The Military Leaders Survey: NATO Military Leaders' Perspectives on Psychological Support on Operations

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ABSTRACT

This paper reports on a military leaders survey conducted by members of the NATO HFM RTO Task Group on 'Stress and Psychological Support in Modern Military Operations' (HFM-081/RTG). The goal of the survey was to assess military leaders' attitudes on the psychological support to unit personnel provided on operations. Sixteen NATO nations participated in the project between June 2005 and January 2006, which included either a face-to-face interview or a postal questionnaire approach. There were 172 responses, or about 10 surveys per nation. Findings emphasized the importance military leaders across nations placed on psychological support on operations, and the need for integrated mental health support at pre-deployment, during deployment, and at post-deployment. In general, the participating military leaders reported perceiving little stigma associated with stress-related responses and help-seeking behaviour. Respondents also stated their preferences for concrete and specific information related to recognizing and managing psychological stress reactions on deployment. The information obtained here will be used to guide the development of a HFM-081/RTG booklet containing information and practical guidelines for military leaders on managing operational stress.

Disclaimer: It should noted that the views of the authors do not necessarily represent their respective Department of Defence or Government.

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1.0 BACKGROUND

The NATO HFM-081/RTG 'Stress and Psychological Support in Modern Military Operations' group began in April 2003. The main goal of the RTO Task Group (RTG) is to provide military leaders with information and practical guidelines (in the form of a booklet) on stress and psychological support in order to enhance effectiveness in modern military operations. It was therefore decided that in order to gather informed opinion as to the appropriate contents of a military leaders' booklet it would be of some benefit to consult with actual military leaders themselves by means of a survey. This task was undertaken by the Military Leaders Survey (MLS) subgroup which consisted of several HFM-081/RTG group members.

The aim of the MLS subgroup was to design a survey to be carried out by individual member nations to gather the opinions/attitudes of operational leaders with some deployment experience as to what they need or want in terms of psychological support, and what specific information they would like to see in a NATO booklet on operational stress.

2.0 METHOD

A 10-page questionnaire consisting of 8 sections (43 questions) was designed which considered: demographics; current psychological support (pre-, during, and post-deployment); group/unit screening; psychological support to families; attitudes toward mental health; preferences for training material aimed at leaders; and a request for respondents to provide a scenario from their own experience dealing with the psychological stress reactions of unit personnel on operations. Participants' names and Service Numbers were not required thereby assuring anonymity.

The sampling criteria stipulated that: each nation should sample at least 10 military leaders; respondents should hold (or have held in the last 2 years) an operational command appointment (i.e. have been deployed on operations); the sample should be predominantly Army personnel but rank equivalents from the Navy and Air Force may be included; and, the sample should include a mix of military leaders mainly ranging from Lieutenant Colonel to Sergeant.

In order to employ the best method of data collection in terms of what was both practical and feasible for each respective nation within the time and manpower constraints available, a flexible approach was adopted in that a set of core questions was produced which allowed each nation to adapt them to apply either to an interview proforma or a postal questionnaire. It was also stipulated that face-to-face interviews should not be taped, and that participation should be voluntary and anonymous. It was estimated that the questionnaire or interview would take approximately 30-45 minutes to complete.

Copies of the questionnaire were despatched to 19 NATO nations in June 2005, and responses collected through to February 2006. As the questionnaire was written in English most nations had to translate the questions into their respective language and, in turn, the responses had to be translated back into English for data processing.

3.0 ANALYSIS STRATEGY

The goal of the data analysis was to identify relevant themes that bridge across the participating NATO nations. Given this goal, specific national issues are not highlighted here and themes are mentioned if they are reflected by at least two nations represented in the sample. In addition, while there is some quantitative analysis of scores provided, these scores are used as guides to place the comments and themes in perspective. They are not meant to be statistically accurate assessments of national attitudes toward psychological support on operations. Note that the sampling strategy used in this project was a stratified convenience sample. Thus the sample provides general information that serves as a needs assessment regarding the issue of military leader attitudes toward mental health support on operations.

4.0 FINDINGS

Returns. Of the 19 nations comprising HFM-081/RTG there were returns from 16 nations (84%) which are shown in Table 1 below.

Table 1: Participating NATO nations

Nation	Number
Austria	10
Belgium	17
Bulgaria	11
Canada	5
Czech Republic	10
Denmark	5
France	17
Lithuania	11
Luxembourg	10
The Netherlands	15
Romania	10
Spain	14
Slovakia	10
Sweden	4
United Kingdom	9
United States	14
Total	**172**

4.1 Demographic Information

In terms of Service the overwhelming majority of military leaders were from the Army (97%), with minor representation from the Navy (1.7%) and the Air Force (1.2%). Ranks ranged from Sergeant to full Colonel; 78.5% were officers. There were only 2 women in the sample. Length of service ranged from 3 to 35 years with an average of 16 years (SD = 8.08). Respondents were asked to denote their main military role which generated 12 categories. The largest of these was Infantry (56.2%), followed by Artillery (12.4%), Engineering (7.1%), Armoured (6.5%), Logistics (4.7%), Signals (4.1%), and a number of other smaller categories. The number of subordinates military leaders were responsible for ranged from 0 to 10,000 with a mean of 205.

The number of deployments ranged from 1 to 7, with 50% of respondents having experienced a single deployment, 30% having been on 2 deployments and the remainder having being on 3-7 deployments. In all, 79% of respondents had only been on peacekeeping deployments whilst 16% of respondents had only been on combat-related deployments. Approximately 5% had experienced a mix of both peacekeeping and combat deployments. The majority of deployment locations related to Afghanistan, Bosnia, Kosovo, and the Gulf/Iraq, but also included the Adriatic, Chad, Falklands, Hungary, Haiti, Ivory Coast, Korea, Kuwait, Former Yugoslav Republic of Macedonia, Northern Ireland, Rwanda, Saudi Arabia, Sierra Leone, and Uganda.

It should be noted that in the interests of clarity and to put the text into context, the following sections relate to each of the questions as they appeared in the questionnaire booklet.

4.2 Current psychological support (pre-deployment)

4.2.1 What kind of psychological preparation did your unit receive prior to your last deployment in order to cope with any psychological or stress-related problems that might occur during the operation/mission?

At least one individual from every nation in the survey reported some pre-deployment unit briefing, group instruction, or education related to psychological stress on operations. Despite the fact that every nation in the sample reported some form of pre-deployment preparation, respondents from nine different nations however, reported that their units received no pre-deployment preparation. Thus, there appears to be some variability within nations as to whether units receive pre-deployment stress-related training. In the case of respondents from at least two nations, the lack of preparation appeared to be due to the fact that the deployment occurred on short notice. The reason why respondents from other nations reported no pre-deployment stress preparation was unclear.

While some form of briefing or education was the most typical type of pre-deployment stress-related preparation, respondents from five nations specifically mentioned having training exercises that incorporated dealing with psychological stress in some fashion. Respondents from three nations also reported formal meetings with military personnel who had previous deployment experience.

In terms of assessment, respondents from eight nations described unit members being individually interviewed by a mental health professional prior to the deployment. These interviews appeared less concerned with selection but rather with identifying those individuals in need of support from a mental health professional or with providing commanders with an assessment of unit readiness.

The topics covered in the pre-deployment training and education programs included the psychological stages of deployment, normalizing responses and reassuring unit members about their own reactions, identifying individuals at risk for suicide, dealing with family issues, anticipating long separations from family members, and dealing with combat stress. Respondents from four nations also reported receiving booklets or other materials on these topics and respondents from at least two nations reported accessing web-site material as well.

4.2.2 Did you, as one of the unit leaders, receive any specific training or preparation for supporting subordinates in the event of encountering stress-related problems during the operation/mission?

Respondents from 15 of the 16 nations surveyed reported receiving no training specifically geared toward preparing leaders to handle stress-related problems in their unit. In fact, the majority of respondents reported no training for leaders during the pre-deployment phase. When training was mentioned, it was a mix of formal and informal mechanisms.

Respondents from eight nations reported participating in some kind of staff course or military academy course in which these topics were reviewed. Three respondents from three nations reported that university courses helped to prepare them as leaders for dealing with the stress-related problems experienced by their unit. Another type of formal training included briefing and instructions as reported by individuals from seven nations.

The depth of the training provided also ranged significantly. Although one respondent mentioned a formal 4-day course, others mentioned briefings that were considered rather basic. As one respondent stated, "…it

did not tell me anything that intuitively I did not know already. It was therefore not very useful." For those who did not encounter stressful missions, lack of preparation was not a major concern.

Of those respondents who reported receiving training, it appeared the training was sometimes general rather than specific to the upcoming deployment. For example, one respondent commented, "Nothing received specific to that deployment". Others commented that there was nothing specifically designed for leaders and they "just took part in education for all the unit." A further respondent mentioned, there was "no training geared towards senior leadership."

Some training that leaders reported receiving was described as covering particular topics. These topics included: bereavement classes, sharing bad news, conflict management, trauma reactions, locating resources, and stress management/ prevention.

In terms of informal mechanisms of support, respondents from five nations reported that they relied on their own deployment experience. As one leader mentioned, he received "nothing formal but experience…was good preparation. We had regular small team talks [on the previous deployment] and that's what we continued to do [on the next one]." Respondents from two nations reported talking with others who had similar deployment experiences. One respondent described receiving "advice from colleagues who had first hand experience."

4.2.3 How satisfied[1] were you with the pre-deployment psychological preparation provided?

Table 2: Level of satisfaction with pre-deployment psychological preparation

Unit	No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	N/A	Mean	SD
Member	135	13 (9.6%)	51 (37.8%)	42 (31.1%)	21 (15.6%)	8 (5.9%)	16	2.70	1.04
Leader	129	10 (7.8%)	38 (29.5%)	35 (27.1%)	37 (28.7%)	9 (7.0%)	19	2.98	1.09

Unit Member: Overall, 47.4% of the respondents said they were satisfied or very satisfied with the mental health support provided to their unit members at pre-deployment. This level of satisfaction significantly differed by nation and ranged from 0% satisfaction to 80% satisfaction.

Unit Leader: Overall, 37.3% of the respondents said they were satisfied or very satisfied with the mental health support preparation they received as leaders. However, a similar number of respondents did not feel satisfied with how they were prepared to deal with unit member psychological stress responses associated with the deployment. The level of satisfaction significantly differed by nation and ranged from 0% satisfaction to 87.5% satisfaction.

Satisfaction with unit pre-deployment preparation correlated highly with satisfaction with leader preparation (r=.70).

[1] **Note:** The Likert-type satisfaction rating scales used in this study ranged from Very Satisfied to Very Dissatisfied. The tables presented in this manuscript provide ordinal data in that respondents had to select a single category of satisfaction and the following tables provide the number and percentage of respondents choosing each category.

4.2.4 Are there any elements of the current pre-deployment psychological preparation that you would like to see changed and/or improved upon?

There were many recommendations made about how pre-deployment psychological preparation could be improved. There was agreement across respondents that pre-deployment psychological training should be instituted for unit members. As one leader commented, "it is necessary to improve the psychological training before a mission." The actual implementation of such training was also addressed by some respondents. One respondent mentioned that "stress education should be geared into the manning process", whereas another cautioned not to integrate the stress education in mission-specific training courses because "it is difficult to remain concentrated when so many other tasks are waiting". Another respondent emphasized the need for realistic, experiential training: "military personnel before the deployment must feel some stress in training…only after that some education should be organized."

Be Specific: Respondents were consistent in their recommendation that the training be oriented toward specific practical information and based on case examples. As one respondent commented, "case-based, specific and concrete education" was preferred. Recommendations included providing "useful tips", being "taught specific tools for handling stress", and "examples, real situations, and practical advice." It was also suggested that this guidance be provided in some kind of written material, such as a pocket card with highly detailed information.

Education Content: There was a range of topics suggested for inclusion in a pre-deployment stress preparation program. These topics included a focus on psychological responses to stress such as traumatic stress, combat stress, symptom recognition, and stress. Recommendations included "more information on PTSD, like signs and symptoms, actions needed, self help, etc." Another respondent mentioned wanting "more information about physiological effect of and reactions to stress." There was also a recommendation to address the "influence of stress on group relations and effectiveness."

Besides recommendations regarding stress education, there were also recommendations to normalize the stress associated with deployment, align expectations, and use film or examples to prepare individuals for the psychological realities. One respondent mentioned needing "in-depth information on all sorts of deployment stressors."

In addition to the recommendations regarding stress, respondents also mentioned the topic of "psychology of a crowd," "help with family problems," and "using stress positively." Finally, there were several comments about the need to train units to deal with death. These recommendations included "dealing with friendly fire fatalities and injuries," "mission casualties," and "lectures on death (what to do, follow-up and help for the platoon)."

Past experience: A few respondents recommended using leaders from previous deployments to help train new leaders. Former leaders can be used "to explain what to expect [and provide] case examples."

Mental Health Professionals: Respondents commented that mental health professionals need to be available and integrated into or known by the unit. Comments included, "I'd like professional advice on call, at hand to deal with individual cases. Someone who was able, physically, to go out to the unit and help." Another commented, mental health professionals should "help leaders know what to look for and have them trust mental health professionals." They should "integrate a military mental health professional in the normal training and education process, this builds trust."

Target leaders: Although most of the comments were oriented to general pre-deployment training, several respondents commented that unit leaders should also receive special training. For example, one recommended "a session with the leaders of the specific deployment, including a discussion of guidelines or best-practices towards handling incidents." Another recommended, "focused training on leader responsibilities and [on handling] an incident … that could result in unusual stressors for unit personnel."

The unique role of unit leaders was highlighted by the comment, "group leaders…often have to deal with situations first." "Effective management of the team in a conflict or crisis" was mentioned by one respondent, and echoed by another who said, "the interpersonal relations in the unit were the most serious problem and I had to intervene several times…" The need for leaders to have perspective when dealing with their unit was mentioned by another respondent who commented, "it is hard to recognize soldiers having problems when they are your friend."

4.3 Current psychological support (during deployment)

4.3.1 What kind of psychological support did your unit receive during your last deployment in order to cope with psychological or stress-related problems that might occur during the operation/mission?

Eleven nations consistently reported receiving several different kinds of support. Mental health support was provided by a wide range of specialists including mental health professionals (social workers, psychiatric nurses, psychologists), chaplains, and medical professionals. Many nations also mentioned relying on buddies for support.

Respondents reported that support occurs both formally and informally. Examples of informal support include R&R, mutual support, support from those with previous operational experience, and specialists who stop by and check in with various units across a geographically dispersed area.

Examples of formal support include advice from mental health specialists, individual consultations with targeted sub-groups, and group debriefing/defusing sessions. These formal mechanisms were often in response to a specific traumatic event (helicopter crash, ambush with casualties, accident involving death of a soldier, etc.).

Four nations consistently reported receiving little if any formal mental health support on deployment. The interviewees reported that when there was no external support forthcoming they tended to rely primarily on each other for support.

4.3.2 Did you, as one of the unit leaders, receive any specific support for assisting unit members if they encountered stress-related problems during the operation/mission?

Military leaders from 10 nations generally said that they did not receive any specific support for assisting unit members. Five nations reported receiving only minimal support. None of the nations had respondents who, as unit leaders, consistently reported receiving support for assisting unit members dealing with stress.

In the few cases where support was offered, it was in the form of identifying individuals with mental health problems, addressing risk of suicidal behaviours, and support from friends. In general, the support was provided by other leaders, mental health professionals, and chaplains.

Several respondents mentioned keeping a diary as a way of helping themselves deal with the stress of deployment.

4.3.3 How satisfied were you with the psychological support provided?

Table 3: Level of satisfaction with psychological support provided during deployment

Unit	No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	N/A	Mean	SD
Member	151	28 (20.3%)	41 (29.7%)	47 (34.1%)	13 (9.4%)	9 (6.5%)	13	2.52	1.12
Leader	164	26 (19.4%)	35 (26.1%)	39 (29.1%)	28 (20.9%)	6 (4.5%)	15	2.65	1.15

Unit Member. There were significant differences across nations in terms of satisfaction with psychological support provided for unit members during deployment. The percent of individuals from different nations reporting that they were satisfied or very satisfied with the support they received ranged from 0% to 100%. On average, 50% of respondents reported being satisfied or very satisfied with the mental health support provided their unit members during deployment.

Unit Leader. There were also significant differences across nations in terms of satisfaction with psychological support provided for leaders during deployment. The percent of individuals from different nations reporting that they were satisfied or very satisfied with the support they received ranged from 0% to 100%. On average, 45.5% of the respondents reported being satisfied or very satisfied with the mental health support they were provided as leaders during deployment.

In summary, of the individuals reporting that they were dissatisfied or very dissatisfied with the support they and/or their units received, several said that while they had formal mechanisms of support, there were shortcomings to the delivery of that support. For example, the support wasn't mobile, selected based on qualifications and unit fit, provided equally across units, or the leaders themselves should have received more direct training. Others who gave low ratings stated that there was no mechanism of specially-trained support for the leaders or units or it was located too far away from the troops to be useful. There was a strong correlation between rating satisfaction with unit support and leader support (r=.78).

4.3.4 Are there any aspects of the psychological support provided during operations that you would like to see changed or improved upon? If yes, what would you like to see changed?

There were many suggestions about ways to improve the psychological support provided during operations. These were made regardless of how satisfied the individual was with the support provided.

Language. Plan for overcoming language barrier when psychological support is provided by someone from another nation. Respondents from at least two nations mentioned a language gap when relying on mental health support from other nations.

Culture. Training for working in a multi-national environment, both in terms of local culture and in terms of working with militaries from other nations and commanding foreign troops. This was mentioned by respondent from at least four different nations.

Mental Health Professionals. Several recommendations related to the qualifications and approach of mental health professionals. For example, it was recommended that chaplains, who were considered an excellent source of support, receive more formal training in mental health.

Other respondents recommended that mental health professionals understand the military, the unit, command, and adapt their support to the different phases of the mission. Similarly, it was recommended that mental health professionals adopt a pro-active role to being integrated with the units, task forces.

Leadership. Respondents recommended that leaders be provided with more direct support by mental health professionals, particularly given their isolation in decision-making when on deployment. It was also recommended that leaders be trained in what to look for and in how to deal with stress in subordinates.

Target problems. Respondents noted that many of the unit problems were related to home front issues, not just operational issues. Thus, mental health support needed to be able to handle these home front issues as well. Furthermore, it was recommended that certain issues be the focus of support by mental health professionals, including alcohol problems, specific operations, and/or sub-groups (e.g., transportation units which are not trained for combat). Regular/routine meetings with soldiers and/or leaders with mental health professionals.

Some also recommended additional during-mission screening to identify those having problems. Finally, two types of training were recommended: communication training (e.g., to integrate new members into unit), and peer training (to provide mental health support during deployment).

Note that there were consistent concerns that the mental health professionals providing the support to unit members during the deployment be adequately trained, credible in terms of knowing the unit and the military environment, and embedded with the unit or available on-site. In the event of a critical incident some respondents commented that the mental health support could then be augmented. Two individuals (in two nations) remarked that mental health support was not needed or of no interest.

4.3.5 Reflecting upon your role within your unit, how adequate do YOU feel in dealing with the psychological effects of potentially traumatic events and/or other stress-related problems during deployment that your subordinates may encounter?

Table 4: Level of adequacy in dealing with psychological effects on deployment

No.	V. Adeq.	Adeq.	Neither Adeq/Inadeq	Inadeq.	V. Inadeq.	Mean	SD
164	32 (19.5%)	82 (50%)	35 (21.3%)	10 (6.1%)	5 (3.0%)	2.23	0.94

Over 69% of respondents felt adequate or very adequate in dealing with the psychological effects of potentially traumatic events or other stress-related problems on deployment. There was a trend for the nations to differ on this rating, with a low of 40% and a high of 100% feeling confident in handling stress-related problems in their units.

There was a small but significant correlation between ratings of one's own adequacy as a leader and ratings of the training leaders received to deal with deployment stress (r=0.19).

4.4 Current psychological support (post-deployment)

4.4.1 What kind of psychological support did your unit receive after the last deployment in order to cope with psychological or stress-related problems that might occur after the operation/mission?

Individuals from 14 of 16 nations reported some type of formal psychological support related to returning from deployment. This support included a wide array of mechanisms: individual interviews with military

mental health professionals, briefs on homecoming, debriefing, surveys/screening, and some period of time set aside for decompression.

Only 2 of the 16 nations in the survey consistently reported no kind of support, whereas other respondents were inconsistent within their nations in their reporting of mental health support. For instance, some interviewed said that no support was offered although others from the same nation said that they received support. In addition, only a handful of nations reported having had a homecoming program that integrated post-deployment support mechanisms (e.g., decompression and interviews, or briefings and surveys).

Several respondents commented on the importance of receiving psychological support and the need to extend this support to families. Suggestions were made regarding the need to include families in the briefings and to make sure they receive materials (leaflets, etc.). As one respondent said, the spouses "will be the ones to notice radical changes in behaviour, such as not sleeping, etc."

Respondents also distinguished between a benign tour and a high-stress deployment. In the event of a benign tour, post-deployment psychological support was not necessarily considered critical but in the event of a high-stress deployment, it was considered to be very important. Only one respondent (out of 172) said that mental health support was not needed post-deployment.

Some respondents reflected on the need to consider the duration of the post-deployment support. These comments mentioned that reintegration should be gradual, that individuals should not be immediately dispersed to home units, that support should occur over a period of time and include follow-up (e.g., 3-6 months after returning home), and that if support interferes with recreation time, it will not be well-received. These themes are expanded upon in the recommendations section below.

4.4.2 Did you, as one of the unit leaders, receive any specific support for assisting unit members with stress-related problems following the operation/mission?

In general, respondents from 15 of the 16 nations reported that there was no specific training for leaders to manage the psychological stress of unit personnel at post-deployment. Besides the one nation that had such training, approximately 6 respondents from other nations reported receiving some form of briefing about post-deployment stress (e.g., suicide, the signs and symptoms of post-traumatic stress disorder) that was geared for leaders.

Of the comments made regarding the training leaders received about post-deployment stress, there was a general agreement that military leaders were the first line of defence for identifying mental health problems in unit personnel (e.g., "It is down to the unit leader to make the first assessment"), but when individuals were augmentees or otherwise dispersed, providing this support was often very difficult. Others described maintaining an informal network, or knowing who to contact in the event a unit member had a psychological problem post-deployment.

4.4.3 How satisfied were you with the psychological support provided as described above?

Table 5: Level of satisfaction with post-deployment psychological support

Unit	No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	N/A	Mean	SD
Member	133	19 (14.3%)	37 (27.8%)	50 (37.6%)	18 (13.5%)	9 (6.8%)	21	2.71	1.09
Leader	128	19 (14.8%)	34 (26.6%)	36 (28.1%)	31 (24.2%)	8 (6.3%)	24	2.80	1.15

Unit Member: On average, 42.1% of the respondents were satisfied with the post-deployment support provided to the unit. There were significant differences across nations, however, with satisfaction ranging from 0% to 100%.

Unit Leader: Overall, 41.4% of the respondents reported that they were satisfied with the training provided to leaders for dealing with psychological stress in unit members at post-deployment. There were significant differences across nations in terms of satisfaction with support for leaders at post-deployment, with ratings ranging from 0% to 90% satisfied.

There was a high correlation between satisfaction with psychological support for unit members and training for leaders (r=.88).

4.4.4 Are there any aspects of the psychological support provided post-deployment that you would like to see changed or improved upon?

In response to the question about ways in which psychological support could be improved post-deployment, several different themes emerged.

Unit integrity. Maintaining unit integrity for a period of time at post-deployment was an important issue for respondents from at least four nations. For example, respondents from several nations described that shortly after homecoming, individual unit members were dispersed across other units. Maintaining unit integrity was noted as facilitating the adaptation back home, ensuring military personnel had friends to talk with, and enabling leaders to assess the adjustment of their unit members more easily. Respondents suggested that unit integrity be maintained for at least three months.

One respondent noted "Currently, when a unit returns home some personnel are immediately despatched to another unit. This means they have no-one to talk to about the highs and lows relating to their recent operation. You need 3 months together as a unit during and post-deployment." A respondent from another nation commented, "Don't separate personnel that worked together right after the mission. Give time to cope with experiences as a group."

Timing of post-deployment support. Respondents from 7 nations suggested that psychological support be extended beyond the immediate post-deployment period and be provided at least 3 to 6 months post-deployment. Respondents from a nation that specifically instituted such follow-up perceived benefits associated with this approach.

One respondent said, "A follow-up interview at the three month stage would improve the psychological support after a mission." An individual from another nation commented that "There is a need for psychological consultations after the deployment; however, it must start at least a week later."

Developing an organized decompression phase. This recommendation included slowing the return home. Respondents commented on the need for decompression time prior to reintegration (e.g., "one moment we were in the desert and the next we were … on the way home" and another spoke of the need "to relax with the first beer without the home front"). Another recommended the military "extend the acclimatization period."

Information. Several respondents recommended providing information (booklet, brief, etc.) on post-deployment psychological adjustment. The information should be targeted to the family members (i.e. spouse) regarding signs and symptoms of stress-related problems. The information should also include an easy-to-use way of listing local mental health resources. One respondent suggested including information on spouse abuse.

Some respondents mentioned the need to provide specific consultation to leaders, to train them before the deployment to recognize and deal with stress reactions, and to provide additional individual support to the

leadership. As one respondent recommended, "talk to leaders and see how they are doing as it is pretty stressful for NCOs and Officers."

Interviews. Respondents from several nations recommended structured individual interviews with military personnel and commanders. Respondents from several nations that did not do this routinely suggested that this would be particularly helpful for deployments that were especially stressful or dangerous. Several respondents mentioned the importance of face-to-face interviews rather than relying on a survey alone.

Visibility of mental health professionals. Respondents from several nations suggested that military mental health professionals be available (e.g. standing by, meeting with unit members) during homecoming and after. Having someone assigned to a unit was not enough; respondents commented that military mental health professionals need to make themselves visible and accessible. Having deployment experience, and understanding the military were also considered critical for maintaining credibility and being helpful to returning military personnel.

As one respondent noted, "Optimally, psychologists could be standing by at base to assist if necessary during the homecoming procedure." Along the same lines, another respondent noted it would be good "…to have psychologists present at a social event 3 months after returning home." In terms of credibility, one respondent said, "Psychologists have to be selected very carefully, not only on the basis of their diploma but also on the basis of their experience [and] after a specialized course..."

Informal Support Networks. Several respondents from several nations mentioned the importance of informal support networks in helping individuals cope with stress during the post-deployment phase. Respondents recommended that these informal support networks be supported by maintaining unit integrity (see above), making individuals aware of these networks and facilitating the creation of these networks following the return home. Respondents also recommended using these networks as an additional way to assess the well-being of individuals and to integrate mental health support in these networks. For example, a couple of respondents recommended that mental health professionals be present during social gatherings.

4.4.5 Reflecting upon your role within your unit, how adequate do you feel in dealing with the psychological effects of potentially traumatic events and/or stress-related problems post-deployment that subordinates may experience?

Table 6: Level of adequacy in dealing with post-deployment psychological effects

No.	V. Adeq.	Adeq.	Neither Adeq/Inadeq	Inadeq.	V. Inadeq.	Mean	SD
147	18 (12.2%)	70 (47.6%)	39 (26.5%)	14 (9.5%)	6 (4.1%)	2.46	0.97

Overall, 59.9% of respondents reported feeling adequate or very adequate in dealing with the psychological effects of deployment in their unit personnel. Respondents from nations differed in their ratings of how adequate they felt in dealing with post-deployment stress in unit members. For example, 20% of respondents from one nation reported felt adequately prepared whereas 100% of respondents from another nation reported feeling adequately prepared.

Ratings of adequacy were significantly correlated with ratings of satisfaction with psychological support provided to unit members post-deployment (r=.36) and with psychological support provided to the unit leadership (r=.38).

4.5 Group/Unit Screening

The following section relates to the assessment of organizational climate that units are sometimes asked to complete. Organizational climate variables include cohesion and morale and have been shown to influence combat effectiveness.

4.5.1 Were your groups (e.g. unit, company) assessed in terms of organizational climate (e.g. morale, cohesion) prior to deployment? If so, did you receive the results from this assessment and were the results useful?

Of the 161 respondents from across the 15 nations who carried out some form of pre-deployment organizational climate assessment, 39.1% stated that such an assessment was undertaken within their group. Four nations had only one respondent who stated that an assessment had been carried out. Where an assessment had been undertaken 82.5% of respondents stated they had received the results of the assessment. Of those respondents receiving assessment results 84% found them useful (n=47).

4.5.2 How satisfied were you with the outcome of this assessment of organizational climate?

Table 7: Level of satisfaction with the pre-deployment organizational climate assessment

No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	N/A	Mean	SD
160	16 (29.6%)	27 (50%)	9 (16.7%)	2 (3.7%)	0	106	4.05	0.78

On average, 79.6% of respondents were satisfied with the outcome of the organizational climate assessment. Only 3.7% of respondents gave any indication of a lack of satisfaction. There were also differences across nations, with levels of satisfaction ranging from 6% to 100%.

4.5.3 Were your groups (e.g. unit, company) assessed in terms of organizational climate (e.g. morale, cohesion) while in the theatre of operations? If so, did you receive the results from this assessment and were the results useful?

Of the 162 respondents from across all 16 nations who carried out some form organizational climate assessment during deployment, 40.1% stated that such an assessment was undertaken within their group. Once again, 4 nations had relatively few respondents who stated that any assessment had been carried out (ranging from 7% to 100% across nations). Where an assessment had been undertaken 87.5% of respondents from across the 16 nations stated they had received the results of the assessment. Of those respondents receiving assessment results 86% found them useful (n=49).

4.5.4 How satisfied were you with the outcome of this assessment of organizational climate?

Table 8: Level of satisfaction with the in-theatre organizational climate assessment

No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	N/A	Mean	SD
159	20 (36.4%	23 (41.8%)	5 (9.1%)	5 (9.1%)	2 (3.6%)	104	3.8	0.9

On average, of those 55 respondents providing a satisfaction rating, 78.2% were satisfied with the results of the assessment. There were differences across nations, with satisfaction ranging from 20% to 80%.

4.5.5 Were your groups (e.g. unit, company) assessed in terms of organizational climate (e.g. morale, cohesion) post-deployment? If so, did you receive the results from this assessment and were the results useful?

Of the 163 respondents from the 12 nations who carried out some form of post-deployment organizational climate assessment, only 19.7% stated that such an assessment was undertaken within their group, whilst 80.2% stated that no assessment had been undertaken. Five nations had only one respondent who stated that organizational climate assessment had been undertaken. Where an assessment had been undertaken, 82.5% of respondents, including at least one respondent from each of the 12 nations, stated they had received the results of the assessment. Of those respondents receiving assessment results 84% found them useful (n=47).

4.5.6 How satisfied were you with the outcome of this assessment of organizational climate?

Table 9: Level of satisfaction with the post-deployment organizational climate assessment

No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	N/A	Mean	SD
162	5 (17.9%)	18 (64.3%)	4 (14.3%)	0	1 (3.6%)	134	3.9	0.5

On average, of those 28 respondents providing a satisfaction rating, 78.2% were satisfied with the results of the assessment. Only 3.6% of respondents showed any sign of dissatisfaction.

4.5.7 Do you think that the current assessment of organizational climate is adequate and if not, what improvements would you like to see implemented?

Table 10: Level of adequacy of current assessment of organizational climate

No.	Adequate	Inadequate	Don't know	No comment	Misc. comments
165	39 (60%)	22 (33.8%)	4 (6.1%)	52	48

Seven respondents from one particular nation did not answer the Group/Unit Screening section and a further 52 respondents failed to provide comments. Only 65 respondents gave any indication as to the adequacy of the assessment of organizational climate. Of this number, 60% felt the assessment was adequate, 33.8% found the assessment to be inadequate, whilst 6.1% were unsure.

In response to the question about ways in which the current assessment of organizational climate could be improved, a number of different themes emerged.

Reporting of results. Whilst a large number of respondents stated they actually received the results of the assessment a number were concerned about what they perceived as the time lag between the assessment being carried out and receiving the results. Such comments included: "Report results of first measurement more quickly", "The time between the soldiers filling in the survey and the time we receive the results is

far too long", "The results must be timely. Verbal briefs will suffice. Detailed information later is satisfactory for force generators". Therefore, reducing the time between assessment and results would be welcomed by many military leaders as an improvement in the system.

Specific deployment assessment. A number of respondents stated that they would like to see organisational climate assessments tailored to particular missions. For instance, some relevant comments included: "The assessment should cover more questions about stress during deployment", "A much more specific assessment during deployment would be convenient, and an assessment after return to gain useful information for following teams", "Some questions could be made more specific for the current situation of the unit", "Introduction and preparation could be better, and more specific depending on the type of unit". However, one respondent stated that assessments "Should be done on a regular basis, not only around deployments (missions)".

Involvement of the military leader. Some respondents emphasised the need for military leader involvement in the assessment process. A selection of such comments included: "It is important for the senior officer to receive regular feedback from the surveys to use them in support of organization management", "The social psychological climate's estimation is extremely valuable for the commander's activity. The post-deployment results to be reported to the CO", "It is necessary to estimate the psychological climate during all mission phases. The psychologist must do the assessment in accordance with the commander's plans and intentions", "If possible do it [assessment] during as well (more feasible in groups), the time to be determined by commander". One respondent was not overly sympathetic towards organizational climate assessment and offered the following opinion "It is a leader issue. Company commander needs to be actively involved, talk with soldiers, not be so distant. You don't need to find out what's wrong with unit on survey".

Miscellaneous comments. There were a number of pertinent one-off comments made by leaders. The need for more internal unit involvement was highlighted with one respondent stating "More in-house, less generic; external people can be good but let organisation have input into framework of interview/survey". Yet another respondent stated that units should have some say about the most appropriate time to carry out the assessment, e.g. "Unit organization must be represented adequately in the questionnaire. Consult with unit about best moment". Practical issues such as time constraints was mentioned by one respondent who commented "Sometimes the assessment is not done because of being rushed to deploy". Also, the fact that units are not always cohesive was raised by another respondent with the comment "Units are not homogenous, people are not acquainted, and usually disorganised".

In summary, although all nations in the study carried out some form of organisational climate assessment only two nations carried them out with significant numbers of personnel at all three deployment stages (i.e. pre-, during, and post-deployment), or 10.9% of respondents in total. Assessments were carried out at two stages of the deployment cycle (mainly before and during) as claimed by 17.2% of respondents. 24.5% of respondents stated that assessments were carried out at only one stage (generally during deployment (13.2%) and before deployment (11.3%)). Only two nations had 7 or more respondents undergoing an organizational climate assessment post-deployment. Overall, most nations appear to undertake assessments pre- and during deployment and this may reflect the fact that military personnel are generally together as a unit and accessible (particularly during deployment). Whereas, post-deployment, unless there is a rigorous decompression phase in operation, military personnel are more likely to be dispersed and therefore harder to get in contact with. In terms of level of satisfaction with the assessment of organisational climate, the findings indicated an overwhelmingly high level of satisfaction with an average of 78.7% across the deployment cycle. Recommended improvements to the current assessment of organizational climate focussed on the need to report the results of an assessment as quickly as possible, tailoring the assessment to the mission, and involving the military leader in the process.

4.6 Psychological support to families

4.6.1 What kind of psychological support was received by the unit family members before, during and after the last deployment in order to cope with psychological or stress related problems that might occur (Pre-During-Post).

Pre-deployment. Respondents from 50 military leaders (or 50% of the respondents answering this question) indicated that at pre-deployment, family members of deploying personnel received assistance in the form of measures to enhance communication and information sharing. There were two different approaches to enhancing communication. First, families received information that was designed to help them have contact with one another. This occurred in the form of telephone lists of family members with deploying personnel. Second, families received contact information designed to assist them in navigating the military system. This occurred in the form of lists of names and addresses of important contacts, leaflets or other handouts, briefings and videos. In terms of information sharing, respondents also reported that family members received information about what to expect in dealing with deployment. There were briefings to military personnel and also briefings for military family members about the impact of a deployment on military families.

Respondents noted that military families received support from a variety of sources. These sources included psychologists, social workers, chaplains, health care providers or family officers (military personnel specially designated to provide a unit with family support). These sources were supplemented by institutional support. For example, community agencies, other military organizations, and family readiness groups (e.g., self-help groups composed of family members from a military unit) provided support to unit families. In addition, some support was organized specifically in response to the deployment. These resources included conventions for military families, military family centres, or the organization of networks for military families.

While some type of pre-deployment family support was reported by many survey respondents, at least 50 respondents indicated that there was no support provided, thereby demonstrating the variability within and across nations in the provision of family support pre-deployment.

During Deployment. Military family support during the deployment was primarily centered around communication. Communication with the individual deployed was supported through various means, including phone calls home that ranged from 20 minutes per week to calls allowed 24/7 or the use of hotlines depending on the type of deployment and the nation represented by the respondent. Other communication devices included the use of the internet and webcams. Communication about the unit as a whole was supported through various mechanisms as well, including websites, newsletters with situational reports (SITREPs), and family briefings. Communication among families of those deployed from the same unit was supported through the use of phone circles, where family members could share their experiences with other military families. The other form of support specifically mentioned by the respondents was some kind of service designed to respond to immediate and important family needs.

Again, these activities were primarily provided by mental health professionals (psychologists, psychiatrists, social workers and chaplains) and organization and community-based agencies (e.g., family readiness groups, army community services, assistance cells for families, home front committees, and military family centres). While during-deployment family support was described by 44 leaders (or 49% responding to the question), 46 respondents reported not being aware of family support or that no family support was provided.

After Deployment. Fewer support resources were provided to families after deployment than before or during. That is, fewer respondents reported that military families received some kind of support following deployment than at other times in the deployment cycle. In all, 24 respondents (or 33% of those responding to the question) reported that some kind of family support was provided in the post-

deployment phase while 48 reported that they were not aware of after-deployment family support or that no such support was provided. The kinds of support that were described included general assistance with reintegration and clinical support for those with significant difficulties adjusting post-deployment.

General assistance was provided to families through reintegration briefings, homecoming meetings, and/or group sessions with families. These meetings typically provided families with information about what to expect and/or gave families the opportunity to share their experiences with one another. Support was also provided through formalized networks of family members of returning unit personnel.

Many respondents also reported that clinical assistance was also offered to military families of returning unit members. This assistance was designed to facilitate the care and mental health treatment of military personnel and their families. A few respondents also mentioned formally involving family members in their unit's after-care program and even sent an aftercare questionnaire to family members to assess their well-being and service needs.

In the case of after-deployment military family support, most of the activities were provided by various mental health specialists, military organizations, community agencies, or the military leaders themselves.

4.6.2 Level of satisfaction with the overall psychological support provided to families.

Table 11: Level of satisfaction with the overall psychological support provided to families

No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	Mean	SD
107	26 (24.3%)	42 (39.3%)	14 (13.1%)	11 (10.3%)	14 (13.1%)	1.32	0.5

On average, 63.6% of respondents were satisfied with the overall psychological support provided to families. There were significant differences across nations, with satisfaction ranging from 0% to 100%. It was noticeable that nearly a quarter of respondents were dissatisfied with the support available (23.4%), with 7 nations registering a rating of 'Very Dissatisfied'. Unfortunately the data set did not allow for an indication of level of satisfaction at specific points in the deployment cycle (i.e. pre-, during, and post-deployment).

4.6.3 Potential changes/improvements to current psychological support given to families within own nation.

In response to the question about ways in which the current psychological support given to families could be improved, approximately 60 military leaders provided constructive comments. Two nations failed to provide any comments, whilst three further nations mainly provided a very short sentence or one word comments, e.g. 'none', 'no', 'meetings'. Of the suggestions provided a number of different themes emerged.

Improving contact between the unit and military families. Suggestions for improving contact were targeted towards the pre-deployment and mission phases. For example, enhancing the contact between the unit and those families that do not live in the barracks was suggested, as was the need to take the families of augmentees into consideration. As one respondent stated "I think we have it right for cohesive units/sub-units, but for augmentees we are failing in our family support".

Further suggestions for improvements included conveying realistic (non alarming) information about the mission to families, the availability of regular contact (e.g. by means of (news)letters, video conferencing

and the assignment of a rear party that belongs to the unit that can maintain contact with the military families).One respondent stated "I'd like to see a team in rear with strong knowledgeable NCOs integrated within the combat stress control team, and the chaplain". The importance of giving appropriate attention to children and providing them with information was also highlighted.

Practical assistance for spouses. A number of nations raised the issue of providing practical support to spouses as they often have to deal single-handedly with family issues whilst their spouse is on deployment. One respondent stated "Lot of families living out of barracks need to be brought into the family support process. A lot of wives can't drive. There should be adequate notice of meetings with set dates decided pre-tour. Furthermore accurate lists of contact numbers should be provided and programs in which past experiences are exchanged were suggested as useful".

Professional support. Several respondents suggested that professional staff like psychologists and padres/chaplains should be also available for military families if needed. There was also a suggestion from one respondent that some form of assessment tool should be developed that might aid in the detection of families that need help.

Improving reintegration programs. A number of respondents stated the need for improving reintegration programs for military families after the return home. As one military leader stated: "We don't target reintegration at the right time - the honeymoon phase when we first get back. They're tired and they go on block leave and then come back to work. Then 90 days later the problems became real again". Suggestions for improving family reintegration programs included an information notebook distributed to soldiers in theatre with details on how to manage the return after operations, and also free access to the Internet.

4.6.4 Level of personal adequacy of leadership role in dealing with psychological support for the families of your unit's personnel?

Table 12: Level of personal adequacy when dealing with psychological support of families

No.	V. Adeq.	Adeq.	Neither Adeq/Inadeq	Inadeq.	V. Inadeq.	Mean	SD
155	15 (9.7%)	51 (32.9%)	49 (31.6%)	32 (20.6%)	8 (5.2%)	2.79	1.04

Of the 155 respondents who provided their level of personal adequacy in dealing with the psychological support for the families of the unit's personnel, the results were fairly inconclusive. For instance, whilst the majority of respondents were satisfied with 42.6%, over 30% of respondents (from across 14 nations) were neither satisfied or dissatisfied, and over 25% were dissatisfied. The findings might indicate a military leader's lack of having to minister to a families' psychological welfare or even when it has occurred, the uncertainty in assessing the effectiveness of their support and therefore providing a subjective measure of personal adequacy.

4.7 General Questions

Section G consisted of four general questions (the latter two being optional) which related to: what information military leaders would like to see in a guide; who should be responsible for preparing military personnel for operational psychological readiness; what military leaders thought of people who suffer stress-related problems, and; what they thought of people who seek services for stress-related problems.

4.7.1 If a military leaders' guide to psychological support in modern military operations was available, what information would you like to see included?

Of the 137 respondents who answered this question the underlying theme was that military leaders wanted a simple, pragmatic approach as to what to do (11 nations) and who to approach (5 nations) if stress and stress-related problems occurred in their unit. Over 30 respondents from 8 nations wanted some form of checklist of things to look out for, especially signs and symptoms of stress, so that they could recognise the problem early on and act accordingly. Many wanted a list of does and don'ts that were precise and unambiguous, with the use of scenarios where appropriate. Over 10 respondents from across 5 nations wanted advice relating to deployment and family issues. Fifteen respondents wanted information on how to cope with stress. There were very few responses relating to assessment/measurement of stress, counselling/debriefing, and post-deployment/re-integration issues, possibly because many military leaders may have considered some of these issues beyond their expertise and were more concerned with the pre- and during deployment periods. Only a small number of individuals from across 3 nations gave a negative response, e.g. they didn't see the need for a guide or thought there would be little value even if one was available.

In summary, most military leaders wanted brief, factual, non-technical information on operational stress and related problems in terms of: what causes stress, how to recognise stress, what are normal/abnormal reactions, what to do if stress occurs, who to turn to for support if needed (e.g. a medic or a chaplain), and how to cope with stress in general.

4.7.2 Who do you think should be responsible for preparing military personnel for operational psychological readiness? Please give your answers in order of priority and if possible explain the reasons behind your choice.

Of the 151 respondents who answered this question approximately a third from across 8 nations stated that the Commanding Officer (CO) should be responsible, be they unit, platoon, or battalion commanders. The reasons given included that the CO bears ultimate responsibility and they have the necessary experience and knowledge of the military to know the needs of the individual and the organisation as a whole, in order to make informed decisions and co-ordinate the mission. Frequent reference was made to the close proximity and daily contact that COs have with their subordinates which in turn aids good leadership. However, many respondents also recognised the need for professional mental health workers when appropriate to support them in bringing about operational psychological readiness. In fact there were a number of responses that tied first choice between the CO and the Psychologist (from 2 nations in particular), and where there were multiple responses approximately 50 military leaders included both CO and psychologist/medic in their list.

In keeping with this emphasis on the role of psychologists, the second most common response to the question of who is responsible for preparing military personnel for operational psychological readiness was a psychologist (6 nations). Psychologists were seen as specially trained people who had the necessary in-depth knowledge and experience relevant to this area and were often referred to as experts. Many of the NATO nations have uniformed psychologists so there was often an accepted mixture of both professional and military expertise. Wearing a uniform also meant the psychologist could be deployed with the unit which added to their kudos and aided their acceptance within the unit. Also, despite many psychologists also being serving officers, they were seen as impartial and, when compared to the chaplain, were seen as neutral in terms of religion.

Approximately 20 respondents put down Medical Staff as their first choice, though hardly any stipulated a medical specialist such as a psychiatrist. Although a number of respondents qualified their choice with such statements as "being specially trained to deal with stress", "being the best person for the job", or "having the authority and facilities to undertake the role", the majority did not give a reason for selecting a Medical Officer. This may have been due to the military leader not having much of an idea as to what a medic does or that the term 'medic' is a catch all for specialists who deal with people with physical/psychological problems.

Options receiving 10 or fewer responses included: the chaplain (compassionate, good interpersonal skills, and knows the troops); military personnel themselves (should take responsibility for their own welfare, need to develop own skills and systems, can apply lessons learned); personnel and welfare staff (have appropriate training); and to a lesser extent, peers, the General Staff, military educational establishments, and the Government.

In summary, respondents indicated that the CO should have the main responsibility, followed by a Psychologist, and to a lesser extent medical staff, but also that the best option was for the CO and Psychologist to work in close collaboration. Seventy responses gave one preference, whereas the rest mainly opted for 2-3 preferences.

The following two questions were optional:

4.7.3 What do you think of military personnel who suffer stress-related problems on or after deployment?

Of the 116 respondents who answered this question there were frequent comments from across 11 nations relating to how normal/natural stress is and that everybody suffers to a certain degree, though the majority cope and deal with it. Three nations responded that it is OK to suffer from stress, especially when it is not something that can always be controlled, though it may depend on the cause of the stress. Military leaders from 11 nations stated that for those personnel who suffer from stress there is a need to seek help or treatment. A couple of nations likened psychological illness to physical illness only it was less obvious than say a broken leg.

For those respondents who were negative about stress-related problems, the range of response from 8 nations included: stress being seen as a devious way of getting out of work; not something that is talked about because of the potential deleterious effects on one's career; a deficiency in pre-deployment selection; sufferers should not go on deployment or should be sent home as soon as stress is diagnosed, and never be sent on deployment again; stress sufferers being seen as sick people who need help and be felt sorry for.

In summary, military leaders on the whole appear accepting of stress and stress-related problems in others and approach the issue in a caring and sympathetic manner. Given the traditional macho culture of the military in many countries and a perceived intolerance to matters psychological, this can only bode well for the future acceptance of stress and stress-related problems.

4.7.4 What do you think of military personnel who seek services for stress-related problems?

Of the 114 respondents who answered this question most nations were supportive with such statements as "It is the best/right/smart/responsible/reasonable/sensible thing to do". Although 18 respondents from across 9 nations reaffirmed the assertion that it is normal to suffer from stress, three nations saw help-seeking as a sign of strength and courage and that it showed responsibility and maturity. Also, when unit members acknowledge and recognize that they need help, and do not hide the problem, the military leaders regarded them with more respect and understanding. The potential for stigmatization was mentioned by 3 nations and the fear of help-seeking behaviour leading to discharge was stated by 2 nations. Of the very few negative comments that arose, they included help-seeking behaviour being seen as weak and feigning illness, and that such people had no place in the military.

In summary, help-seeking behaviour was viewed as positive by the majority of nations. The fact that military personnel who suffer from stress recognise the problem, openly acknowledge it and then seek help of their own volition was highly respected.

4.8 Psychological Support Scenario

Military leaders were requested to provide a short anecdote from their own experience detailing a time when they wished they had known more about psychological support in order to help their military personnel more effectively. Military leaders were asked to describe a particularly stressful event related to deployment, although other military examples were accepted. Descriptions were to include a brief factual account of the incident, and the leaders' role as events unfolded. Ideally, they were also to provide some indication as to the level of personal satisfaction with the way they handled things and whether their prior training was adequate.

Personal anecdotes were provided by 55 respondents across 10 nations. Of the incidents described, 12 included fatalities, generally from allied soldiers coming under attack but also enemy and civilian casualties. The themes of the scenarios included: being ambushed, coming under artillery/mortar attack, the perceived threat of an enemy attack, a suicide, a natural death, a car bombing, conflict resolution/crowd control, coming upon mass civilian graves and bodies, and witnessing the aftermath of brutal conflict in terms of homelessness, poverty and orphaned children. As to be expected, many of the scenarios related to peacekeeping operations (e.g. Iraq, Bosnia and Rwanda).

The range of feelings/emotions expressed in response to a traumatic incident (from both individual military leaders and units as a whole), across 6 nations, included: being abandoned by the host nation, a strained atmosphere, guilt, frustration, helplessness, impotence, and shaking with relief. One military leader appeared to be suffering from certain aspects of PTSD following a 36 hour exposure to an artillery bombardment, e.g. "No-one spoke about the bombardment afterwards and I didn't speak to anyone about my reaction to it. I didn't understand what was happening to me – why I was reacting in such a strong way to a door slamming".

A number of scenarios mentioned how the lack of psychological preparation was a contributing factor in their not knowing what to do following a traumatic incident (6 nations), and how useful the appropriate training would have been. However, the need to talk about the incident at a later date was recognised, and some leaders actively went about this process by talking to their subordinates directly or encouraging them to talk together as a unit (e.g. "As I wanted to evaluate the outcomes of this event I talked with all my subordinates as a group. Then I talked separately with those who were most affected (they needed to talk to someone))".

Only 5 nations provided a fully comprehensive scenario detailing the incident, how things unfolded, and their role, feelings and attitudes. Of the few nations that stated they would have welcomed some Mental Health Professional (MHP) input only 3 respondents stated that MHPs had helped, 3 respondents stated that MHP support would have been of benefit, 3 respondents stated that MHP support was not needed, and only 1 negatively stated that "the unit psychologist was ineffective, behaved inadequately and did not render the assistance that was expected of him". However, where there was an MHP intervention they were seen as highly valuable and a necessary part of unit support following a stressful incident.

5.0 CONCLUSIONS

The findings of the survey have emphasized the importance military leaders across nations placed on psychological support on operations, and the need for integrated mental health support at pre-deployment, during deployment, and post-deployment. In general, the participating military leaders reported perceiving little stigma associated with stress-related responses and help-seeking behaviour. Respondents also stated their preferences for concrete and specific information related to recognizing and managing psychological stress reactions on deployment. The information obtained here will be used to guide the development of a HFM-081/RTG booklet containing information and practical guidelines for military leaders on managing operational stress.