



DND photo XC06-2019-0008-136

An HMCS *Whitehorse* crew member programs coordinates into the GPS of a Rigid Hull Inflatable Boat (RHIB) in the Pacific Ocean during Operation *Caribe*, 12 April 2019.

The Road to Mental Readiness Program: Social Innovation or Smokescreen?

by Dave Blackburn

Professor Dave Blackburn, B.Soc.Sc., M.S.W., Ph.D., holds a master's degree in social work and a doctorate in social science with a specialization in sociology of health. He teaches at the University of Quebec in Outaouais (UQO) – Saint-Jérôme Campus, where his research focuses on mental health and psychosocial intervention with serving Canadian Armed Forces members and veterans. He is a former military social worker and held the rank of major at the time of his retirement from the CAF.

Introduction

A program comprises a coordinated set of goals, specific objectives, sequentially organized content, training aids, learning activities, and procedures designed to evaluate whether the program's objectives have been attained.¹ The final component of a program – the evaluation procedures – is especially important, as that is what makes it possible to judge the program's value, utility, relevance, effectiveness and efficiency and to propose improvements or, in some cases, a shutdown of the program.² In

fact, the primary role of the evaluation is to develop procedures for measuring a program's performance.³

For a federal department such as the Department of National Defence, program evaluation is a way of generating the feedback required by decision makers throughout program life cycles. That feedback not only helps with decision making and program improvement, but also contributes to ensuring that the program is accountable to elected officials and ultimately to the taxpayers.⁴ Consequently, program evaluation involves a rigorous, systematic procedure for gathering and analyzing data on programs.⁵ To pave the way for drawing conclusions and making recommendations, it must be agreed that evaluation is a specific function, that it must be carried out by independent evaluators, and that the evaluation report must be afforded a certain visibility in order to highlight its legitimacy and its importance.⁶

The *Road to Mental Readiness* (R2MR) Program (*En route vers la préparation mentale* (RVPM) in French) was developed beginning in 2008⁷ by Canadian Forces Health Services (CFHS)

clinicians and military personnel, at the request of the Chief of Military Personnel and the Surgeon General and with guidance and direction from the Mental Health Education Advisory Committee (MHEAC).⁸ Other partners such as the Land Force Doctrine and Training System, the now-defunct Joint Speakers Bureau, Operational Stress Injury Social Support, Defence Research and Development Canada, and the Director Military Family Services also collaborated in developing the program.⁹ The objective of the R2MR program is “to improve short term performance and long term mental health outcomes”¹⁰ of CAF members and their families, by means of training modules included in career courses and pre- and post-deployment courses. Without question, the program’s objective is a bold one, given the complexity of the mental health field and the specificities of a military career, which may accentuate the risk factors contributing to the development of operational stress injuries and affect performance.^{11, 12}

The fundamental question is whether a training program delivered in a classroom setting can realistically hope to achieve that objective. Is the R2MR program effective, relevant, useful and efficient? Currently, it is impossible to answer those crucial questions, because no formative and summative evaluation of the R2MR program as a whole has ever been conducted.

“The R2MR program provides complete training and education in mental health.”

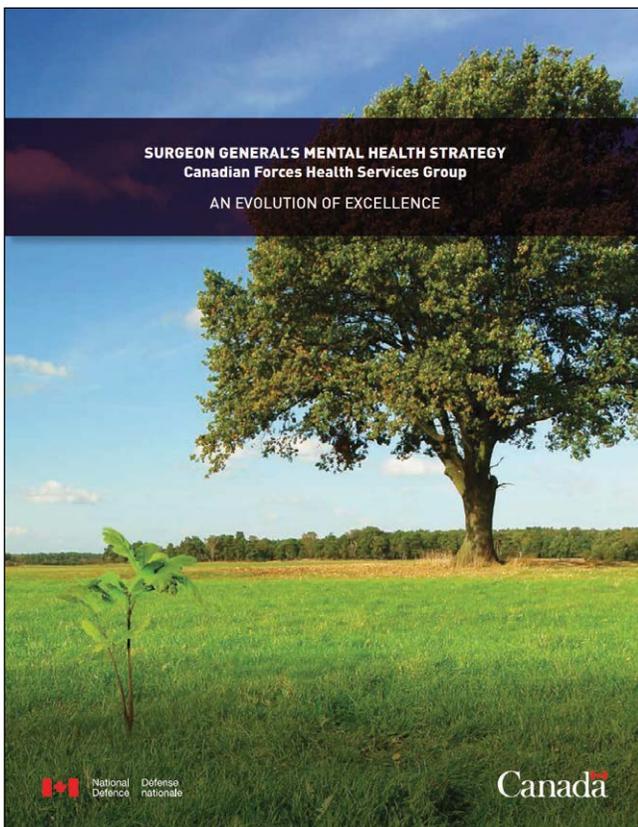
The Road to Mental Readiness (R2MR) Program

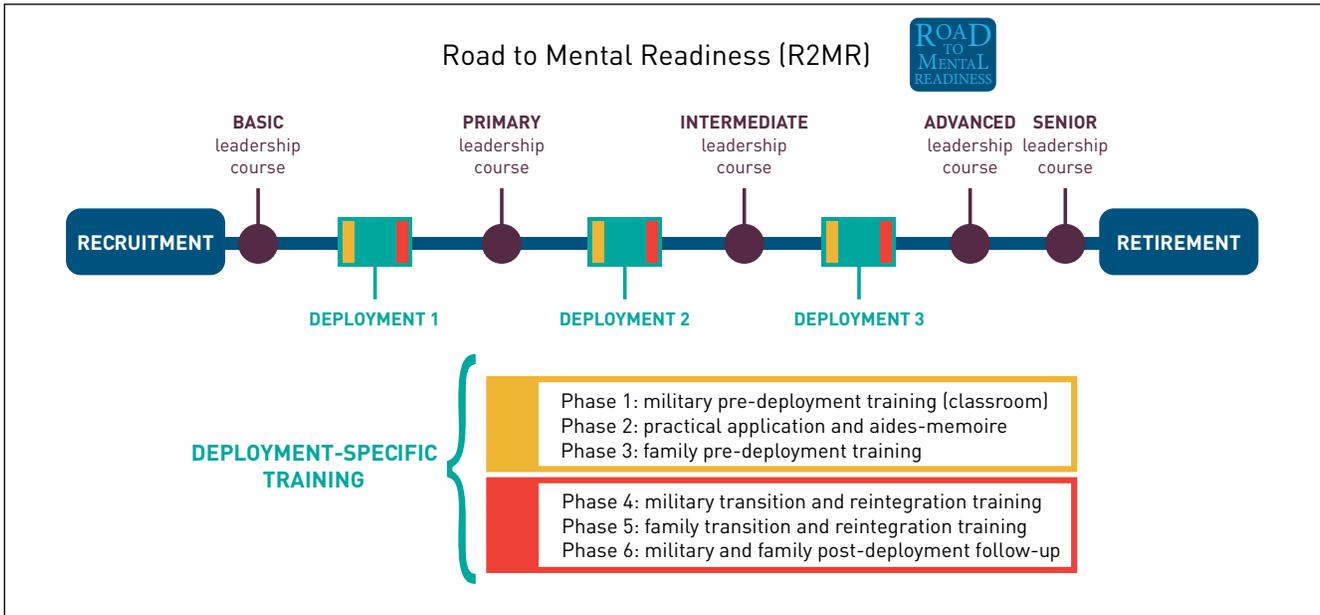
The initial rationale behind the creation of the R2MR program was that mental health training in preparation for a deployment should be repatriated to Ottawa, as there were a number of different training programs being given on various CAF bases at the time.

The idea was to have a single national program for mental preparation of members and their families and to centralize development of the program’s content and delivery at Canadian Forces Health Services Headquarters in Ottawa.¹³ The local initiatives would disappear or be absorbed into the new program. That included the *Programme d’entraînement en résilience militaire* (PERM), the military resilience training program developed by a psychologist, Christine Routhier, and her team and delivered at CFB Valcartier.¹⁴

The R2MR program provides complete training and education in mental health. It was developed to increase mental health literacy (in the sense of the concept proposed by Jorm *et al.*¹⁵) and to improve resilience and mental toughness.¹⁶ Above all, the R2MR program is a brand that encompasses all the courses on resilience offered at various stages in a military career cycle and all the training phases offered to CAF members and their families within a deployment cycle.¹⁷ Figure 1 illustrates the R2MR program in relation to the career cycle and the deployment cycle.

Let’s take a closer look at the deployment cycle of the R2MR program, which is made up of six phases. The first three phases of training are given to members and their families during the pre-deployment period. The last three phases are given to members and their families during the post-deployment period. Phase 4 is delivered at a Third Location Decompression (TLD) site, usually in Cyprus or Germany. The deployment-specific training was developed for CAF members and their families in the context of Canadian operations in Afghanistan.





Department of National Defence, 2013

Figure 1: Institutionalization of resilience.

For the purposes of this article, we will focus specifically on Phase 1 (military pre-deployment training) of the deployment cycle. This first phase takes the form of one day of classroom training co-delivered by a current or former CAF member and a mental health professional, both of whom have taken five days of qualification training.¹⁸ Phase 1 consists of nine modules focusing on the following subjects: Mental health and deployment (50 min); Mental toughness and the brain (50 min); The Big Four strategies (40 min); Psychological preparation (30 min); Values, beliefs and meaning (30 min); Family considerations (50 min); Mental health first aid for self and peers (40 min); and Practical applications (30 min).¹⁹

Once the members have completed Phase 1 of the deployment cycle in the R2MR program, they are supposed to be able to understand reactions to stress, recognize the challenges and their impact, learn and apply strategies for mitigating the impact and recognize when to seek outside help.²⁰ The R2MR program is compared to a psychological bullet-proof vest, and the claim is made that after absorbing the information and learning the techniques taught in the various phases of the program, members will be effectively armoured.²¹

The case for the R2MR is made as follows on the program’s website: “Research has shown that educational approaches such as *Road to Mental Readiness* are having a positive effect on reducing mental health stigma, encouraging individuals to seek care, removing barriers to accessing care, and providing leaders at all levels with a better understanding of what they can do to assist fellow CAF members.”^{22, 23}

Mental Preparation: A Key Component of Military Individual Readiness (IR)

R2MR training “is designed to ensure that the most appropriate training is provided when required to ensure CAF personnel are prepared mentally for the challenges they may encounter.... R2MR... has a solid foundation in the concept of resilience. Resilience is the capacity of a soldier to recover quickly, resist, and possibly even thrive in the face of direct/indirect traumatic events and adverse situations in garrison, training and operational environments.”²⁴

“There is no generally agreed-upon definition of military readiness in the general or military scientific literature.”

That statement raises many questions. Claiming, in the absence of any evaluation, that a program like the R2MR, delivered in a classroom for a few hours out of an entire military career, can teach all the tools required in order to be “prepared mentally” diminishes the complex, multidisciplinary concept of military individual readiness (MIR), when that concept should be central to a program like the R2MR.

There are several different functional definitions of military individual readiness. Some researchers^{25, 26} define it from the point of view of the individual and include only cognitive dimensions. Others^{27, 28} take a more holistic perspective, defining MIR as including social factors. There is no generally agreed-upon definition of military individual readiness in the general or military scientific literature. Tucker, Sinclair and Thomas state that there is no real consensus on the concept of readiness or on a functional definition.²⁹ However, there is consensus within the scientific community regarding certain common elements of the concept of readiness, which is defined as being “prepared mentally or physically for some experience or action.”³⁰ One strength of that

definition is that it emphasizes the mental and physical aspects as key elements in readiness. Mental preparedness is therefore a component of military individual readiness.

In the military context, Reineck³¹ defines readiness as “the state of being prepared for something about to be done or experienced.” Sharp and English³² use the term “personal operational readiness” as an equivalent to “individual readiness” and define it as “the physical, operational and psychological preparedness of an individual to deploy.”³³ Their definition emphasizes psychological condition (preparation for deployment and ability to manage the stressors associated with deployment) or, in other words, the ability to cope with being separated from immediate family members and with the event of deployment itself. Tucker *et al.* had previously proposed that individual readiness should be considered as “the capability of an individual soldier or a unit to perform assigned duties.”³⁴ But that definition does not specify the elements which enable an individual to achieve that capability. Even earlier, Caliber Associates had provided a fuller definition of MIR, calling it “the extent to which an individual is prepared (trained), able (skills), and motivated (morale, desire, concern, etc.) to perform his/her job as part of the larger military mission.”³⁵ Caliber Associates emphasizes the importance of an individual’s training, skills and motivation in building his or her readiness.

In addition, theories like that of McGonigle *et al.* show that the concept is multidimensional and that each dimension has direct and indirect impacts on people. Individual readiness includes a component called “motivation.” For example, Shamir, Brainin, Zakay and Poper³⁶ consider individual readiness to be a combination of morale and the effective influence the group will have on the individual. Group morale represents the motivational component of individual readiness, and it is connected to the group’s collective sense of efficacy, in a context where it is taken for granted that the group has the ability to perform effectively.

Although discussing several types of readiness (family, individual, unit and service) might be somewhat confusing, the variations between the definitions of individual readiness reveal the multidisciplinary and complexity of the concept. Morrison and Fletcher³⁷ believe that one of the key elements of individual readiness is cognitive readiness. They define the cognitive aspect as a person’s degree of mental preparedness to perform in accordance with the “established standards” in the complex and uncertain military environment. Specifically, the cognitive aspect is mental preparation, which includes skills and competencies, learning, motivations and dispositions that a person must develop.³⁸ Cognition plays a role in the art of expecting the unexpected and being able to adapt successfully to stressful situations. Morrison and Fletcher³⁹ also believe that individual readiness (cognitive aspect) is influenced more by psychological than by physical or social factors. Those psychological factors include intelligence, personality, dispositions, motivation,

emotions, beliefs and attitudes. Adam, Hall and Thomson⁴⁰ are of the opinion that the cognitive aspect is too inclusive to adequately define individual readiness. They note that when the cognitive aspect is emphasized as the central element of individual readiness, other dimensions (social, professional, cultural and familial) are largely neglected. In their view, individual readiness is the product of individual skills, knowledge and experiences, but it is impossible to separate an individual from his or her social, professional and cultural environment, and the type of environment has an impact on individual readiness. Reineck’s⁴¹ definition of readiness is interesting in that it takes into consideration not only the individual aspect, but also the group and the system in which the individual functions. Thus, Reineck characterizes individual readiness as “a dynamic concept with dimensions at the individual, group, and system levels, which, together, influence one’s ability to prepare to accomplish the mission.”⁴² Individual readiness is one component of a system (and a system in itself) and interacts with other systems (family readiness, unit readiness and service readiness). A lack of readiness in one or more of the systems can interfere with achieving and maintaining a member’s individual readiness.

It follows that service readiness, which is characteristic of all military forces, depends on the readiness of the units, and so on. In the case of a deployment for which family preparation is inadequate, the entire service may suffer the consequences. According to Adam, Hall and Thomson,⁴³ that conceptualization is reductive in that it does not take into account the complexity of the multiple systems which may influence individual readiness. As examples, they cite influences from Canadian society or the identities within a service (DND and the CAF). However, they agree that the level of individual readiness is an integral component that is supported by a number of other systems.

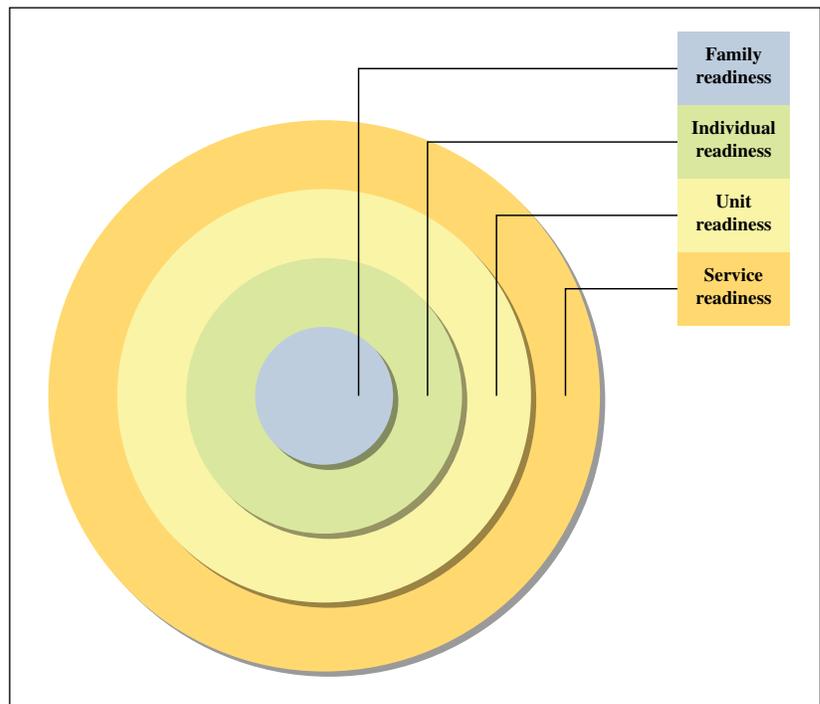


Figure 2: Levels of readiness and their interactions.

McGonigle, Casper, Meiman, Cronin, Cronin and Harris, 2005

For Thompson and McCreary,⁴⁴ individual readiness is malleable to some degree – like physical fitness, which can be improved by exercising and playing sports. That idea is based on the assumption that individual readiness is a way of being (i.e., the development of a unique way of thinking) rather than the sum of many competencies, and that it can therefore be improved through training and preparation.

In light of all of these elements which may be part of the conceptualization of military individual readiness, including mental preparation, I have serious questions about the impact of the R2MR program and, objectively, how likely it is to achieve its stated objectives.

Summative Evaluation of the R2MR Program

It is important to note at the outset that a complete evaluation of the R2MR program would require evaluating each phase of each cycle individually, then conducting an overall evaluation. That would undoubtedly be a massive task, but it is necessary in order to validate whether the program is achieving its intended outcome and whether it is valuable and useful to the members and their families.

According to the Canadian Evaluation Society, “Evaluation is the systematic assessment of the design, implementation or results of an initiative for the purposes of learning or decision-making.”⁴⁵

To the best of my knowledge, there is no document, report or scientific article that presents the results of a complete formal evaluation, both formative and summative, of the R2MR program.⁴⁶ As such, there is no scientific proof that the R2MR program is able to achieve its primary objectives or help prepare CAF members and their families mentally.⁴⁷

Yet, in the spirit of recognition, improvement and validation, the R2MR program would benefit greatly from a summative evaluation. This type of evaluation involves “systematic collection of information about the activities, characteristics, and outcomes of programs, services, policy, or processes, in order to make judgments about the program/process, improve effectiveness, and/or inform decisions about future development.”⁴⁸ The data gathered as part of the summative evaluation is used for the purpose of “judging the merit or worth of a program at the end of the program activities, and [the evaluation] usually focuses on outcomes.”⁴⁹

As part of a presentation to the PTSD Conference 2016, held at Memorial University, a senior staff officer who manages the R2MR program noted that the program had been evaluated.⁵⁰ What that officer described as an evaluation consisted of a pre- and post-training questionnaire completed by about 28,000 of the approximately 54,000 CAF members who participated in the R2MR program from 2008 to 2013. The results showed “[s]ignificant increases in knowledge and confidence” and “[m]oderate effect sizes on stigma related questions.”⁵¹

However, it is clear that administering a questionnaire before and after the training and comparing the results (the means) using a paired-sample Student’s *t*-test and the calculation of Cohen’s *d* does not constitute a summative evaluation of a program. Moreover, effect size is a descriptive measure that cannot be used to judge the significance of the variance between the pre- and post-questionnaire means. In order to show significance, it must be demonstrated that the difference between the means of the two groups is not due to chance.⁵²

Two studies have actually been done on the R2MR program, but they do not directly evaluate it. In 2014, Fikretoglu, Beaty and Liu of Defence Research and Development Canada published the results of one of them: “The primary purpose of this study was to compare the two different versions (Versions 5 and 6) of R2MR that

were recently developed to identify the version that may lead to better receipt and enactment of key R2MR concepts, especially stress management (and Cognitive Restructuring) skills.”⁵³ In 2011, two researchers at the CAF Mental Health Directorate completed a study that compared the R2MR program (the new program used by the CAF) and *Battlemind* (the U.S. program formerly used by the CAF) in terms of perceived value and impact (according to CAF members decompressing in Cyprus).⁵⁴

In the final analysis, the fact that no summative evaluation has ever been conducted of the R2MR program diminishes it considerably. Programs are evaluated periodically in order to validate their relevance and quality. But such evaluations also help establish consistency between the direction, objectives, needs, content, developments in the field of activity involved, teaching strategies, support provided for application of learning, and the human resources and material, technological and informational resources required by a given program.⁵⁵

Social Innovation or Smokescreen?

All things considered, the fact that the R2MR program has not been evaluated since its introduction almost 10 years ago is problematic in many respects. In recent years, the R2MR program has continued to develop and expand, even beyond the frameworks of the Department of National Defence. In a short time, thanks to a strong brand and targeted outreach, it has come to be regarded as a panacea. Since 2013, the R2MR program has grown by offering training for specialized occupations, the Special Forces, members of the Navy, the Disaster Assistance Response Team and even civilian police forces and emergency responders.

Within and now outside the CAF, the R2MR program is perceived as functional and as achieving its objectives. The Mental Health Commission of Canada, which coordinates the civilian version of the R2MR program delivered to police forces, states on its website, “Preliminary evaluation results show that participating in R2MR training reduces stigma that often surrounds mental health problems and mental illness and increases resiliency...”⁵⁶

“It is important to note at the outset that a complete evaluation of the R2MR program would require evaluating each phase of each cycle individually, then conducting an overall evaluation.”



A loadmaster from 413 Transport and Rescue Squadron, Greenwood, Nova Scotia, launches smoke indicators as part of a simulated mission during an Advanced Search and Rescue Exercise, conducted from 17 to 21 September 2018, in the Azores Islands.

The belief that the R2MR program is effective and is achieving its objectives is becoming more and more deeply rooted in the CAF. A few years ago, I was a member of a board of inquiry into the suicide of a CAF member. As part of the board's work, we conducted interviews with a number of CAF members who had interacted with the person who had committed suicide. During one interview, a superior of the deceased member said, with great seriousness and conviction, "[translation] But he had done the *Road to Mental Readiness* program before his deployment! He had the tools to not commit suicide." However, Phase 1 of the deployment cycle in the R2MR program consists of only four or five slides on suicidal behaviour. The R2MR program is not in any way an integrated suicide-prevention program.

On balance, and despite the fact that it has not yet been evaluated, does the R2MR program represent a social innovation?

There is an existing definition that may help answer that question: the Réseau québécois pour l'innovation sociale defines social innovation as "[translation] a new idea, approach or intervention, a new service, a new product, a new law or a new type of organization that responds more effectively and more sustainably than the existing solutions to a well-defined social need; a solution that has been adopted within an institution, an organization or

a community and that produces a measurable benefit for the community, not only for certain individuals. The scope of a social innovation is transformative and systemic. In its inherent creativity, it constitutes a break with the status quo."⁵⁷

It may be tempting to say that the R2MR program is a social innovation, as it meets several of the criteria from the above definition. Of course, it must be admitted that the R2MR program is first and foremost a collage or montage of knowledge, techniques and tools from multiple disciplines such as sports psychology and from other similar programs. The R2MR program does not reinvent the wheel.⁵⁸ There is nothing revolutionary about it, aside from the fact that it was developed within an organization, the CAF, which until a few years ago was more reactive than proactive regarding psychological difficulties and the mental preparation of its personnel.

In addition, a social innovation must produce a "measurable benefit." The CAF members and their families who participate in Phase 1 of the deployment cycle in the R2MR program must make measurable gains in comparison with their condition prior to the program. To find out whether the R2MR program has beneficial effects, we must implement a scientific methodology for program evaluation in which data is collected that can reveal results and

"It may be tempting to say that the R2MR program is a social innovation, as it meets several of the criteria from the above definition."



Portrait taken on location of Warrant Officer James Gourlie during Exercise *Common Gunner*, in the training area (Airstrip 1) at the 5th Canadian Division Support Base Gagetown, Oromocto, New Brunswick, 30 April 2019.

generate indicators. The program must also be able to demonstrate that it is meeting its objectives in connection with the intervention processes, the short-term objectives and the long-term objectives, as established in the program logic model.⁵⁹

In that case, if the *Road to Mental Readiness* program is not a social innovation, does that mean it is merely a smokescreen?

Not necessarily, at least not across the board. Many components of the R2MR program may be useful for CAF members who are to be deployed on an operational mission. Teaching the Big Four strategies may help members manage their activation levels and make better decisions. On the other hand, I am personally convinced that the R2MR program, even if it were to be evaluated, will never be able to achieve its main objectives. The field of mental preparation is not well known enough; it is vast, complex and multidisciplinary; and the impact of a classroom training course may be influenced by numerous factors, including preparation, experience, time management, management of the individuals and the instructors, and the size of the class.⁶⁰

Conclusion

In conclusion, can transmitting knowledge about certain key mental-health concepts really improve short-term performance and long-term results with respect to mental health?

In fact, there is reason to question what exactly is meant by improving short-term performance and long-term results in terms of mental health. Are we talking about successfully managing stressors related to deployment and doing one's work without errors? Are we talking about not developing psychopathologies? Those objectives are broad and vague, and they do not reflect favourably on the R2MR program.

Personally, based on my theoretical knowledge, my clinical and professional experience, and my deployment in Afghanistan, I very much doubt that acquiring theoretical knowledge in a classroom can really protect, and even "armour," a CAF member – that is to say, a human being – in all his or her complexity, when that person faces the realities of deployment in a theatre of operations and a potential operational stress injury. I have carefully summarized the complex, multidisciplinary concept of military individual readiness in order to demonstrate that mental preparation is only one of the components of overall individual preparation and the various forms of readiness. I may be wrong, but I believe that as long as the R2MR program has not been the subject of a summative evaluation, it cannot claim to be achieving its objectives.

The message conveyed about the impact of the R2MR program must be transparent and honest, because the men and women in uniform, as well as their families, deserve that. We must stop promoting the program by claiming that it is evidence-based.⁶¹

The R2MR program uses components (for example, the Big Four strategies) which have been validated within other mental preparation programs such as the one used by the U.S. Navy Seals.⁶² However, we cannot assume that a component which has been validated in Program X will automatically be validated in Program Y. Such reasoning is flawed and unscientific, and it only illustrates an inadequate understanding of the concept of evidence-based decision making. Developing and validating a program does not mean obtaining a large number of previously validated components and putting them together in the belief that we will thus automatically obtain a validated, effective program. That would be like saying, “We’re going to build a super-vehicle by taking parts from a Porsche, a Ferrari, a Jaguar, a Lamborghini and a McLaren.” Each of those cars is unique, and each functions thanks to a set of components specific to it.⁶³ We know very well that putting together parts from all of them will not produce a superior car. The same principle applies in program development.

Each time a rotation is repatriated from a CAF mission, a few members will return to Canada with symptoms resulting from potentially traumatic experiences in theatre. Unfortunately, some of them will develop operational stress injuries such as depression, alcohol dependency and post-traumatic stress disorder. Neither the *Road to Mental Readiness* program nor any other program currently in place in the CAF can claim that it is a psychological

“Each time a rotation is repatriated from a CAF mission, a few members will return to Canada with symptoms resulting from potentially traumatic experiences in theatre.”

bullet-proof vest⁶⁴ for the brain or that it is protecting members’ brains. Mental health is complex, and it is a field in which many mysteries remain to be solved.

In short, the *Road to Mental Readiness* program must be evaluated in its entirety in order to determine whether it has the capacity to meet its objectives effectively, or whether the whole thing should be scrapped and a new program created. The program was developed and is administered with public funds that come from Canadian taxpayers; therefore, managers at the Department of National Defence must be accountable to the Minister and other elected officials, who in turn must justify the program’s existence to Canadians. In addition, all programs have a life cycle. Now that the combat mission in Afghanistan is a thing of the past, is training that is based on the deployment cycle still useful and valuable?

For all of the above-mentioned reasons, a summative evaluation of the R2MR program is required in order to determine the program’s future. The evaluation must be conducted by a team of university researchers or a team of program evaluation experts who are independent of the Canadian Armed Forces and the Department of National Defence. And at last, everyone will finally agree that this type of evaluation should have been conducted long ago!



Crew members of HMCS *Yellowknife* gather around the Pelorus (compass) on the bridge while enroute in the Pacific Ocean, 28 March 2019.

DND photo XC54-2019-0008-02 by Captain Annie Morin

NOTES

- 1 M.-A. Nadeau, *L'évaluation de programme: Théorie et pratique*. Québec City: Les presses de l'Université Laval, 1988.
- 2 Secrétariat du Conseil du trésor du Québec, "Évaluation de programme," 2017: <https://www.tresor.gouv.qc.ca/cadredegestion/gestion-axee-sur-les-resultats/au-cours-du-cycle-mesurer-et-sameliorer/evaluation-de-programme/index.html>.
- 3 J. Wholey, "Using policy evaluation to support decision making and improve program performance," *The Japanese Journal of Evaluation Studies*, Vol. 3, No. 2 (2003), pp. 6-21.
- 4 N. Lebrun and J.M. Wood, *Référentiels théoriques d'évaluation des programmes: Rapport à la formation professionnelle universitaire, Qu'est-ce qu'une formation professionnelle universitaire?* Volume 2 (2015): http://fdu.auf.org/media/document/R%C3%A9f%C3%A9rentiels_th%C3%A9oriques_d%C3%A9valuation_des_programmes_rapport_%C3%A0_la_formation_.pdf.
- 5 Secrétariat du Conseil du trésor du Québec.
- 6 A. Viel, Section 2 – Gestion de l'évaluation. In *Manuel du responsable en évaluation de programme*, ed. Groupe des responsables en analyse et évaluation de programme. Québec City: GRAEP, 2009.
- 7 J.A. Granek, J. Jarmasz, H. Boland, K. Guest and S. Bailey, *Mobile Applications for Personalized Mental Health Resiliency Training. DRDC-2017-P008*. Toronto: Defence Research and Development Canada, 2017.
- 8 Department of National Defence, *Road to Mental Readiness (R2MR)*, 2017: <https://www.canada.ca/en/department-national-defence/services/guide/dcsmr/r2mr.html>.
- 9 *Ibid.*
- 10 *Ibid.*
- 11 D. Blackburn, "The Institutionalization of Resilience Training in the Canadian Forces." Paper presented at the Military and Veteran Health Research Forum, Kingston, Ontario, November 2012. A summary can be found at <https://cimvhr.ca/forum/published-docs/MVHR-forum-program-2012.pdf>.
- 12 D. Blackburn, "Military Individual Readiness – Mental Health Training and Education for Military Members and Veterans: Experiences from Canada." Paper presented at the International Conference on the Physical and Psychological Rehabilitation of Veterans in Ukraine. Kiev, Ukraine, October 2015.
- 13 D. Blackburn, November 2012.
- 14 I. Porter, "Nouveau programme en santé mentale de Valcartier – Machines à tuer, machines à penser," *Le Devoir*, 10 November 2007: <http://www.ledevoir.com/societe/sante/163962/nouveau-programme-en-sante-mentale-de-valcartier-machines-a-tuer-machines-a-penser>.
- 15 A.F. Jorm, A.E. Korten, P.A. Jacomb, H. Christensen, B. Rodgers and P. Pollitt, "Mental health literacy: a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment." *Medical Journal of Australia* (1997), pp. 166, 182-186.
- 16 J.A. Granek, J. Jarmasz, H. Boland, K. Guest and S. Bailey, 2017.
- 17 Department of National Defence. *Surgeon General's Mental Health Strategy – Canadian Forces Health Services Group – An Evolution of Excellence*. Ottawa: Government of Canada, 2013.
- 18 D. Blackburn, November 2012.
- 19 Department of National Defence, 2017.
- 20 *Ibid.*
- 21 *Ibid.*
- 22 *Ibid.*
- 23 S. Roux, "Programme de prévention du suicide des Forces armées canadiennes," *Qmentum Quarterly – Agrément Canada*, 2014: <http://studylibfr.com/doc/1177450/hiver-2014--accreditation-canada>.
- 24 National Defence and the Canadian Armed Forces, 2015. <http://www.dnd.ca/en/caf-community-health-services-r2mr/index.page>.
- 25 C. Bolstad, H. Cuevas, B. Babbitt, C. Semple and R. Vestwig, "Predicting cognitive readiness of military health teams." Paper presented at the 16th World Congress of the International Ergonomics Association, Maastricht, Netherlands, 10–14 July 2006.
- 26 J.E. Morrison and J.D. Fletcher, *Cognitive Readiness*. Alexandria, VA: Institute for Defense Analyses, 2002.
- 27 C. Reineck, "Individual readiness in nursing." *Military Medicine*, Vol. 164, No. 4 (1999), pp. 251-255.
- 28 T.P. McGonigle, W.J. Casper, E.P. Meiman, C.B. Cronin, B.E. Cronin and R.R. Harris, "The relationship between personnel support programs and readiness: A model to guide future research." *Military Psychology*, Vol. 17, No. 1 (2005), pp. 25-39.
- 29 J. Tucker, R. Sinclair and J. Thomas, "The multilevel effects of occupational stressors on soldiers' well-being, organizational attachment and readiness." *Journal of Occupational Health Psychology*, Vol. 10, No. 3 (2005), pp. 276-299.
- 30 C.A. Castro, A.H. Huffman, C. Dolan, R.V. Bienvenu and A.B. Adler, "Working in the ZONE: Maintaining Optimal Readiness on U.S. Soldiers." Paper presented at the 36th IAMPSS (International Applied Military Psychology Symposium), Split, Croatia, 2000.
- 31 Reineck, 1999, p. 251.
- 32 J. Sharpe and A. English, "Observations on the association between operational readiness and personal readiness in the Canadian Forces." DRDC T No. CR2006-072. Toronto: Defence Research and Development Canada, 2006.
- 33 *Ibid.*, p. 7.
- 34 Tucker *et al.*, p. 277.
- 35 Caliber Associates, *MWR Programs and Readiness: 2003 Update*. Fairfax, VA: Caliber Associates, 2003.
- 36 B. Shamir, E. Brainin, E. Zakay and M. Popper, "Perceived combat readiness as collective efficacy: Individual and group-level analysis." *Military Psychology*, Vol. 12, No. 2 (2000), pp. 105-119.
- 37 Morrison and Fletcher, 2002.
- 38 *Ibid.*
- 39 *Ibid.*
- 40 B.D. Adam, C.D.T. Hall and M.H. Thomson, *Military Individual Readiness*. Toronto: Defence Research and Development Canada, 2009.
- 41 Reineck, 1999.
- 42 Reineck, 1999, p. 253.
- 43 Adam, Hall and Thomson.
- 44 M.M. Thompson and D.R. McCreary, "Enhancing mental readiness in military personnel." In *Human Dimensions in Military Operations: Military Leaders' Strategies for Addressing Stress and Psychological Support*. Neuilly-sur-Seine, NATO Research and Technology Organisation, 2006.
- 45 Canadian Evaluation Society, *What is Evaluation?* 2015: <https://evaluationcanada.ca/what-is-evaluation>.
- 46 D. Blackburn, October 2015.
- 47 *Ibid.*
- 48 M.Q. Patton, *Utilization-focused evaluation: The new century text*. Thousand Oaks, CA: Sage, 1997.
- 49 S. Bowen, *A Guide to Evaluation in Health Research*. Edmonton: Canadian Institutes of Health Research, 2012, p. 7.
- 50 S. Bailey, "Road to Mental Readiness – The Who, What, When, and Why of Mental Health Awareness and Prevention," PTSD Conference, July-August 2016, St. John's, NL: http://www.ptsdconference.mun.ca/Presentations/P9_Bailey.pdf.
- 51 *Ibid.*, p. 12.
- 52 M.F. Fortin and J. Gagnon, *Fondements et étapes du processus de recherche – Méthodes quantitatives et qualitatives, 3^e édition*. Montreal: Chenelière Éducation, 2016.
- 53 D. Fikretoglu, E. Beatty and A. Liu, *Comparing Different Versions of Road to Mental Readiness to Determine Optimal Content: Testing Instruction Type, Homework, and Intelligence Effects at Two Timepoints* (No. DRDC-RDDC-2014-R164). Toronto: Defence Research and Development Canada – Toronto Research Centre, 2014.
- 54 M.A. Zamorski, K. Guest, S. Bailey and B.G. Garber, "Evaluation of a New Post-deployment Educational Program." Paper presented at the Military and Veteran Health Research Forum, Kingston, Ontario, November 2012. https://cimvhr.ca/documents/MVHR_Forum_Abstracts_2012.pdf
- 55 Vice-rectorat aux études et aux activités internationales, Évaluation périodique des programmes, 2017: http://www.vre.ulaval.ca/qualite_de_la_formation/evaluation_des_programmes/.
- 56 Mental Health Commission of Canada, *The Road to Mental Readiness (R2MR). Reduce Stigma and Increase Resiliency in Police Employees*, 2014: https://www.mentalhealthcommission.ca/sites/default/files/2016-05/1%20PG%20R2MR%20Police%20Background%20ENG_0.PDF.
- 57 Réseau québécois en innovation sociale, *Qu'est-ce que l'innovation sociale?* 2017: <http://www.rqis.org/innovation-sociale/>.
- 58 D. Blackburn, October 2015.
- 59 D. Dessureault and V. Caron, "La perspective plus classique de la mesure des résultats." In *Élaborer et évaluer les programmes d'intervention psychosociale*, ed. M. Alain and D. Dessureault. Québec City: Les Presses de l'Université du Québec, 2009.
- 60 L.A. Harrington, *A study of teacher education programs for preparedness in classroom management to create conditions for student learning* (Dissertation, 2016). Available through ProQuest Dissertations & Theses (1812327083).
- 61 S. Bailey, July-August 2016.
- 62 J.A. Granek, J. Jarmasz, H. Boland, K. Guest and S. Bailey, 2017.
- 63 D. Blackburn, October 2015.
- 64 Department of National Defence, 2017.