds skills, knowledge and resilience to prevent challenges from developing into mental illness, or mental illness from worsening. Approaches can be diverse and wide ranging, and can include mental health literacy, coping skills, peer-to-peer support, and other emerging interventions.

Section 2: Objectives of this funding opportunity

This funding opportunity aims to achieve the following objectives:

- Promote mental health and prevent mental illness in those affected by or at risk of PTSD and trauma related to the COVID-19 pandemic
- Build evidence about effective interventions to address trauma and PTSD in the pandemic and recovery context
- Enhance capacity of individuals, service providers and organizations to address trauma and PTSD

Eligible activities

Projects may undertake one or more of the following types of activities:

- **Deliver and scale-up/adapt existing interventions**: implement, scale-up/adapt and test existing promising or evidence-based promotion and prevention interventions (e.g., peer-to-peer support, programs that build resilience e) to support populations at risk or experiencing trauma and/or symptoms of PTSD).
- **Develop evidence-based resources for affected and at-risk populations**, including families and caregivers (e.g., mental health literacy or self-care tools that help individuals and caregivers to recognize trauma and PTSD, and know how and when to seek help).
• Equip supporters* and organizations to respond safely and effectively (e.g., evidence-based guidance and training to recognize and support those affected by trauma and PTSD, reduce stigma and barriers to help seeking, enhance cultural competency; or approaches to reducing barriers to support such as wrap around service models or improved pathways to care, service navigators).
  *Supporters include service providers, caregivers and family members.

Ineligible Activities:

Important Note: Projects funded through this investment cannot be used for the provision of primary health care services, one-on-one counselling or therapy, treatment, or long-term care services.

• This opportunity provides time-limited funding for project-based activities. Projects that seek core funding for ongoing operations will not be supported.

• Given the time limited nature of this funding opportunity, it is not intended to support the development of new programs or interventions.

Evidence and Knowledge:

In addition to addressing immediate needs arising due to the COVID-19 pandemic, projects will incorporate an evaluation to gather information demonstrating the impact of the project on resource, knowledge and evidence development. Projects will also incorporate activities to support knowledge translation, such as training, knowledge products sharing and partnership building.

Funding recipients will be expected to participate in a Knowledge Development and Exchange Hub (to be led by a PHAC-funded third party organization), which will benefit funding recipients by synthesizing and mobilizing knowledge emerging from funded projects, in addition to developing and sharing resources and guidance among funding recipients and with the community more broadly.

Section 3 - Principles

The following principles should be applied in developing applications for this funding opportunity.

Trauma-informed

Trauma- and violence-informed practice is a client-centered model that is built on knowledge about the impact of violence and trauma on people’s lives and health (including their mental health). This knowledge should be integrated into all aspects of practice and programming in ways that foster client’s safety, respect and empowerment. Applicants must describe the ways in which the design, implementation and evaluation of the proposed project, including intervention research methods, are trauma-informed.
**Evidence-based**

The Government of Canada is focused on outcomes for Canadians and making evidence-based decisions that are anchored in meaningful data and indicators. Applicants must provide clear evidence that supports the use of the proposed intervention or initiative. Evidence refers to rigorous, scientific research and/or evaluation of the intervention or initiative, or the application of relevant research to support the adaptation of the intervention or initiative to a new context or audience.

**Engagement**

Projects should include plans to engage with their intended audience to inform and improve the design of the intervention, and support its successful implementation and evaluation.

Applicants must demonstrate how intended populations, such as those with lived experience, have been or will be engaged in the co-design, implementation and evaluation of the proposed intervention.

**Cultural Competency**

Cultural competency is an approach to working across differences to make systems and organizations responsible for ensuring that service environments are safe and effective for everyone—regardless of their expressed or assumed culture. In the case of front line service providers, this may include understanding of professional culture and work environment. Applicants must demonstrate their cultural competency as it pertains to the project, and describe the ways in which the design, implementation and evaluation of the proposed project are culturally safe and appropriate.

**Section 4 – Applicant Capacity and Collaboration**

Applicants must demonstrate that they and/or their collaborators bring the following organizational capacities and expertise to the project:

- Experience or expertise related to preventing or addressing PTSD or trauma;
- Experience or expertise working with intended audiences, and understanding of the complexity of mental health and related challenges affecting these populations;
- Trusted relationship and access to intended populations and/or project beneficiaries;
- Experience or capacity to administer a project of the proposed size and complexity.
Section 5 – Funding Details and Requirements

5.1 Funding Amount and Duration

Applicants can request project funding for a period of 14 months beginning February 1, 2022. Applicants may request a minimum of $1 million and a maximum of $10 million over 14 months.

PHAC anticipates supporting approximately 20 – 30 projects with available funds.

5.2 Additional Sources of Funding

Applicants are encouraged to secure additional sources of funding, and will be assessed on their ability to leverage in-kind and financial contributions that will contribute to the project’s development, implementation and evaluation. A specific matched funding ratio is not required. In-kind financial support should be indicated in the budget and demonstrated through Letters of Support.

Section 6 – Application Process

Interested applicants should contact phac.mhpc-psmc.aspc@canada.ca with the subject line “Addressing PTSD and Trauma” to obtain an Invitation to Submit a Funding Request and Funding Request template. Submissions not using the Funding Request template will not be considered.

Funding Requests will be reviewed to determine eligibility and fit with the objectives of this funding opportunity. Given this is a competitive process not all eligible proposals will be funded. Funding decisions will be based on review of the Funding Request and availability of funds.

6.1 Deadline and Submission Process

The deadline for submission of Funding Requests in response to this targeted Call for Proposals is Wednesday, October 13th, 2021 at 6 pm EST. There will be no extensions granted. Funding will be subject to budgetary and project considerations.

All Funding Requests must be submitted via email to: phac.mhpc-psmc.aspc@canada.ca

Submissions will be acknowledged by email. Please ensure that your email address is included in your Funding Request.
Section 7 – Eligibility

7.1 Eligible Recipients

The following types of organizations are eligible for funding:

- Not-for-profit and voluntary organizations and corporations
- Unincorporated groups, societies and coalitions
- Provincial, territorial, regional, and municipal governments and agencies
- Organizations and institutions supported by provincial and territorial governments (regional health authorities, schools, post-secondary institutions, etc.)
- Consortiums made of several partners, institutions or organizations
- First Nations, Métis and Inuit organizations

Section 8 – Other Considerations

Official Language Requirements

The Government of Canada is committed to enhancing the vitality of the English and French linguistic minority communities in Canada (Francophones living outside the province of Quebec and Anglophones living in the province of Quebec), supporting and assisting their development, and fostering full recognition and use of both official languages in Canadian society. Project activities must be accessible in one or both official languages, depending on the reach and audience. For additional information, consult the Official Languages Act.

Gender-Based Analysis Requirements

The Government of Canada is committed to Gender-based Analysis Plus (GBA+). GBA+ incorporates consideration of gender as well as other identity factors such as age, sexual orientation, gender identity, gender expression, education, language, geography, culture and income in the development of policies and programs. Applicants are expected to incorporate these considerations into their Funding Request.

NOTE

The Public Health Agency of Canada is under no obligation to enter into a funding agreement as a result of this Call for Proposals.

PHAC ALSO RESERVES THE RIGHT TO:

- Reject any submission received in response to this invitation;
- Accept any submission in whole or in part; and
- Cancel and/or re-issue this call for proposals at any time.

Please note that PHAC will not reimburse an applicant for costs incurred in the preparation and/or submission of a funding proposal in response to this invitation.
Glossary of terms

**Posttraumatic Stress Disorder (PTSD)** is a mental disorder that can happen after exposure to psychological stressors during specific types of severe, potentially psychologically traumatic events.

**Trauma** is both the experience of, and a response to, 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.

**Mental Health** is a person's state of psychological and emotional wellbeing. It is a necessary resource for living a healthy life and a main factor in overall health. It does not mean the same thing as mental illness; however, poor mental health can lead to mental and physical illness. Good/positive mental health allows a person to feel, think and act in ways that help them enjoy life and cope with its challenges. Mental health can be positively or negatively influenced by life experiences, social relationships, physical health and social determinants of health.

**Peer-to-peer support** involves emotional, social and practical support between or among people who share a common experience, such as trauma. A Peer Supporter has lived through that similar experience, and is trained to support others. The various types of peer support fall along a spectrum ranging from informal support to formal peer support within a structured organizational setting.

**Wrap around care** is a team-based model that brings a range of community based services and supports to a person, and sometimes to their family or caregivers, in an effort to meet their needs. Wrap around models can be offered in the home, school, community or other setting.

*note, with this funding opportunity, PHAC can support the development and establishment of wrap-around models, but is not able to support the ongoing delivery of services that may be delivered through this model.

**Pathways to Care** are models that help navigate systems to connect those in need with appropriate services, in addition to removing barriers such as stigma or discrimination.

*note, with this funding opportunity, PHAC can support the development and establishment of wrap-around models, but is not able to support the ongoing delivery of services that may be delivered through this model.

**Stepped care** is a system of delivering mental health supports so that the most effective, yet least resource intensive approach, is delivered first, only “stepping up” to intensive / specialist approaches as required and depending on the level of need.

**Mental health literacy** encompasses the knowledge, beliefs and abilities that enable the recognition, management or prevention of mental health problems with a range of benefits including early recognition and intervention, and reduction of stigma associated with mental illness.
Interventions are a set of actions and practical strategies that aim to bring about positive changes in individuals, communities, organizations, or systems in a way that produces identifiable and measurable outcomes.

The scaling up of effective programs and interventions refers to sustained and increased impact. Scale up of a program or intervention may include reproducing and implementing in a new environment, integrating into a system (e.g. school boards or health systems), or adapting for new audiences or populations.

Adapting an intervention can mean changing one or more elements of an existing intervention in an effort to make the intervention suitable for use in a new setting or with a new audience, or it can mean adapting to different delivery strategies or mechanisms.

A promising intervention is one that has been developed and implemented and shows potential (or “promise”). Promising interventions are typically based on a strong theoretical underpinning, but are in earlier stages of implementation have not been evaluated with sufficient rigour to be considered effective or evidence-based.

An evidence-based intervention is one that has been shown to be effective through rigorous research or evaluation. Generally, these findings will have been replicated through multiple studies and subject to peer review.