ANNEX I

MENTAL HEALTH STRATEGY

United Nations Guidelines for Management of Mental Health

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1 GLOSSARY

Aero Medical Evacuation Team	AMET
Battalion Commander	BC
Chief Medical Officer	CMO
Clinical Psychologist	CP
Company Commander	CC
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition	DCM-5
Director/Chief Mission Support Officer	DMS/CMS
Division of Healthcare Management and Occupational Safety and Health	DHMOSH
Force Medical Officer	FMO
Joint Operations Centre (Military & Civilian)	JOC
Level I/II/III	L-1/L-2/L-3
Medical Evacuation	MedEvac
Medical Officer	MO
Medical Officer in FMO's Office responsible for coordination with MOC	MEDMOC
Medical Support Manual	MSM
Mental Health Expert (Psychiatrist/Clinical Psychologist/General Psychologist /Psychiatry Nurse/Psychiatry Paramedic/Counsellor)	MHE
Mental Health Strategy	MHS
Military Operations Centre	MOC
Office of Support Operations	OSO
Psychological First Aid	PFA
Religious/Spiritual Teacher	RT
Senior Medical Officer	SMO
Tactical Operations Base	TOB
Troops/Police-contributing Country	T/PCC
United Nations Headquarters	UNHQ

2 INTRODUCTION

This document outlines the roles and responsibilities of stakeholders in implementing the Mental Health Strategy and recommends the actions to be taken in various scenarios. It also offers a brief outline of mental health screening, training, and mental health literacy schedules for Uniformed Personnel. While it aims to provide guidance for the entire deployment cycle of Uniformed Personnel, each Member State can modify stakeholders' roles and responsibilities depending on the resources available. Similarly, Mission Mental Health Teams can make suitable modifications based on the operating environments of different United Nations Missions.

3 ROLES AND RESPONSIBILITIES DURING THE PRE-DEPLOYMENT PHASE

It is recommended that these actions be taken in the period leading up to the deployment of personnel to the United Nations Mission. These steps help Uniformed Personnel to familiarize themselves with potential psychological stressors that may arise during deployment. Knowledge of a problematic situation and ways to respond will help improve individual resilience, reduce barriers to help-seeking when needed and improve operational readiness.

Table 1
Roles and responsibilities during the pre-deployment phase

	Responsibility of	*First quarter*	*Second/Third quarter*	*Last quarter*
1.1	INDIVIDUAL	Self-assess mental health status using one of the screening instruments listed in Annex II and seek mental health assistance if needed	Make disclosures of any impending responsibilities or stressors at home to their contingent authorities Undergo a brief course on awareness of potential stressors in the Mission and mitigation methods (Details in Annex III)	Make necessary arrangements for the family while the Uniformed Personnel is away Resolve pending family issues, such as children's education, chronic ailments of older parents, upcoming marriages, or marital discord, if applicable

1.2	BUDDY of each Uniformed Personnel	Get to know their buddy	Undertake pre-deployment training paired with a buddy	Educate and inform families of buddies on issues related to deployment
1.3	SPOUSE/FAMILY MEMBER	Be informed of the deployment by the contingent	Inform contingent Family Welfare Officer if any particular needs or care required during the absence of the Peacekeeper	Say goodbyes to Uniformed Personnel
1.4	Troop-/Police-contributing Country(T/PCC) COMPANY COMMANDER (CC)	Ensure mental health screening is conducted	i. Train troops on psychological and physical resilience training material provided by the United Nations ii. Ensure any special needs or care required by families back home are addressed, and if imperative, allow personnel to opt out of peacekeeping tenure	Ensure that the administrative issues of all personnel have been addressed
1.5	T/PCC RELIGIOUS/ SPIRITUAL TEACHER (RT)	Become familiar with deployment issues and the selected troops	i. Take a course on topics related to mental health, including increasing awareness, reducing stigma, recognising early signs of stress, and knowing whom to refer to when identified ii. Learn basic skills in active listening and counselling	Assist families in understanding their responsibilities while the Uniformed Personnel is away and guide handling separation stress.
1.6	T/PCC GENERAL/CLINICAL PSYCHOLOGIST/ (CP)	Apply mental health screening tools for Uniformed Personnel selected for the UN Mission	i. Educate personnel on stress awareness and mitigation strategies ii. Promote contingent cohesion by familiarizing themselves with the stressors expected in the Mission	Assist families in understanding their responsibilities while the Uniformed Personnel is away and guide handling separation stress.
1.7	T/PCC SENIOR MEDICAL OFFICER (SMO)	i. Conduct medical examinations for Uniformed Personnel selected for the UN Mission	i. Collaborate with the Religious/Spiritual Teacher and contingent General/Clinical Psychologist when in doubt about an individual's mental health status ii. Refer cases to a psychiatrist when there are concerns about an individual's mental wellness and resilience	

<table>
<tr><td></td><td></td><td>according to the Mission Specific Medical Standards
ii. Review the scores of screening tools applied during the initial mental health assessment</td><td></td></tr>
<tr><td>1.8</td><td>LEVEL II/III HOSPITAL MENTAL HEALTH EXPERT (MHE)</td><td colspan="2">Become familiar with their roles and responsibilities in the Medical Support Manual (MSM)</td></tr>
<tr><td>1.9</td><td>LEVEL II/III HOSPITAL MEDICAL OFFICER</td><td>Attend a refresher course on mental health issues commonly encountered in the Mission</td><td>Engage in discussions and knowledge-sharing with their national military Mental Health Experts to better understand psychological aspects of physical symptoms and signs, mental health situations, and possible interventions.</td></tr>
<tr><td>1.10</td><td>SECTOR COMMANDER</td><td rowspan="2">Become familiar with their roles and responsibilities in promoting the mental health and operational readiness of United Nations Uniformed Personnel</td><td rowspan="2">i. Attend a short course to understand the necessary infrastructural and policy changes that can contribute to improving mental health support at their level
ii. Enhance knowledge, attitudes, and behaviours related to mental health to foster a supportive environment and encourage help-seeking among Peacekeepers
iii. Promote mental well-being, coping, and resilience</td></tr>
<tr><td>1.11</td><td>FORCE COMMANDER</td></tr>
</table>

4 ROLES AND RESPONSIBILITIES DURING THE DEPLOYMENT PHASE

These actions are to be taken in the deployment phase. Activities are divided over four periods, but should be conducted in coordination with one other. If carried out in isolation, they will fail to deliver good results. All activities aim to help Uniformed Personnel adapt to the new environment's stressors and remain healthy. If they do become unwell, these activities should support their early recovery and return to active duty while within the Mission. Lastly, personnel should be able to leave the Mission with minimal consequences resulting from any adverse event they may have experienced.

Table 2
Roles and responsibilities during the deployment phase

	Responsibility of	*First quarter*	*Second quarter*	*Third quarter*	*Fourth quarter*
2.1	INDIVIDUAL	i. Mental health assessments using self-assessment tools ii. Report at an appropriate level if feeling physically or mentally unwell iii. Become familiar with accessing a mobile application or how to seek mental health resources or a MHE if needed	i. Assessments using self-assessment tools ii. Mental health training as per suggested guidelines iii. Report at an appropriate level if feeling physically or mentally unwell iv. Become familiar with accessing a mobile application or how to seek mental health resources/experts if needed	i. Mental health assessments using self-assessment tools ii. Report at an appropriate level if feeling physically or mentally unwell	i. Mental health assessments using self-assessment tools. ii. Report at an appropriate level if feeling physically or mentally unwell

<table>
<tr><td>2.2</td><td>BUDDY of each Uniformed Personnel</td><td colspan="3">i. Share experiences in the new environment
ii. Encourage each other to undertake regular psychological evaluations
iii. If significant changes in the buddy's behaviour are noted, encourage/assist them in seeking help or reporting to appropriate authorities
iv. Ensure regular communication between the Uniformed Personnel and their family</td></tr>
<tr><td>2.3</td><td>SPOUSE /FAMILY MEMBER</td><td colspan="3">i. Maintain regular communication with the Uniformed Personnel
ii. Seek feedback from the contingent Family Welfare Officer if behavioural changes or difficulties are observed in contacting the Uniformed Personnel
iii. Avoid discussions that may cause stress to the Uniformed Personnel and support their well-being</td></tr>
<tr><td>2.4</td><td>T/PCC COMPANY COMMANDER</td><td>Inform and update personnel on the Mission objectives/terrain/ weather, and stressors and ways to deal with them</td><td>i. Raise awareness of psychological issues
ii. Promote mental well-being, coping, and resilience
iii. Encourage recommended psychological assessments
iv. During quarterly contingent mental health meetings, help resolve mental health issues and reduce barriers to seeking help by personnel
v. Encourage team sports and group recreational activities</td><td>Prepare them for post-deployment expectations, likely stressors, and ways to deal with them</td></tr>
<tr><td>2.5</td><td>T/PCC BATALLION COMMANDER (BC)</td><td colspan="2">i. Address concerns related to seeking mental health help during regular interactions
ii. Promote mental well-being, coping, and resilience
iii. Monitor stress mitigation efforts, promote help-seeking behaviour, and engage with mental health partners
iv. Ensure the Mental Health Support (MHS) mobile application is downloaded on all personnel's mobiles
v. Encourage team sports and group recreational activities.
vi. Conduct and chair the quarterly Contingent Mental Health Team meetings.</td><td>Prepare personnel for post-deployment stressors and speak about coping mechanisms</td></tr>
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<tr><td>2.6</td><td>T/PCC RELIGIOUS/ SPIRITUAL TEACHER</td><td colspan="2">i. Encourage personnel to discuss mental health issues
ii. Provide emotional support to personnel
iii. Discuss maintaining spiritual fitness
iv. Participate in quarterly Contingent Mental Health Team meetings
v. Undergo a refresher self-learning course on mental health</td><td>Prepare personnel for post-deployment stressors and suggest coping mechanisms</td></tr>
<tr><td>2.7</td><td>T/PCC GENERAL/CLINICAL PSYCHOLOGIST</td><td>i. Conduct mental health assessments in small batches (one platoon at a time)
ii. Train personnel on Trauma Risk Management (TRiM) and Psychological First Aid (PFA). At least one per platoon.
iii. Conduct relaxation/ coping skills training exercises for contingent personnel. This should be for the whole platoon or company.</td><td>i. Help personnel maintain psychological fitness
ii. Conduct mental health awareness training among personnel
iii. Conduct recommended mental health evaluations of personnel at the end of the first, second, and fourth quarters
iv. Participate in quarterly Mental Health Team meetings</td><td>Prepare personnel for post-deployment life, what to expect, and how to deal with common post-deployment scenarios</td></tr>
<tr><td>2.8</td><td>T/PCC MEDICAL OFFICER</td><td colspan="3">i. Conduct mental health awareness training among personnel
ii. Collaborate with ~~a~~ Clinical Psychologist, Religious/Spiritual Teacher, and Company Commander to advise the Battalion Commander on mental health status
iii. Observe for early signs of anxiety, stress, mood changes, and substance use difficulties among personnel
iv. Collaborate with the psychiatrist when available in the Mission
v. Participate in quarterly Mental Health Team meetings</td></tr>
<tr><td>2.9</td><td>LEVEL II HOSPITAL PSYCHIATRIST</td><td>i. Stay updated on responsibilities
ii. Schedule visits to various sectors in coordination with the</td><td colspan="2">i. Assist Level 1 clinic medical officers in conducting mental health awareness programmes
ii. Record data on mental health issues per the MSM
iii. Collaborate with leadership to advocate for the mental health and well-being of Uniformed Personnel</td></tr>
</table>

		Commanding Officer/ FMO iii. Engage in outreach activities related to early detection of red flags, mental well-being, coping, and resilience	iv. Assist medical officers in improving their understanding of mental health and interventions available to them v. Assess and manage mental health issues following the MSM vi. Train personnel on PFA vii. Conduct mental health awareness programmes and clinics in various mission sectors
2.10	LEVEL II HOSPITAL PSYCHIATRY NURSE	i. Stay updated on responsibilities ii. Schedule visits to various sectors in coordination with the Commanding Officer/ FMO	i. Assist medical officers at Level 1 clinics in conducting awareness programmes on mental health ii. Tabulate and record mental health issues, diagnose, and dispose of data. iii. Conduct meetings with leadership to help them advocate for the mental health and well-being issues of Uniformed Personnel iv. Help medical officers in the Mission upgrade their mental health skill sets v. Assess and manage mental health issues as per MSM with assistance from a psychiatrist within the Mission. vi. Train personnel in PFA. vii. Conduct mental health awareness programmes and clinics in various sectors of the Mission
2.11	LEVEL III HOSPITAL PSYCHIATRIST	i. Stay updated on responsibilities ii. Engage in outreach activities related to early detection of red flags, mental well-being, coping, and resilience	i. Assist medical officers at Level 1 clinics in conducting awareness programmes on mental health. ii. Help medical officers in the Mission to improve their mental health skill sets iii. Tabulate and record mental health issues, diagnosis, and discharge data iv. Manage and treat individuals referred to them for mental health issues
2.12	CHIEF MEDICAL OFFICER	i. Coordinate with the Director of Mission Support/FMO to enable the deployment of mental health resources in the Mission ii. Coordinate treatment, medevacs, and repatriation of personnel with mental health issues iii. Promote mental well-being, coping, and resilience through mental health literacy campaigns	
2.13	FORCE MEDICAL	i. Inform joining contingents about the	i. Coordinate mental health resources within the Mission ii. Bridge the gap between Mission headquarters, T/PCCs, and medical tiers

	OFFICER / DEPUTY FORCE MEDICAL OFFICER	mental health intelligence at the location and resources available in the Mission ii. Update contingents on protocols related to the Mental Health Strategy iii. Ensure the MHS mobile application is downloaded on all Uniformed Personnel's devices	iii. Coordinate with the CMO and Force Commander to make counselling services available when needed iv. Regularly update CMOs and DHMOSH/Clinical Governance at UNHQ on cases of mental health diagnoses in Uniformed Personnel v. Promote mental well-being, coping, and resilience through mental health literacy campaigns	
2.14	SECTOR COMMANDER	i. Welcome contingents and inform them about available mental health resources in that sector ii. Encourage help-seeking behaviour	i. Advocate mental health awareness during sector visits. Encourage help-seeking behaviour ii. Address administrative issues to mitigate stressors iii. Encourage rotation and rest for Uniformed Personnel deployed in tactical operations bases (TOBs) iv. Encourage physical training, team sports participation, and group recreational activities and provide the necessary infrastructure	
2.15	FORCE COMMANDER	i. Welcome contingents and inform them about available health resources, including mental health services ii. Encourage help-seeking behaviour iii. Promote mental health literacy	i. Encourage optimal use of mental health resources ii. Advocate for awareness of mental health issues iii. Encourage help-seeking behaviour and dispel the stigma associated with it iv. Emphasize contingent cohesion, physical exercise, team sports, rest, and recreation during interactions	Advocate the need for vigilance on mental health issues in the post-deployment period
2.16	DHMOSH CLINICAL GOVERNANCE UN HEAD	i. Provide resources and materials to T/PCCs	i. Monitor and ensure: a. Use of assessment instruments b. Use of mental health resources c. Completion of training by personnel	

	QUARTER (UNHQ)	ii. Psychological screening tools iii. Ensure compliance with the Mental Health Strategy	d. Implementation of PFA and other programmes e. Monitor health morbidity f. Carrying out of mental health awareness, and advocacy programmes in missions

5 ROLES AND RESPONSIBILITIES DURING THE POST-DEPLOYMENT PHASE

These actions are necessary to enable individuals to reintegrate into their home contingent and family. This follow-up also helps in detecting early signs of psychological decompensation due to the ongoing effects of the stress and strain of deployment and difficulties reintegrating into society.

Table 3
Roles and responsibilities during the post-deployment phase

	Responsibility of	*One month post-deployment*	*At six months and one year post-deployment, then after each year for the next four years*
3.1	INDIVIDUAL	i. Taking regular mental health assessments: Individuals should proactively schedule and undergo regular mental health assessments as recommended in Annex II. These assessments help identify any potential mental health issues and provide an opportunity for early intervention and support. ii. Reporting mental health Issues: If individuals notice any mental health issues or symptoms, they must be reported to the appropriate medical authority (SMO) within the contingent. This allows for timely evaluation and access to necessary mental health support services. iii. Maintaining contact with contingent personnel and buddy: Staying connected with fellow contingent personnel and the assigned buddy is crucial during the post-deployment phase. Regular communication can provide a support system and an opportunity to discuss shared experiences, challenges, and concerns. iv. Talking with buddy and spouse: Engaging in open conversations with the buddy and spouse about events and experiences during the Mission can be beneficial. Sharing thoughts, feelings, and	

		concerns with trusted individuals can help process emotions and facilitate the reintegration process.	
3.2	T/PCC MEDICAL OFFICER/ GENERAL/CLINICAL PSYCHOLOGIST	i. Evaluating personnel for stressors and effects: The MO and General/Clinical Psychologist should conduct evaluations to identify any evidence of stressors and their effects on personnel's mental health. This assessment helps in identifying individuals who may require further support or intervention. ii. Educating families on mental health issues and management: It is essential to provide education and support to the families of Uniformed Personnel regarding post-deployment psychological issues. This can involve organizing informational sessions or providing resources that help families understand and manage potential challenges during reintegration.	Assisting personnel with mental health screenings: The MO and/or Clinical Psychologist should assist Uniformed Personnel in undergoing recommended mental health screenings. This involves facilitating the screening process, providing guidance, and addressing any concerns or questions a person may have.
3.3	T/PCC BC	i. Advocating strengthening of psychological resilience: The BC should advocate for the continued strengthening of the psychological resilience developed by personnel during their deployment. This can involve promoting activities and initiatives that support mental well-being, such as physical exercise, rest, recreation, and team-building exercises. ii. Normalizing discussions around mental health issues: The BC should promote discussions that normalize mental health issues within the contingent. By creating a supportive environment where open conversations about mental health are	Advocating and ensuring assessments and evaluations: The BC should advocate for and ensure that the recommended assessments and evaluations are undertaken by the Uniformed Personnel as suggested in Annex II. This includes facilitating the process, coordinating with the appropriate authorities, and emphasizing the importance of participating in these assessments.

		encouraged and stigma is reduced, personnel will feel more comfortable seeking help if needed.	
3.4	SPOUSE/FAMILY	Allowing rest and recuperation: The spouse/family members need to understand the need for the Uniformed Personnel to rest and recuperate after the deployment. They should avoid burdening them with regular household responsibilities immediately upon their return and provide them with the necessary time and space to adjust and recover (See Annexes III and IV).	i. Being aware of changes in behaviour: The spouse/family members should be aware of the likely changes in behaviour that the Uniformed Personnel may experience due to exposure to various stressors during the Mission. They should observe any persistent maladaptive changes in behaviour, mood, or functioning and be alert to signs of distress or potential mental health issues. ii. Reporting changes to contingent authorities: If the spouse/family members notice any persistent maladaptive changes or significant concerns regarding the Uniformed Personnel's well-being, they are advised to ask their spouses to seek medical attention or advice from a spiritual teacher or buddy. iii. Facilitating communication with contingent buddies: The spouse or family members can play a crucial role in helping the Uniformed Personnel remain in touch with their contingent buddies. Encouraging and facilitating communication with fellow soldiers who shared similar experiences during the Mission can provide a valuable support network and aid in reintegration.
3.5	DHMOSH CLINICAL GOVERNANCE UNHQ .	i. Data collation and analysis: The DHMOSH clinical governance section should collate quantitative data from contingents regarding mental health issues and related information. This data should be analysed yearly to identify trends, patterns, mental health literacy and use of resources provided. ii. Informing Member States and contingents: The findings derived from the data analysis should be communicated to the Member States and contingents involved. Iii. Utilizing findings for strategy amendments: The information and insights gained from data analysis should be utilized to make new amendments and suggestions to the Mental Health Strategy. This ensures that the strategy remains updated, relevant, and responsive to the evolving needs and challenges of Uniformed Personnel through the deployment cycle.	

6 DELIVERY OF THE MENTAL HEALTH STRATEGY IN MISSION

This section elaborates on the different mechanisms for delivering mental health support to Uniformed Personnel. The roles and responsibilities of various Uniformed Personnel are outlined and can be adapted to meet Member State requirements.
A workflow chart is provided in this section for some hypothetical scenarios. However, when a novel scenario arises, responsibility for drafting out a workflow rests with the mental health response teams of the T/PCCs and the Mission in consultation with the Mission Mental Health Team and clinical governance section of DHMOSH at UNHQ.

6.1 Mental health support to Uniformed Personnel in the contingent

Table 4

Roles in providing mental health support to Uniformed Personnel in the contingent

(6) **Family**	(1) **Battalion Commander/ Company Commander**	(2) **Psychiatrist/ Psychiatry Nurse**
i. Remain in constant contact with Uniformed personnel insofar as possible ii. Conduct potentially stressful discussions mindfully iii. Talk about any perceived changes in behaviour with Uniformed Personnel	i. Advocate positive mental health and well-being ii. Encourage early reporting of changes in mental health iii. Advocate building of psychological resilience/ adaptive coping skills. iv. Communicate to dispel stigma regarding mental health v. Conduct quarterly interactions with the Mental Health Team	i. Provide expert support to the General/Clinical Psychologist/Level 1 Medical Officer with the T/PCCs ii. Help the T/PCCs to hold mental health awareness/outreach programmes iii. Provide expert psychiatric care and advice on return to work
	UNIFORMED PERSONNEL	
(5) **Level 1 Medical Officer**	(4) **General/Clinical Psychologist**	(3) **Religious/Spiritual Teacher**
i. Conduct regular mental health assessments as suggested by the United Nations and/or as per T/PCC protocols ii. Spread awareness regarding mental health and well-being iii. Dispel stigma related to mental health iv. Evaluate and manage common behavioural symptoms and signs v. Manage substance use disorders, limited to acute intoxication and harmful use vi. Discuss mental health cases with a Psychiatrist/ Psychiatry Nurse at Level II/III vii. Attend quarterly Mental Health Team meetings	i. Conduct regular mental health assessments as suggested by the United Nations and/or as per T/PCC protocols ii. Conduct post-critical incident interventions iii. Provide psychological support when desired by United Nations Uniformed Personnel iv. Work on improving mental health awareness v. Attend quarterly Mental Health Team meetings	i. Advocate moral well-being ii. Be an active listener iii. Advocate positive mental health & well-being iv. Dispel stigma related to mental health issues v. Provide support as needed vi. Help Uniformed Personnel find help at an appropriate level (with consent) vii. Attend quarterly Mental Health Team meetings viii. Train and be informed on recognizing mental health signs and symptoms and refer appropriately

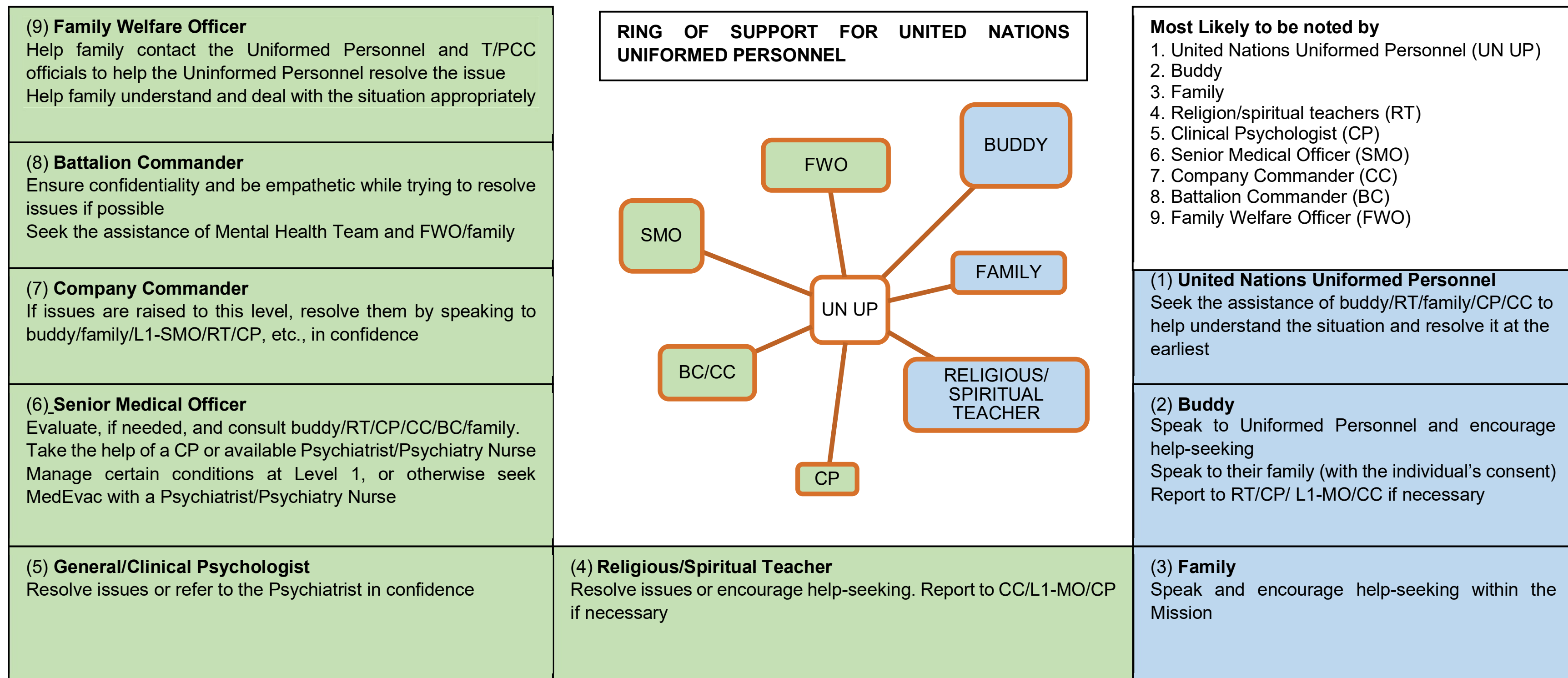
MHT – Mental Health Team of T/PCC

(1) Religious/Spiritual Teacher (RT), (2) General/Clinical Psychologist (CP), (3) Level One Medical Officer (L1-MO), (4) Company Commander (CC), (5) Battalion Commander (BC)

6.2 How to manage a recent change in behaviour of Uniformed Personnel

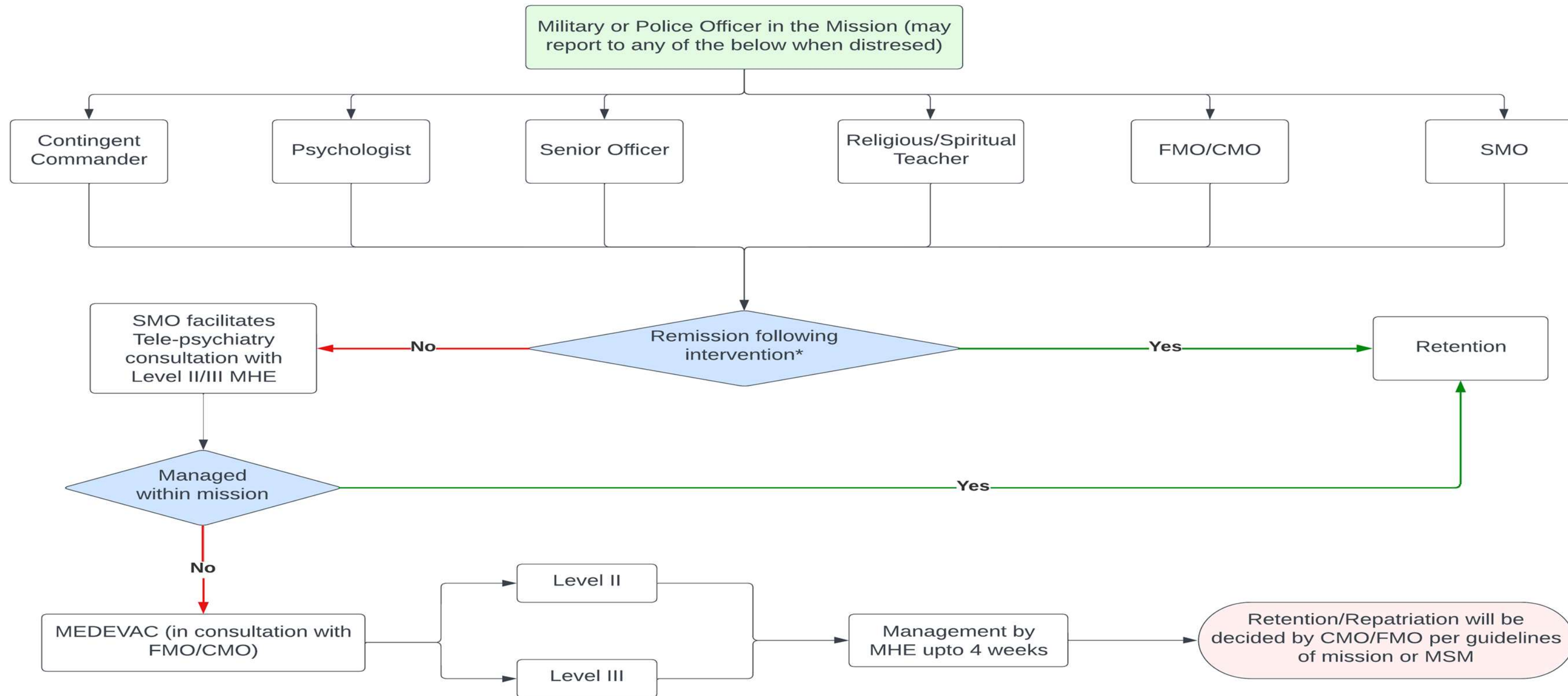
When there is any new change in the conduct of Uniformed Personnel, it will most likely be noticed by those close to the individual concerned. The actions to be taken by each person in the event of such an observation are shown below. These actions would bring about early intervention, thereby ensuring better mental health outcomes for the Uniformed Personnel.

Figure 1**. How to manage a recent change in behaviour of Uniformed Personnel**



6.3 Channel of reporting/management of mental health issues in the Mission for Mission Military and Police Officers

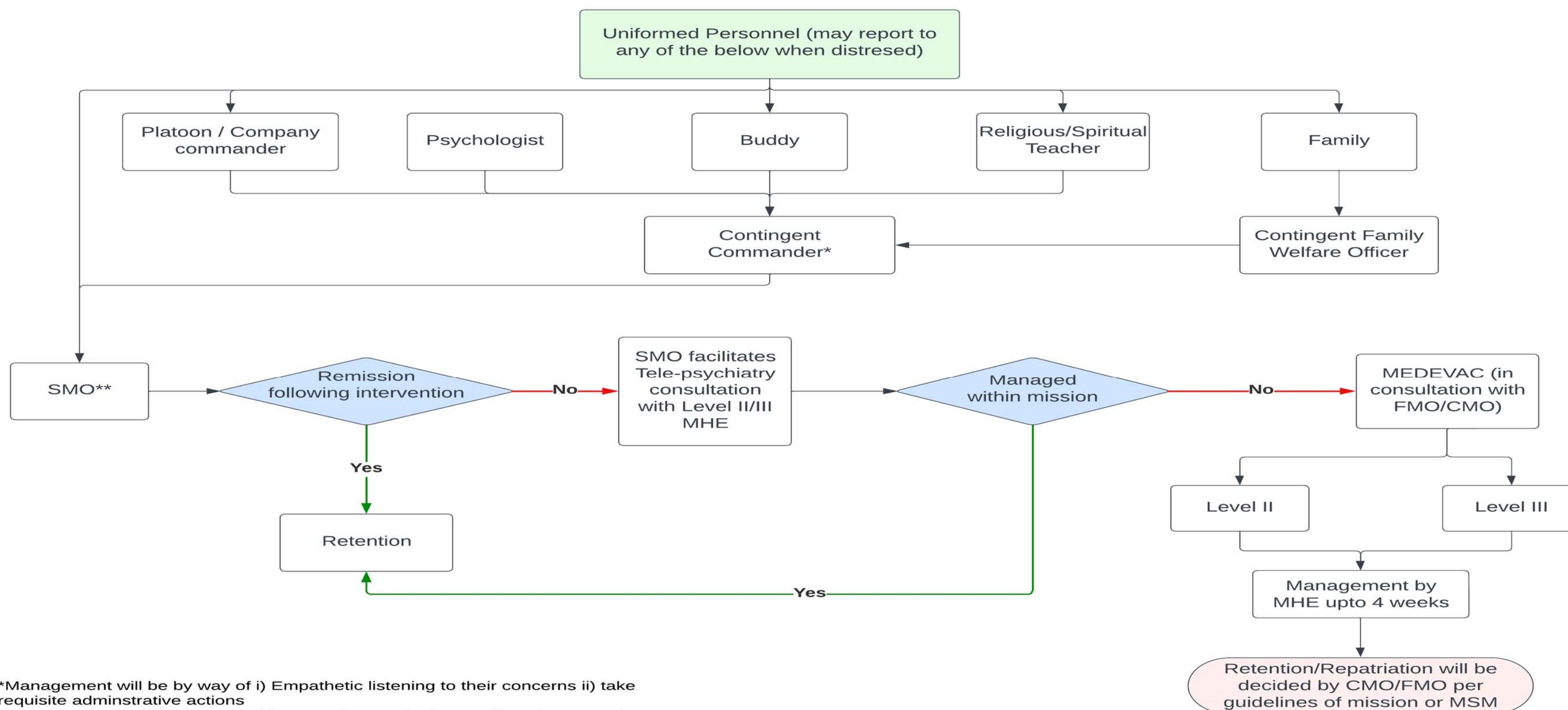
Figure 2



Most mental health issues should be managed in accordance with the Medical Support Manual guidelines. Once an individual's condition improves and stabilizes, the decision to retain or repatriate the individual shall follow the existing guidelines. The chart above sets out actions to be taken by different stakeholders upon being informed of a Uniformed Personnel experiencing a mental health issue. Initially, the Officer shall be supported to understand and resolve the issue at the workplace.

6.4 Channel of reporting/management of mental health issues in the Mission for Uniformed Personnel

Figure 3



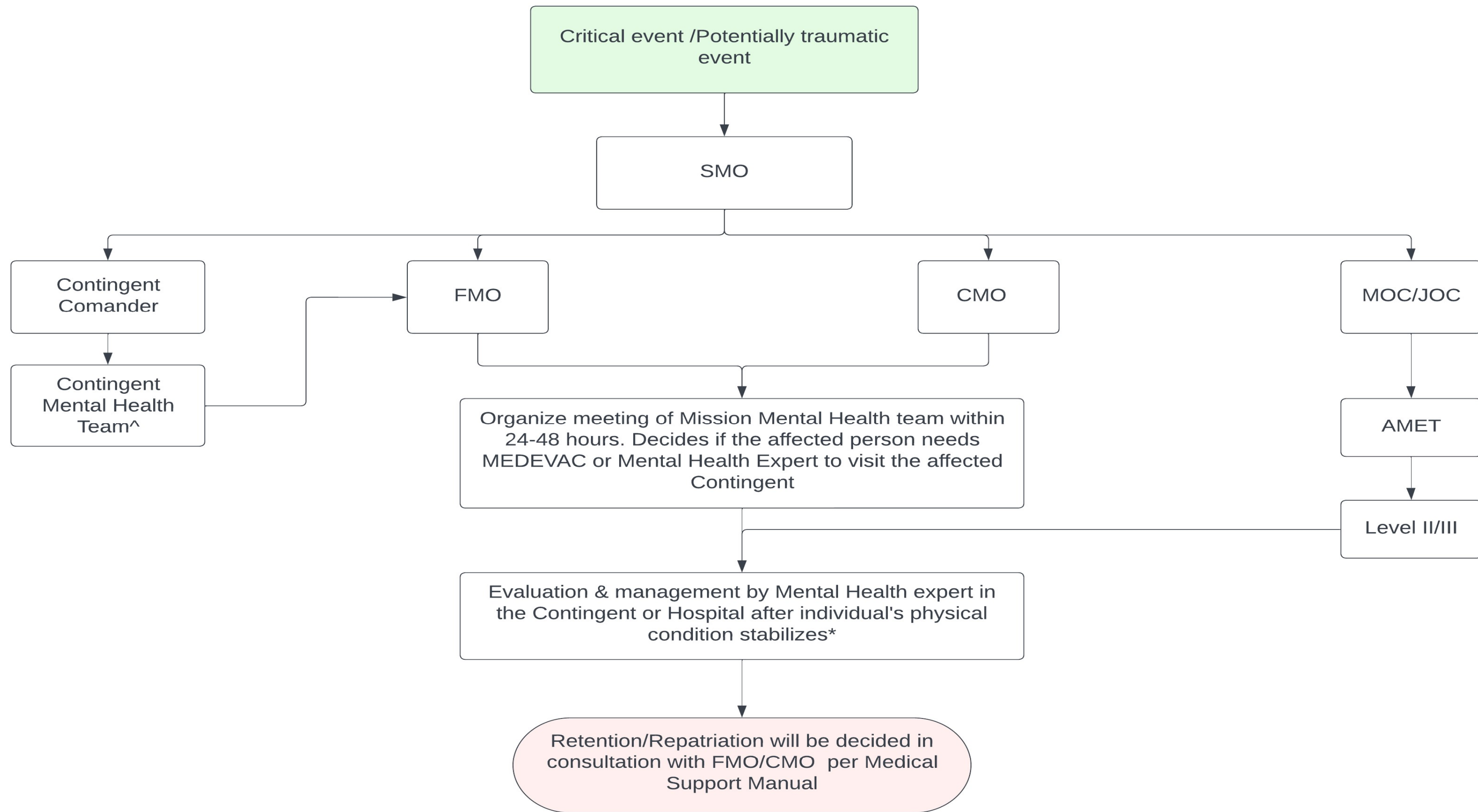
Since reporting channels for Uniformed Personnel below the rank of an Officer will differ, a separate workflow chart is recommended. This can be modified and adapted as per battalion requirements. However, the chart above aims to illustrate the flow of information needed between the various stakeholders. When an individual's condition allows, they should be kept aware of their condition and the likely outcomes of any actions taken.

6.5 Channel of reporting/management of mental health issues in the Mission following a critical incident/potentially traumatic event

A critical incident (CI) or potentially traumatic event (PTE) is any event that can evoke extreme emotional reactions and potentially interfere with an individual's ability to function appropriately. These events usually involve personnel having experienced, witnessed, or been confronted with a single acute event, a prolonged one, or a series of events occurring over time. These may involve actual or threatened death, serious injury, or threat to the physical integrity of self or others. Examples of PTEs include exposure to the death or suicide of contingent members, witnessing war crimes, and exposure to human rights abuses.

Persons who may need mental health assistance in case of the occurrence of a critical incident	
A	Those directly involved
B	Rescuers/helpers
C	Those involved from a distance
D	Those who could have been involved in the critical incident

Figure 4



^ Contingent Mental Health team takes stock of the situation and requests for Mental Health Expert assistance

* i) Determines who may need help ii) does psychological triage and iii) helps contingent mental health response team with in-situ management of cases iv) may recommend MEDEVAC when necessary

7 SCREENING PROTOCOL

Annex II to the Mental Health Strategy for Uniformed Personnel provides the screening tools and gives a comprehensive description and interpretation of those tools mentioned in Tables 5 and 6.

7.1 Screening tools

Screening tools for mental health are meant to identify early changes in behaviour/moods/psychological well-being. When monitored, these can indicate either psychological stress or early stages of mental unwellness. Through the self-administration of these tools at regular intervals, Uniformed Personnel may be open to discussing any psychological issues they may be facing and seeking timely support. A MHE or a medical professional must introduce these tools to Uniformed Personnel. This will allay apprehension about addressing mental health issues. The suggested screening tools have been validated across several cultural and geographical areas, are available in multiple languages and are cost neutral.

Table 5
Screening tools

Tools	*Time to administer*	*Languages*
PHQ 9 Patient Health Questionnaire	10 min	Afrikaans, Arabic, Bengali, Chinese, English, French, German, Hindi, Indonesian, Korean, Malayalam, Malay, Marathi, Portuguese, Punjabi, Russian, Serbian, Spanish, Swahili, Tamil, Thai, Ukrainian,
AUDIT-C Alcohol Use Disorders Identification Test-Concise	3 min	Arabic, Bengali, Chinese, English, French, German, Hindi, Indonesian, Korean, Malayalam, Malay, Marathi, Mongolian, Nepali, Persian, Sinhala, Somali, Urdu, Portuguese, Punjabi, Russian, Serbian, Spanish, Tamil, Thai, Turkish, Ukrainian, Vietnamese
WHO 5 Well-Being Index	5 min	Arabic, Chinese, English, Filipino, French, Portuguese, Russian, Spanish, Thai, Urdu
PCL-5 PTSD Checklist for DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition)	10 min	English, French, Spanish, Hindi, Korean, Vietnamese, Cambodian, Chinese, and Arabic
GAD-7 General Anxiety Disorder	5 min	Afrikaans, Arabic, Bengali, Cebuano, Chinese, English, Filipino, French, Hindi, Indonesian, Korean, Malayalam, Malay, Marathi, Portuguese, Punjabi, Spanish, Tamil, Thai, Turkish, Ukrainian, Urdu

DASS 21 Depression and Anxiety Stress Scale	10 min	Arabic, Bahasa, Bengali, Chinese, English, Filipino, French, German, Hindi, Indonesian, Korean, Malayalam, Mongolian, Marathi, Nepali, Serbian, Sinhala, Portuguese, Punjabi, Spanish, Tamil, Thai, Vietnamese
AIS Athens Insomnia Scale	5 min	English, Arabic, Bengali, Cantonese, French, Mandarin, Spanish, Xhosa, Yoruba, Zulu
BRS Brief Resilience Scale	5 min	English, Arabic, Chinese, Portuguese, Urdu, French, German, Spanish, Serbian

7.2 The screening schedule

The screening schedule below is meant to serve as a guide for T/PCCs. Adoption by Member States could differ depending on their preferences and availability in the language of their Uniformed Personnel.

Concerns that need to be allayed by leadership and medical personnel before rolling these tools out with troops include:

- Privacy and confidentiality regarding mental health screenings, and any potential impact on personnel's careers or future assignments
- Differences in cultural or occupational contexts leading to scepticism or sometimes resistance
- Doubts about adequate resources, follow-up procedures or treatment options being available
- Being clear that screening tools **do not provide a formal diagnosis**. Instead, they identify signs and symptoms, signalling the need for further assessment by a qualified health professional when a high score is obtained.

Table 6
Screening schedule

Recommended tools	*Pre-deployment*	*Deployment - towards the end of:*				*Post-deployment - towards the end of:*					
		1st month	*Quarter*			*1st month*	*Year*				
			2nd	3rd	4th		1st	2nd	3rd	4th	5th
PHQ 9 Patient Health Questionnaire	Y	Y	Y	Y	Y	Y	Y	N	N	N	N
WHO 5 Well-Being Index	Y	Y	N	N	Y	Y	Y	N	N	N	N
AIS Athens Insomnia Scale	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PCL-5 PTSD Checklist for DSM-5	N	N	N	N	Y	N	Y	Y	Y	Y	Y
GAD-7 General Anxiety Disorder	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y
DASS 21 Depression and Anxiety Stress Scale	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
AUDIT-C Alcohol Use Disorders Identification Test-Concise	N	WHERE INDICATED					Y	Y	Y	Y	Y
BRS Brief Resilience Scale	Y	N	N	N	Y	Y	N				

Y= Yes N= No

The tools listed above are self-administered and can be completed independently by Uniformed Personnel. Nonetheless, conducting them under the supervision of the contingent Senior Medical Officer or paramedical personnel is recommended. These tools can be administered in a setting where the Uniformed Personnel's privacy is ensured. They are recommended for regularly evaluating Uniformed Personnel or for when they report psychological difficulties.

8 MENTAL HEALTH LITERACY AND TRAINING

Annex III to the Mental Health Strategy provides a comprehensive resource package for mental health training and literacy designed to enhance the well-being and resilience of Uniformed Personnel in peacekeeping missions. Table 7 below outlines the recommended training courses for Uniformed Personnel, including timings and intended audience. Member States can tailor the training programme plan according to their unique requirements.

Table 7

Mental health literacy and training schedule

Training	*Pre-Deployment*			*During Deployment*		
	Schedule	*Provider*	*Audience*	*Schedule*	*Provider*	*Audience*
Stress First Aid	2 weeks BD	MHE	SMO/MO/General/Clinical Psychologist	2nd quarter	Self-revision	SMO/MO/General/Clinical Psychologist
Psychological First Aid	4 weeks BD	SMO/MO/ MHE	At least one UP per platoon	2nd quarter	SMO/MO/MHE	The same person trained earlier
Problem Management Plus	2 weeks BD	Self-learning	SMO/MO/MHE	Revision at individual's convenience		
Mental Health Awareness; Psychological Resilience training	4 weeks BD	MHE/MO	All personnel	Every quarter	Self-revision and SMO/MHE	All personnel
Religious/Spiritual Teacher training	4 weeks BD	MHE/MO	Religious/Spiritual Teacher/Chaplain	Every quarter	Self-revision or in consultation with SMO/MHE	Religious/Spiritual Teacher/Chaplain
Relaxation training–various modalities	4 weeks BD	An expert from Member State	All personnel	To be practised regularly	Self or under supervision of a trainer	All personnel
Mental Health Gap; training by WHO	NA	NA	NA	1st quarter	Self-learning	SMO/MO/MHE
Suicide prevention training/education	NA	NA	NA	1st quarter	MHE/SMO	All personnel
Training/education for separation from family for UP	4 weeks BD	C-SMO	All UP	NA	NA	NA
Training/education for reintegration with family for UP	NA	NA	NA	Last quarter	SMO	All personnel
Training/education of family for reintegration	NA	NA	NA	Last quarter	C-FWO/Officer in the parent location of the contingent	Family of the UP

BD: before deployment; C-FWO: Contingent Family Welfare Officer; C-SMO Contingent Senior Medical Officer; MO: Medical Officer; MHE: Mental Health Expert; NA: not applicable; SMO: Senior Medical Officer; WHO: World Health Organization; UP: Uniformed Personnel