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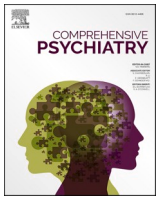

Sharing knowledge on implementing mental health and wellbeing projects for veterans and first responders

Cindy Woods [*], Sally Fitzpatrick, Sue Lukersmith, Knowledge sharing panel members

[15] *University of Canberra, 11 Kirinari Street, Bruce, Canberra, Australia*

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ABSTRACT

Purpose: The aim of this study was to describe the knowledge to action and knowledge transfer approaches used in an international mental health research funding program and its outcomes. A key goal of the evaluation was to maximise organisational learning and knowledge sharing to inform future implementation projects.
Methods: A series of interactive knowledge sharing workshops focused on five key themes: peer support; psychoeducation; the involvement of family, friends, and significant others; retreat, residential, or group-based programs; and organisational change. Qualitative descriptive analysis was used to code, summarise and describe themes.
Findings: Key learnings that influenced the success of mental health initiatives include building relationships across all organisational levels, involving Veterans and First Responders with lived experience in the design and implementation process, and understanding the unique workplace culture and operations.
Conclusion: Our findings highlight the need for collaborative, informed approaches tailored to the culture, organisation and mental health support needs of Veteran and First Responder. These insights enhance understanding of the factors that impact the successful implementation of mental health prevention and support programs for those exposed to work-related trauma.

1. Introduction

In 2021, Movember and the Distinguished Gentleman's Ride, two charities focused on enhancing mental health and wellbeing among Veterans and First Responders (VFR), partnered to fund initiatives aimed at supporting the mental health of VFR, along with their families, friends and significant others. Fifteen organisations/project teams across seven countries including Europe (Germany, Ireland), North America (Canada and USA), United Kingdom, Northern Ireland, Australia and New Zealand, were funded to implement 23 initiatives over a span of approximately 2.5 years. An external evaluation team was commissioned to evaluate each project individually and the grant program overall. The evaluation aimed to enhance the existing knowledge base, focusing upon formative and summative organisational learning with the goal of supporting the development of a global community of practice on VFR mental health and well-being. Consistent with this goal, the evaluation team initiated a series of knowledge sharing workshops with the 15 project teams.

To support the evaluation team's goal of fostering organisational learning and enhancing the knowledge base, we applied a Knowledge to Action (KTA) Framework to guide the knowledge-sharing process and ensure that insights from the initiatives were effectively disseminated. Knowledge sharing refers to the process of exchanging information, expertise, and insights among individuals or groups. This can occur in various settings, including academic institutions, organisations, and communities. The primary goal of knowledge sharing is to facilitate mutual understanding and collaboration, enabling participants to learn from one another and enhance their collective knowledge base [1]. It emphasises the interpersonal and social aspects of disseminating information, often relying on informal channels, discussions, and networking.

The next step is knowledge translation, which involves a more systematic approach to converting research findings into actionable knowledge that can be applied in practice [1]. It encompasses a range of activities aimed at ensuring that research evidence is effectively communicated and utilised by decision-makers, practitioners, and stakeholders. Knowledge translation often includes tailored strategies for disseminating information, such as creating policy briefs, conference

* Corresponding author.
E-mail addresses: cindy.woods@canberra.edu.au (C. Woods), sally.fitzpatrick@canberra.edu.au (S. Fitzpatrick), sue.lukersmith@canberra.edu.au (S. Lukersmith).

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presentations, conducting workshops, or developing training programs. The focus is not just on sharing knowledge but on facilitating its application in real-world contexts, bridging the gap between research and practice.

The lack of KTA or implementation science in mental health interventions for Veterans and First Responder populations represents a significant gap in addressing their unique needs [2]. Despite growing recognition of the mental health challenges faced by these groups, such as PTSD, depression, and anxiety, there is often a disconnect between research findings and the practical application of interventions. This gap stems from several factors, including limited integration of evidence-based practices into existing organisational structures, inadequate training for frontline providers, and resistance to adopting new approaches due to cultural stigma or misconceptions about mental health. Implementation science, which focuses on translating research into real-world practices, remains underutilised in this context, resulting in suboptimal outcomes for VFR populations. Without a systematic approach to translating knowledge into actionable strategies, these individuals may not benefit from the full range of mental health interventions that could improve their well-being and job performance.

1.1. Knowledge to action framework

The KTA framework outlines a systematic process for moving knowledge from research into action [3]. It consists of two major components: the Knowledge Creation and Action cycles (Fig. 1).

The Knowledge Creation cycle (represented by the funnel in the image) involves the generation of knowledge, which may come from various sources, such as research, practice, or experience. The goal is to produce usable knowledge for decision-making. The specific steps that guide the generation and dissemination of knowledge are:

- Knowledge Inquiry
- Knowledge Synthesis
- Knowledge Distillation
- Knowledge Packaging
- Knowledge Dissemination

The Action cycle (represented by the outer cycle) outlines the process of using the generated knowledge to bring about change or improvement in practice, policy, or behaviour. The Knowledge Creation and Action cycles are interdependent and iterative. Knowledge created through research is fed into the action cycle, and feedback from the action cycle can inform further knowledge creation and refinement. For example, the experiences gained during the implementation of evidence-based practices can be used to improve future research or adapt interventions to better meet local needs.

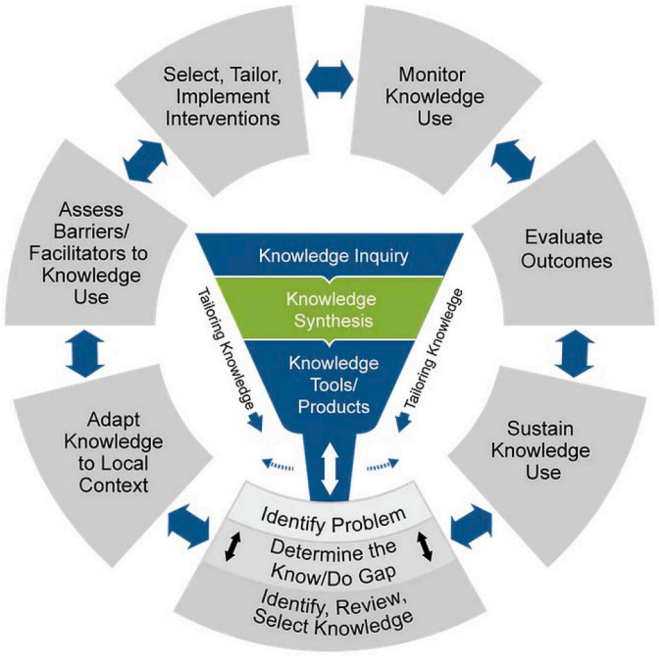

Fig. 1. The Knowledge-to-Action Framework.

The knowledge creation cycle focuses on the generation, refinement, and dissemination of knowledge to make it accessible and usable to target audiences. Knowledge sharing workshops can serve as an important process for facilitating various steps in the Knowledge Creation cycle. To illustrate how knowledge sharing workshops can facilitate the various steps of the Knowledge Creation cycle, the following examples highlight their role in key phases.

1.2. Knowledge inquiry (generating new knowledge)

Research teams often generate new knowledge through lived experience of implementing initiatives in the real world, as well as systematic inquiry and data collection. We selected knowledge sharing workshops for dissemination and discussion of these projects, as these are participatory and thereby provide a venue for discussion, affirmation of common experiences and the trial of new ideas or approaches within the workshop around implementation and real-world factors.

1.3. Knowledge synthesis (bringing together existing knowledge)

In this phase, existing research or data from different sources are synthesised to create a unified understanding of a topic. Knowledge sharing workshops can play an important role in validating real world research experiences in the field and bring together research findings from different initiatives, and expert opinions. Workshops are an ideal space for knowledge synthesis in ways that are most meaningful and applicable for researchers, practitioners and decision-makers.

1.4. Knowledge distillation (simplifying complex knowledge)

Distillation involves translating complex scientific, technical, expert and experiential findings into formats that are more easily understood and can be more easily implemented by end-users (e.g., researchers, clinicians, policymakers, key stakeholders, emergency services organisations). Knowledge sharing workshops facilitate discussions that help distil and clarify key findings, simplify language and developing key concepts.

1.5. Knowledge packaging (creating accessible outputs) and knowledge dissemination (sharing knowledge)

Knowledge sharing workshops are a direct form of knowledge dissemination. They enable research teams to share findings with relevant stakeholders (e.g., other researchers in a similar field, practitioners, policymakers, emergency services organisations) and help ensure that the knowledge reaches the right audience in a timely manner.

The evaluation team has complied the workshop outputs into a summary document which has been shared with the 15 project teams for their use. This paper serves as a means to disseminate the findings to a broader group of stakeholders. These findings will be of interest to the implementation science community, mental health researchers, and VFR organisations and employers.

The aim of this sharing these findings was to describe the knowledge creation and transfer approach used in a grant program as well as the key findings for future implementation projects. The key objectives of the study were:

- To examine the engagement and implementation strategies used across various projects and target audiences, focusing on methods and approaches.
- To identify challenges and barriers encountered during the engagement and implementation of projects with VFR.
- To provide insights for enhancing engagement and implementation in future projects involving VFR communities.

While previous studies have explored factors influencing the successful implementation of mental health initiatives with VFR, this study is unique as it gathers insights from 23 implementation projects across seven countries and multiple first responder occupations and their families. This knowledge creation and dissemination will be valuable for future mental health projects involving VFRs, their families, friends, significant others, and related organisations.

2. Methods

2.1. Study design

A qualitative descriptive study design was used, and thematic analysis was employed to identify and interpret patterns within the data [4].

2.2. Data collection

Movember funded VFR project teams were invited to participate in five interactive knowledge-sharing workshops hosted by the University of Canberra between December 2023 and August 2024. Project teams were located in the following countries: USA ($n = 2$); Canada ($n = 4$); Germany ($n = 1$); Australia ($n = 3$); New Zealand (n = 1); the United Kingdom (n = 3); and Ireland (n = 1). Each workshop was characterised by a common theme and featured a panel of between 5 and 7 project leads and/or co-investigators from the relevant project teams. The workshops addressed the following key themes: peer support; psychoeducation; support for or by family, friends, and significant others; retreat, residential, or group-based programs; and organisational change.

The thematic workshops were carefully designed to foster participant engagement and maintain a clear thematic focus. Project teams were invited to participate in a panel discussion if their project aligned with the specific theme of the workshop. To facilitate meaningful engagement, panel members were provided with guiding questions in advance, encouraging them to reflect on and prepare how their project addressed the key themes. Each knowledge sharing workshop was facilitated by a moderator from the evaluation team, who played a critical role in ensuring that the discussion remained focused on the theme. The moderator actively encouraged participation from both panel members and the audience by posing relevant questions and prompting further discussion. This approach allowed for an in-depth exploration of the theme from different perspectives.

To promote broader engagement, all project teams not directly involved in a particular panel discussion were invited to attend the workshop. These attendees were encouraged to participate by asking questions, offering their own insights, and sharing relevant experiences related to the theme. This inclusive design ensured that a diverse range of voices contributed to the thematic focus, fostering a collaborative and dynamic learning environment.

Workshops were conducted virtually via videoconferencing for a duration of one and a half hours. They were designed to facilitate an exchange of ideas, skills, and experiences, and thereby foster a culture of learning and collaboration. Each workshop was recorded, made available for other project team members unable to attend, and archived to form a record of the discussions and key learnings from the sessions.

2.3. Data analysis

In addition to recording the workshops, a transcription was generated using the videoconference platform. Data were analysed using an inductive approach. Initial familiarisation with the data involved repeated reading the transcriptions/listening to the recordings to identify emerging patterns and themes [4]. One author (SF) manually assigned descriptive labels to segments of the data using open coding, without the use of software tools. These codes were then grouped into categories and themes that captured the key elements of each workshop, and the emergent patterns identified across the data. To enhance the reliability and trustworthiness of the findings, member checking was conducted by sharing preliminary synthesised findings with facilitators of the workshops (SL and CW) [5]. This process allowed the facilitators to review and validate the emerging themes, ensuring that the participants' perspectives were accurately represented. Findings were reported using direct quotations to illustrate the themes, ensuring that the analysis remained grounded in the participants' perspectives.

2.4. Ethical considerations

The Movember evaluation project received ethics approval from the University of Canberra Human Research Ethics Committee (Project ID: 9346). Informed consent procedures were carefully implemented to address the sensitive nature of the mental health discussions during the workshops. Prior to the workshops, invitation emails clearly informed panel members that the sessions would be recorded for those not able to attend. Attendees were verbally asked for their consent to record each session at the start of the workshop, ensuring they were fully aware of the recording process.

Additionally, participants were informed at each workshop that the evaluation team intended to write a paper based on the outcomes of the discussions. Panel members were invited to be group authors on the manuscript. Following the workshops, a draft of the manuscript was shared with all panellists for review. Written consent, in the form of email confirmation, was obtained from each panellist who agreed to be listed as a group author.

This process ensured that all participants provided informed consent, both for the recording of the sessions and for authorship of the resulting publication, in line with ethical guidelines and the sensitive nature of the topics discussed.

3. Results

Table 1 presents the workshop themes, along with the number of panellists and projects represented, the gender distribution of the panellists for each workshop and VFR occupations represented.

Across the workshops, three overarching premises emerged as essential to achieving successful outcomes in the context of VFR mental health implementation projects. First, all project leads agreed on the importance of involving various VFR organisations, from official to grass-roots organisations, in planning, recruiting, and/or disseminating findings from projects. Where relevant, securing approval and support from both senior executive and operational staff was identified as important for the success of mental health initiatives. Second, the inclusion of Veterans and First Responders with lived experience of mental health concerns was regarded as essential for the design and implementation of interventions. Finally, a deep understanding of the unique culture and work environment of VFR was deemed necessary for the success of any proposed initiatives. These premises collectively underscore the need for a collaborative, informed and culturally sensitive approach to mental health interventions within these communities.

In the following section, we provide a summary of each of the five workshops, highlighting the key insights from each workshop. This overview includes successful practices identified by panel members, as well as challenges encountered within each theme.

Table 1
Workshops and demographics of participating project teams.

Workshops	No. of panellists	No. of projects represented	Gender of panellists	Targeted audience/s
Workshop 1: Peer Support	7	5	5 female, 2 male	Police, EMS, EMT, Firefighters, hospital workers, Veterans, First Responders.
Workshop 2: Psychoeducation	5	4	3 female, 2 male	Family, friends, significant others, Police, Paramedics, Firefighters.
Workshop 3: Retreat-based Programs	5	4	1 female, 4 male	Veterans, First Responders, Police, Firefighters.
Workshop 4: Families, Friends and Significant Others	5	4	3 female, 2 male	Family, friends, and significant others of Police, Paramedics, EMS, Firefighters.
Workshop 5: Organisational Change	5	5	1 female, 4 male	Police, Paramedics, EMS, Firefighters, hospital workers

First Responders = multiple first responders, occupation unknown due to de-identified data.
EMS = Emergency Medical Services, EMT = Emergency Medical Technician.

3.1.1. Peer support workshop

Peer support workers use their lived experiences to support individuals facing mental health, suicidal ideation, or substance use challenges. Peer support is increasingly recognised as an essential element of mental health and wellbeing programs, and can be delivered through one-on-one conversations, support groups, retreats, training, mobile health platforms and online interactions.

3.1.1.1. Key Insights. Peer support workers, drawing from their lived experience with mental health challenges and recovery, play a key role in supporting others, particularly in first responder environments. Their expertise provides valuable insight, which together with essential ongoing training, assessments, and support can help ensure their effectiveness. These workers need to balance their provision of support to others with addressing their own mental health needs, reflecting the dual nature of their role. Concerns about confidentiality, and the misconception that seeking help or showing vulnerability equates to a lack of strength or resilience can hinder the willingness of individuals to access support and openly share their struggles.

3.1.1.2. Peer support facilitators. Initial assessments to match peer support workers with individuals' needs enhances effectiveness. Clear expectations and goals for peer support initiatives are essential for fostering productive environments, in which both workers and individuals understand their roles. Online platforms offer anonymity, important for maintaining trust in First Responder communities. Engaging respected community figures and co-designing communication strategies can increase awareness, trust, and participation in peer support programs. Investing in initial and ongoing evidence-based training strengthens workers' skills, fostering resilience, and improving support quality.

3.1.1.3. Challenges of implementing peer support. Implementing peer support in an online environment or mobile health technologies requires infrastructure investment offers wide reaching support for first responders.

Operational differences within First Responder groups (e.g., firefighters chatting around the kitchen table in their down time does not occur as often in the police force) can influence engagement, as informal communication practices vary.

> It's a mind shift and a cultural shift that needs to happen. The more that peer support is embedded into an organisation, and people talk positively about it, the more this builds trust from others in the organisation and encourages them to reach out for support.

Successful integration requires dedicated time for support roles, separate from regular duties. Additionally, organisations must address liability issues to protect participants and support workers, ensuring the program's integrity. These challenges require careful planning and resource allocation to create a robust and effective peer support framework.

3.1.2. Psychoeducation workshop

Psychoeducation combines psychological principles with educational strategies to empower individuals in managing their mental health and prevention of mental ill health. It can be delivered through workshops, group sessions, self-study or in person. It fosters a supportive learning environment that enhances understanding about mental health and promotes coping, communication, and problem-solving skills.

3.1.2.1. Key insights. The effectiveness of psychoeducation depends on three key factors: the purpose of delivery, the quality of the information (is the information accurate, appropriate, and evidence-based), and the participant's readiness to engage with the content. Tailoring content to individuals' circumstances and ensuring high-quality, timely information improves understanding and retention. Psychoeducation is beneficial throughout the careers of Veterans and First Responders, from early career training to addressing lived experiences. Repetition and reinforcement over time enhances its effectiveness.

Participants highlighted that psychoeducation is adaptable for various audiences, including VFRs, their colleagues, families, and peer support workers. However, they emphasised that psychoeducation alone is insufficient for optimal mental health outcomes, calling for a more comprehensive approach that incorporates additional interventions.

3.1.2.2. Psychoeducation facilitators. Psychoeducation delivered by VFR peers with lived mental health experiences, as well as by trained professionals, can enhance engagement and impact. Peer facilitators help foster connection and improve the effectiveness of the content.

Lived experience makes a huge difference to how people receive information and what they are able to do with it.

To maximise effectiveness, psychoeducation should be complemented by resources and treatment options, with clear plans for managing distress during sessions. Using diverse delivery methods ensures accuracy and understanding the audience's background and expectations is key to tailoring content effectively.

3.1.2.3. Challenges of implementing psychoeducation. The workshops highlighted that psychoeducation should be part of a broader mental health care strategy, not a standalone intervention. Knowledge alone is not enough to change behaviour, it must be integrated with other services.

Psychoeducation can't be a one stop shop. Knowledge alone can't be expected to change behaviour.

The timing and relevance of the content are key for engagement, as individuals connect more with information that feels personally applicable. Online psychoeducation can present challenges, such as limited

customisation, and fewer group interactions, while in-person delivery, though fostering connection, can compromise content accuracy if poorly structured. Additionally, peer support workers and VFRs with lived experience may lack the training to manage distress during psychoeducational sessions, underscoring the need for proper training and support for non-clinical staff. Peers may also face increased vicarious stress and trauma, adding to their existing burden And should be supported to avoid isolation and the pressure of feeling they should have all the answers.

3.1.3. Retreats and group work workshop

Participating in a retreat, residential program or group focused on mental health can provide numerous benefits, including increased self-awareness, reduced stress, access to professional guidance, the development of coping skills, and opportunities for personal growth. Effective components can include shared experiences, provision of interpersonal support, facilitation by supportive leaders (with professional mental health expertise), and the involvement, engagement, and support of the group members themselves. By immersing themselves in a supportive and nurturing environment, individuals may experience transformative changes that significantly enhance their mental well-being.

3.1.3.1. Key Insights. Retreats, groups, and intensive workshops support VFR populations by providing immersive experiences that foster personal transformation and professional and peer support. Pre-assessment screenings enhance outcomes by ensuring the program will fit their needs, evaluating individual risk factors, coping strategies, and motivation while also determining "group readiness" to ensure openness and supportiveness. Understanding participants' backgrounds is key for tailoring the approach to their unique experiences and needs. Common change mechanisms include reframing narratives, validating experiences, and promoting peer connections which can encourage meaningful conversations and personal growth.

If you get the conditions right for safety, then [they] will actually talk about the stories they love to brag about, but also the stories that they can't forget and wish they could.

An unexpected benefit for many participants is the emergence of self-compassion, as empathy cultivated through listening to others' experiences leads to greater compassion for themselves.

You know, people are trained together. They serve together. They're traumatised together. And guess what? They heal together.

3.1.3.2. Retreats and group work implementation facilitators. Hosting retreats or groups away from daily life allows participants immerse in the content and build deeper connections, fostering a supportive environment for personal growth.

The retreat away from the hustle and bustle of everyday life is very important to really immerse people. The business and complexity of life, both with career and home, gives people very little chance to step back out of life, reflect on who they are, how they got where they are, and whether they are who they want to be when they look in the mirror. And then start to be strategic about how they respond to what's coming rather than living life reactively, which is how most of us end up living.

Small groups with at least two facilitators ensure individualised attention, strengthen group dynamics, and support psychological safety. Facilitators can provide immediate support if a participant becomes distressed. Setting clear expectations, including group rules and emotional response strategies, encourages constructive engagement. Facilitators should model self-regulation and remain flexible, adapting to group needs. In programs where burnout may be an issue, providing facilitators with self-care strategies and support is essential and ensures they can effectively support participants throughout the event.

3.1.3.3. Retreats and group work challenges. Planning whether to combine or separate occupational groups (e.g., police and firefighters) depends on participants' needs and the program goals. as there is no clear consensus on which approach yields better outcomes. Additionally, delivering groups virtually, as opposed to in-person, introduces unique challenges and benefits, especially given that some initiatives took place during the global pandemic, which likely influenced the experience and engagement of participants in different ways. Another consideration is whether to use a single facilitator or multiple facilitators, and whether these should be professionals or peers, with backgrounds and experiences that may be common or varied. Additionally, the program's format—whether a one-time retreat or an ongoing group—can also impact how these decisions are approached and what outcomes are achieved.

3.1.4. Family, friends, and significant others workshop

Family, friends, and significant others (F&F) provide critical support to First Responders dealing with the after-effects of stress. The VFR initiatives used various communication methods from online to in-person to train F&F in supporting VFRs while also addressing F&F wellbeing.

3.1.4.1. Key Insights. Supporting both VFRs and F&F is fundamental for improving overall well-being. F&F also require mental health care.

In order for the first responder to stay well, the family has to stay well. And they are both interlinked.

VFRs often shield their loved ones from stress and trauma which can create emotional stress. F&F may neglect their own needs in order to care for the VFR, facing isolation and stress from their unique roles.

I need some help to support you. And to support myself.

Engaging F&F in support programs is challenging, as many do not see themselves as caregivers and may require care themselves.

3.1.4.2. Family, friends and significant others facilitators. Co-designing programs with both F&F and VFRs promoted mutual learning and addressed the needs of both groups. Initiatives focused on building coping skills for F&F, improving communication, sharing insights into VFR roles and stressors, and teaching how to discuss difficult emotions. Mental health literacy and tools for supporting VFRs helped challenge stigma and encourage help-seeking. Recruitment emphasised F&F lived experiences and sub-groups like colleagues supporting colleagues. Engaging F&F through social events and information sessions, while maintaining VFR anonymity, made programs more accessible, trusted, and relevant.

3.1.4.3. Family, friends and significant others implementation challenges. Recruiting F&F of VFRs for training and support programs is challenging due to difficulties in disseminating information. VFRs may be too busy or reluctant to share details, and many F&F do not identify as "caregivers", making outreach difficult. While general and social media can raise awareness, it does not guarantee engagement, especially when immediate concerns take priority. Relationship dynamics can also complicate recruitment, as F&F may blame VFR for relationship issues, increasing frustration. Addressing these emotional dynamics is essential and a stepwise approach—starting with resources like communication videos—can help build F&F confidence in supporting VFR.

3.1.5. Organisational change workshop

Organisational change involves shifts in direction, structure, or processes that influence how an organisation functions. This can include changes in leadership, workflow, technology, or culture. Various models and approaches can help manage change, with some focusing on communication and stakeholder involvement, while others emphasise sequential stages of change implementation. Using these models, organisations can navigate change effectively, ensuring smooth transitions aligned with strategic goals.

3.1.5.1. Key insights. Implementing organisational change involves two key phases: designing and evaluating a change program, followed by integrating it into standard practices. Successful integration requires embedding it into the organisation's culture and operations. A major challenge is ensuring organisational readiness, which can be hindered by gaps between the need for change and the willingness or capacity to implement it both at the organisational and individual levels.

Although the rhetoric is strong around improving mental health and wellbeing, to actually get genuine commitment to system change is fiendishly difficult.

Successful change is facilitated by clear communication, trust, and engagement across all organisational levels. Barriers such as funding limitations, stigma around mental health, and a lack of understanding of well-being programs must be addressed to ensure the sustainability.

3.1.5.2. Organisational change facilitators. Engaging all organisational levels is fundamental for understanding culture, dynamics, and readiness for change. Identifying decision-makers, facilitators, barriers, and levers ensures success and ownership of the program. Clearly communicating objectives, benefits and evidence along with sharing success stories, increases acceptance. Tailored communication and training on mental health equips staff to navigate challenges. Involving organisational champions and staff with lived experience enhances authenticity. A flexible approach, combining "top-down" and "bottom-up" strategies and co-designing the program, ensures it meets the organisational needs and fosters collaboration. Support from trusted external stakeholders, such as unions and Movember, can enhance buy-in.

3.1.5.3. Organisational change challenges. Veteran and First Responder organisations face challenges in implementing change due to their hierarchical structure. Key obstacles include demonstrating a return on investment to secure leadership support and ensure sustainability, as well as staffing changes that can disrupt progress. A cautious approach to mental health, driven by perceived risks, may hinder intervention adoption. Additionally, differing interpretations of implementation research highlight the need for clear communication and alignment to ensure shared understanding of the program's goals and benefits.

4. Discussion

The approach used to capture and analyse data from the knowledge-sharing workshops was innovative in several ways. First, the workshops were conducted with implementation research teams working on projects involving Veterans and First Responders, a unique and often underrepresented population. The use of both recorded videoconference sessions and transcriptions allowed for a comprehensive and detailed analysis. By combining real-time discussions with written transcripts, we were able to capture rich, nuanced insights from diverse perspectives. Additionally, the data were analysed using a thematic approach, which enabled us to identify key barriers, facilitators, and emergent themes that were central to the implementation experiences faced by the teams. This multi-layered data collection and analysis process provided a deeper understanding of the factors influencing these projects.

The analysis of the workshop data revealed key insights into the facilitators and challenges faced by project teams in implementing mental health programs for Veterans, First Responders, their families/friends/significant others, and related organisations. These outputs provide valuable perspectives on addressing their mental health needs, highlighting what strategies were most effective, for whom, and under what conditions. A central finding from the workshops was the importance of multifaceted mental health and well-being interventions, which must be tailored to the unique cultures of VFR to be truly effective [6,7].

The findings from the knowledge sharing workshops align closely with existing research on effective mental health interventions within work places where there is known risks of trauma exposure and operational/organisational stressors such as those involving VFR [8,9]. The focus on relationship-building and securing 'buy-in' from all levels of an organisation reflects change management theories that highlight the importance of engaging both senior leadership and frontline staff support to ensure successful programme implementation [10]. However, project may specifically target individuals who have been released, discharged, or retired from the military or other public safety services, or who were anticipating doing so. As such, the emphasis on organisational support is less relevant in this context, as these participants are no longer part of their original organisations. Previous studies show that without both top-down and bottom-up support, mental health initiatives can struggle to gain traction and sustain long-term impact, particularly in hierarchical organisations with strong cultural norms [11]. Recommended practices include building trust among VFR, securing senior leadership support and providing a range of tailored support options specific to the workplace [12,13]. While these dynamics are more relevant for those still within organisational structures, for individuals who have been released, discharged, or retired from military or public safety services, the focus shifts to building trust, securing leadership support, and providing tailored support options that address their specific needs post-service.

The inclusion of Veterans and First Responders with lived experiences, along with their families/friends/significant others where appropriate, in the design and implementation of mental health interventions is widely supported in the literature as an effective strategy for fostering trust and engagement. Research demonstrates that peer support, led by individuals with shared lived experiences, is instrumental in overcoming stigma, increasing help-seeking behaviours, and enhancing intervention credibility [14,15]. A review of 13 studies highlights that confidentiality, trust, and shared experience are necessary for sustaining peer support programs [16]. Such peer-driven models foster empathetic connections and a sense of shared understanding, which is particularly important in groups where emotional vulnerability is often stigmatised [17,18]. Peer support helps to normalise experiences and reduce stigma [16].

A growing body of literature emphasises the role of psychoeducation in enhancing mental health literacy, reducing stigma, and promoting help-seeking behaviours, particularly in high-stress occupations where individuals may be reluctant to seek formal treatment [19,20]. These findings highlight that psychoeducation not only educates individuals about mental health challenges but also equips them with the tools and language necessary to navigate difficult conversations around mental health, a point reinforced by studies on the benefits of psychoeducational programs for first responders and military personnel [20]. However, the findings are mixed, with some suggesting that psychoeducation may be less effective when provided to new recruits before exposure to mental health challenges or provided as a stand-alone program [6,12].

Immersing individuals in a supportive environment away from daily stressors can lead to transformative change that significantly improves mental well-being [21,22]. The current findings resonate with previous research, which suggests that retreats provide a space for individuals to explore new meanings, validate experiences, and form meaningful connections that support recovery [22]. The current findings highlight the importance of fostering psychological safety and encouraging self-compassion emerged as significant benefits for participants, especially in traditionally masculine cultures like those of VFR [23].

Existing research aligns with the crucial role F&F play in supporting the mental health of VFR, while also highlighting the unique challenges they face, such as stress, burnout, and neglect of their own well-being [24]. Previous studies emphasise the need to recognise F&F not just as caregivers, but as individuals with distinct needs [25,26]. Co-designing programs with F&F to ensure relevance and effectiveness reflects findings from similar studies, which show that such approaches improve engagement and outcomes [27,28]. The F&F workshop highlighted the need for a holistic approach that addresses the well-being of both VFRs and their support networks, recognising the interconnectedness of their

mental health in fostering successful intervention outcomes.

While understanding the unique work culture and environment of VFR is important, it is important to recognise that the challenges faced by these groups are often shaped by prolonged exposure to potentially traumatising experiences, rather than solely by cultural factors like masculinity or a "warrior" mentality. Research has shown that these work-related stressors can influence stigma, help-seeking behaviours, and the effectiveness of mental health interventions [29, 30]. Previous studies also emphasise the importance of acknowledging the critical role of identity and culture in supporting these groups, highlighting the need for mental health providers to be informed and sensitive to their experiences [31]. Tailoring programs to address both the traumatic exposures these individuals have faced and their cultural context—through appropriate content and delivery—can enhance engagement and reduce resistance to mental health initiatives.

4.1. Limitations

While the workshops provided valuable insights from implementation research teams, the perspectives gathered may not be fully representative. The experiences of participants in these workshops, who were actively engaged in mental health implementation, may differ from those of researchers facing more or different barriers to engagement.

The workshops were conducted with teams working in specific geographic regions or organisational contexts, which may not fully capture the variation in experiences and challenges faced by researchers and/or VFR communities in other settings.

Not all project teams were able to attend every workshop due to time differences, which may have influenced the diversity of views and perspectives shared. Had all teams been able to participate, the insights gathered might have been more comprehensive and reflective of a broader range of experiences and opinions. The thematic analysis, while valuable in identifying key themes, is subject to the biases of the research team conducting the analysis. While efforts were made to ensure rigor in the analysis process, the interpretation of the data may still reflect the perspectives and assumptions of the researchers involved.

This paper forms a summary of the workshop outcomes, and of some of the experiences, processes, and findings inherent in them, rather than an in-depth study of VFR programs which led to clear evidence-based outcomes. Not all premises or descriptions fit all projects and programs.

5. Conclusion

Our observations highlight three key premises of potential benefits that may contribute to the success of mental health interventions within VFR communities. While these insights are descriptive in nature rather than empirical, they provide valuable considerations for enhancing the effectiveness of such interventions. First, where applicable, building relationships across all organisational levels, from senior executives to operational staff, is paramount for ensuring the support, and buy-in necessary for implementing effective mental health programs. Second, the inclusion of Veterans, First Responders and families/friends/significant others with lived experiences of mental health challenges is fundamental for fostering trust as lived experience can ensures that interventions are both relevant and relatable. Finally, understanding the unique cultural and operational contexts of VFRs is key to tailoring interventions that address their specific needs.

These observations emphasise the importance of collaboration, cultural competence and contextual relevance in mental health program implementation. To ensure sustained engagement and positive outcomes, future interventions should prioritise these elements. Additionally, the insights from this paper can inform future research, guide the development of more effective mental health strategies, and improve the implementation of interventions that are accessible and impactful for VFR communities. A key recommendation is to promote further research and the development of tailored interventions that address the diverse needs of VFR populations. Future studies should address how these findings translate into measurable outcomes and identify best practices for scaling interventions across various VFR groups, ensuring that programs are inclusive and adaptable to a broad range of experiences and challenges within these communities.

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Data statement

Due to privacy concerns, workshop participants were assured raw data would remain confidential and would not be shared.

CRediT authorship contribution statement

Cindy Woods: Writing – review & editing, Writing – original draft, Visualization, Methodology, Conceptualization. **Sally Fitzpatrick:** Formal analysis, Writing – review & editing. **Sue Lukersmith:** Conceptualization, Funding acquisition, Methodology, Project administration, Supervision, Writing – review & editing. **Knowledge sharing panel members:** Investigation - Data collection and Writing- Reviewing and Editing.

Declaration of competing interest

The authors declare they have no competing interests.

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