

The Belgian Concept of Social-Psychological Support of Families of Military Personnel Deployed in Crisis Response Operations¹

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ABSTRACT

With the multiplication of crisis response operations carried out all over the world for more or less extended periods, the need to provide social-psychological support to military personnel in operations and to their families at home has significantly increased and become an important concern for military authorities in most postmodern armed forces. The paper describes the way social-psychological support within the Belgian Defense Department is organized (who are the institutional actors, what is their missions), especially during long-term operations abroad.

1 INTRODUCTION

With the multiplication of crisis response operations carried out all over the world for more or less extended periods in the context of multinational task forces, the need to provide social-psychological support to military personnel in operations and to their families at home has significantly increased and become an important concern for military authorities in most postmodern armed forces (Bartone and Bartone, 2005). From a purely military management standpoint, the organization of social-psychological support has become a necessity because, in the short-term, the absence of such support impacts negatively on the operational readiness of soldiers (Castro et al, 2000) and, in the longer term, can have negative effects on recruitment and retention (Reed and Segal, 2000). As a consequence, in all postmodern military organizations, but to a varying degree, services and/or structures have been progressively developed - or adapted - to provide social-psychological support to military personnel in operations and to their families (Moelker, 2005).

However, given the relative newness of these expanded support needs - at least for ground and air forces - and of these structures, there is also an urgent need for a scientific assessment not only of the working and effectiveness of these services but also of the expectations and demands of the personnel concerned and of their families. It is in this context that, in June 2005, the Adjunct Chief of Staff for Well-Being (ACOS-WB), the service which in the new structure of the Belgian Defense Department is responsible for the various dimensions of the well-being of the personnel and their dependants, asked the Department of Behavioral Sciences of the Royal Military Academy, to start a long-term scientific study on the supply and demand of social-psychological support to military personnel in operations abroad and their families.²

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[2] *Everyday Life, Well-Being and Social-Psychological Support of Military Personnel in Operations Abroad and Their Families*. Research contract ERM/HF-04, Belgian MoD.

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The study started in October 2005. It is carried by a multi-disciplinary team of psychologists and sociologists and is divided in two parts: in a first phase, the provision of social-psychological support will be assessed (who are the various institutional actors, what are their responsibilities and mission, what are their views on the way the supply of social-psychological support should be organized, what are the present shortcomings, etc.); in a second phase, the demand side of the problems will be analyzed. Military personnel having participated to crisis response operations in the past and members of their families will be interviewed to see, on the one hand, whether they are satisfied with what is done today and, on the other hand, to better know what their expressed needs and expectations are.

The present paper is an on-going report on a small part of this long-term research project. It begins by identifying the various institutional actors dealing with social-psychological support within the Belgian Defense Department; it then briefly describes the overall organization of the social-psychological support at the Staff level; in a third part, it analyses how the structure of social-psychological support put in place in the Army functions on a daily basis at the level of the two Brigades; finally, some conclusions based on these observations are drawn. It should be stressed that these conclusions are very tentative given the fact that, up to now, only the institutional provision of social-psychological support at the level of these two Brigades has been analyzed. Future investigations will be conducted first at the level of independent Army units (i.e. units not attached to one of these two Brigades), then within the Air Force (for which deployment on the theater of operations is even newer than for the Army) and the Navy (for which long-term deployments at sea have always been part of its core mission and of the daily lives of sailors). Finally and more importantly, the demand side of the problem will be studied through a combination of standardized questionnaires, focus groups and in-depth interviews of military personnel and members of their families.

2 METHOD

In order to investigate how social-psychological support is organized in the Belgian armed forces, several methods were used. First, the (internet and intranet) websites and the folders of the various services in charge of social-psychological support were consulted. Then additional information was collected during the last quarter of 2005 within the Army by means of in-depth semi-structured interviews. 13 interviews were conducted within the 1st (Dutch-speaking) Army Brigade and 10 within the 7th (French-speaking) Brigade (Sabbe, 2005b and Fils and Vlasschaert, 2005). The interviews lasted one to two hours; although the respondents had the possibility to speak freely, several aspects were nonetheless systematically covered. A third set of information was obtained during a field trip (from September 2 to 12, 2005) to the ISAF Belgian contingent deployed at Kabul International Airport (Sabbe, 2005a). Military personnel there were asked their opinions on the social-psychological support they and their families were receiving and what their expectations were. Results from the periodic job satisfaction surveys carried out since 2005 by the Department of Behavioral Sciences of the Royal Military Academy for the Counselors in Mental Readiness were also used.

3 THE ACTORS IN THE DOMAIN OF THE SOCIAL-PSYCHOLOGICAL SUPPORT WITHIN THE BELGIAN DEFENSE DEPARTMENT³

The first observation that one can make is that, in Belgium, there are multiple institutional actors working in the field of social-psychological support and that this leads sometimes to a certain confusion, or more exactly fuzziness about the roles of each actor. The diversity of institutional actors in charge of the social-psychological support of military personnel and their families is largely a legacy of the past. Most of these services were indeed created when the Belgian armed forces still had a mass army format and therefore were made up of a majority of draftees. After the end of the Cold War and with the multiplication of new

[3] This section and the next are based on a report written by R. Sabbe (2005).

constabulary-type missions, these services added the social-psychological support of troops deployed in operations abroad to their core missions. But until 2001, there was no really integrated policy toward social-psychological support; each service worked more or less on its own, without too much caring for what the other actors were doing or were supposed to do. As will be seen in section 4, a beginning of integration was started in 2001 with the creation of a loose structure at the Defense Staff level responsible for the coordination of the various services and the streamlining of their activities.

3.1 The Counselors in Mental Readiness⁴

The most recently created service dealing with social-psychological support is the service of the “*Counselors in Mental Readiness*” (CMR). Unlike the other services which initially had – and still have – other missions, this service was specifically designed for assisting commanding officers in the domain of morale and social-psychological support during operations abroad. In a certain sense, it is therefore – formally at least – the most important institutional actor as far as the provision of social-psychological support during operations abroad to military personnel and to their families is concerned.

The function of CMR was created in 1998 within the Army. The CMR is an Army officer with a MA in psychology. His/her objective, as put on the website of the service, is to optimize the mental readiness of the personnel during operations abroad; the CMR acts as a counselor of the unit commander for matters related to social and psychological well-being of the personnel and its motivation. Specifically, during long-term missions abroad, he/she offers advice in the domains of leadership, group cohesiveness, job satisfaction and social-psychological support. For the moment there are organically two CMR per Army Brigade. When one unit is deployed abroad for a mission of at least four months, one CMR accompanies the contingent for a part of the mission and the other stays in Belgium, offering support to families.

As a consequence of the radical restructuring of the Belgian armed forces in general and the increased joint character of services (the so-called “purple trend”), the CMRs have been moved from the operational command of the Army to the Adjunct Chief of Staff Operations and Training (ACOS Ops & Trg) , a joint staff organism.

Although potentially the most important actor in the domain of social-psychological support, certainly during operations abroad, the role of the CMRs is not yet clearly enough defined. Is he/she first a therapist whose mission is to provide individual counseling to military personnel having psychological difficulties adjusting to the mission or is he/she primarily a counselor to the Commanding Officer in charge of his/her unit mental readiness, a more collective type of role. From the mission statement of the service, it appears that they should do both; but is it realist to expect that they should be able to do both kinds of counseling ? In other words, are the two kinds of role compatible ? The debate over their place in the overall structure of the Belgian Defense has also not yet definitively settled. As said until recently, they were part of the operational command of the Army and have now been moved to the joint operational command. But some argue that, in order to guarantee their independence as therapists, they should not depend from the unit commander and that their place should be within ACOS-WB. Other suggestions have also been made (for instance, being part of the provincial command structure). It is quite understandable that these uncertainties are rather detrimental to their work in the field and in the units, to their professional identity (therapist or counselor), and more importantly, to their credibility vis-à-vis their clients, i.e. the commanding officer and/or the personnel. It also explains the lack of coordination within the service for the moment and the fact that each CMR interprets his/her mission and role more or less in his/her own personal way, which can be confusing for the clients.

[4] Conseiller en Opérationnalité Mentale/Raadgever in Mental Operationaleiteit.

3.2 Social Service of Defense⁵

The *Social Service of Defense* is the second important actor. The Social Service is responsible for the individual and collective social support of - active-duty and retired - military and civilian personnel of the Ministry of Defense or of semi-public organisms working for the Ministry. Beneficiaries also include the partner or widow of military personnel or ex-military personnel. The Social Service offers support and advice in four areas:

- Financial problems (e.g.: family budget management, unpaid loans,...)
- Service-related problems (mutations, repatriations during a mission abroad, service exemptions or arrangements)
- Support after an accident or death
- Assistance during long-term missions abroad.

3.3 The Center for Mental Health⁶

The *Center for Mental Health* is composed of the Neuropsychiatry Service and of the Center of Crisis Psychology. These are located at the Queen Astrid Military Hospital in Neder-Over-Hembeek (Brussels). The Center provides assistance to military and civilian personnel of the Department of Defense who have psychological and/or social problems. People may solicit help when facing the following situations:

- Adaptation problems in their work situation (e.g. after a mutation or a mission abroad) or during a life-transition phase (e.g.: midlife crisis, retirement)
- Social difficulties after the breakdown of a relationship or an illness, death, unexpected event (e.g.: accident)
- Personal problems like perfectionism, anxiety, uncertainty, aggressiveness, assertiveness, guilt.

Help is structured on the basis of a bio-psychosocial framework. The Center is composed of a team of psychiatrists, clinician psychologists, psychotherapists, psychiatric nurses and social assistants. There are 36 persons presently working for the *Center for Mental Health*.

3.3.1 The Center of Crisis Psychology⁷

The *Center of Crisis Psychology* within the *Center for Mental Health* organizes prevention activities around stress and trauma, training and prevention, intervention during crisis (e.g.: lethal accident, incidents during exercises during missions abroad). The staff of the *Center of Crisis Psychology* is composed of 8 military psychologists, 3 civilian psychologists and one psychiatric nurse.

3.3.2 The Individual Assistance Service⁸

The *Individual Assistance Service* deals with curative work (e.g.: psychotherapy, psychiatric follow-up,...). Reasons for entry are: relational and familial difficulties, problematic mourning, ... The service is composed of 3 psychiatrists, 8 military psychologists (who work also part-time for the *Center of Crisis Psychology*), 5 civilian psychologists (3 of them work also part-time for the *Center of Crisis Psychology*), and 6 psychiatric nurses (with one working part-time for the *Center of Crisis Psychology*).

[5] *Service Social de la Défense/Sociale Dienst van Defensie.*

[6] *Centre de Santé Mentale/Centrum voor Geestelijke Gezondheid.*

[7] *Centre de Psychologie de Crise/ Centrum voor Crisispsychologie.*

[8] *Service d'Aide Individuelle/Dienst Individuele Hulpverlening.*

3.4 The Military Center for Alcohol⁹

The *Military Center for Alcohol* is also located at the Queen Astrid Hospital in Brussels and is devoted to psychological and physical help for Defense personnel having problems with alcohol. It is composed of one psychiatrist, three nurses and two NCOs.

3.5 The Religious and Moral Assistance Service¹⁰

Last but not least, the *Religious and Moral Assistance Service* also provides moral/religious and psychological support to military personnel and their families. It is composed of four branches: one for Catholics (16 chaplains in activity), one for Protestants (3 pastors in activity), one for Jews (1 rabbi in activity), and 6 moral consultants. The mission of the religious and moral service is to contribute to the well-being of the personnel of the Defense Department, of their family-members and of veterans and retired military personnel. Through simple listening and moral and spiritual help during crisis response operations and long-term exercises these persons contribute to the spiritual and psychological well-being of the personnel. They participate in a proactive way to all the social-psychological networks, and to all the networks in charge of the well-being of the personnel of the Defense Department.

4 ORGANIZATION OF THE SOCIAL-PSYCHOLOGICAL SUPPORT AT THE STAFF LEVEL¹¹

4.1 The Psycho-Social Platform¹²

In 2001 and at the initiative of the Adjunct Chief of Staff for Well-Being (ACOS-WB), a structure was set-up to better coordinate the various services dealing with social-psychological support. This coordination structure, the so-called *Psycho-Social Platform*, brings together the heads of the following services:

- The Counselors in Mental Readiness (CMR)
- The Social Service of Defense (SSD)
- The Center for Mental Health (CMH) and the Center of Crisis Psychology (CCP)
- Since October 2005, the Department of Behavioral Sciences of the Royal Military Academy. The Department is specifically charged with providing scientific advice and support to the Platform.

4.2 The Welfare in Operations Platform¹³

The “*Welfare in Operations Platform*” is another organism coordinated by ACOS-WB. It brings together several important services dealing with well-being and social-psychological support during operations abroad:

- The Central Service for Social and Cultural Actions (OCASC)
- The Adjunct Chief of Staff Operations and Training (ACOS Ops & Trg)
- The General Direction Material Resources (DG MR)
- The General Direction Image and Public Relations (DG IPR).

[9] *Centre Militaire d’Alcoolologie/Centrum voor Militaire Alcoolologie.*

[10] *Service d’Assistance Religieuse et Morale/ Dienst Religieuze en Morele Bijstand.*

[11] Source : Sabbe (2005b).

[12] *Plateforme Psychosociale/Psychosociaal Platform.*

[13] *Plateforme Welfare en Opérations/Platform Welfare in Operaties.*

“Welfare in operations” covers such things as expenses related to free-time activities, low-cost, subsidized phone communications, social-commercial and public relations activities, as well as social-psychological support.

4.3 The Commission for Suicide Prevention¹⁴

The “*Commission for Suicide Prevention*” is in charge of suicide prevention within the Belgian armed forces in general, and during operations in particular. It brings together important actors in this area:

- The Adjunct Chief of Staff Operations and Training (ACOS Ops & Trg)
- The General Direction Human Resources (DGHR)
- The General Inspection Service (IGM)
- The Counselors in Mental Readiness (CMR)
- The Social Service of Defense (SSD)
- The Center for Mental Health (CMH).

5 ORGANIZATION OF THE SOCIAL-PSYCHOLOGICAL SUPPORT WITHIN THE TWO ARMY BRIGADES¹⁵

As a result of the downsizing and professionalization of the Belgian armed forces consecutive to the end of the Cold War, the number of Army Brigades has been reduced to two, one per linguistic region. The First (Dutch-speaking) Brigade is stationed in Leopoldsborg (in the North of the country) and the Seventh (French-speaking) in Marche-en-Famenne (in the South).

As far as the organization of social-psychological support within the two Brigades is concerned, one observes some substantive differences. In fact, the way the support is organized still depends to a great deal on the vision of the Brigade and/or component units commanding officers. But they are also similarities; for instance, the existence in the two Brigades of a central structure for the provision of social-psychological support to the personnel and their families.

From the clients perspective anyway, it seems that the services provided correspond more or less to the expectations. At least that is what one could infer from the responses of military personnel of the two Brigades to a question on this topic. The question comes from the periodic job satisfaction survey carried out since 2005 by the Department of Behavioral Sciences of the Royal Military Academy for the Counselors in Mental Readiness as part of their mission statement (see above).¹⁶ Asked what they thought of the support given by the Department of Defense to their families, 60 % of the respondents answered that the support provided answered most or all of their family’s needs (70 % among respondents from the 1st Brigade versus 53 % among those of the 7th Brigade).

5.1 The First Brigade

The 2 Counselors in Mental Readiness are in charge of coordinating the social-psychological support at the Brigade level. In function of the mission, the one who remains in Belgium gathers a social-

[14] *Commission pour la Prévention du Suicide/Commissie Zelfmoordpreventie.*

[15] This part is based on two reports written by members of the research team: one deals with the Dutch-speaking 1st Brigade (Sabbe, 2006) and the other with the French-speaking 7th Brigade (Fils and Vlasschaert, 2006).

[16] These periodic surveys are administered, during the mission, by the CMR accompanying the unit to all deployed personnel. In 2005, 884 persons belonging to various units of the Ground and Air components of the Belgian armed forces filled the questionnaire. The results presented in this paper concern only the personnel of the 1st (n = 135) and 7th Army Brigades (n = 207). See Fils (2006) for a more detailed description of the goals and methods of these periodic surveys.

psychological team composed of himself, one member from the Social Service, one from the Center for Mental Health and one member from the rear guard.

The Paola Center in Leopoldsburg is a meeting place for families of personnel deployed in operations and/or military personnel who are about to be deployed or have returned. It was opened in 1999. The Center has a cafeteria where members of the families may share a drink and learn to know members of other families of deployed personnel. The family-members may record video messages for their loved ones. One PC with internet access is also available.

Organically, two officers and two NCOs are assigned to the Center. According to many respondents though, this is not enough. At the moment of our visit, because one the units of the Brigade was deployed abroad, three other persons (another barman, an officer and a private) were helping in an non-official manner the four statutory personnel. The Center is open from 2 to 7 pm during the week and from 2 to 10 pm during the week-end. A toll-free number is also available 24h/24.

Family-members and military personnel can deposit postal parcels and briefs for their loved ones, and these are sent to the theater of operation for free. The Center organizes activities for children between 4 and 12 years old every Wednesday and Sunday afternoon (between 2 and 5 pm). Every Wednesday afternoon, a psychologist of the Center for Mental Health is available for consultation. The Center also organizes diverse other activities when units of the Brigade are deployed abroad (e.g.: barbecues). The Center also keeps the families up to date with the latest news and photos from the theater of operations. Finally, the Center organizes, on a regular basis, evening discussions for military personnel and their families.

5.2 The Seventh Brigade

All the social-psychological support services and activities of the Seventh Brigade are centralized in the Princess Mathilde Center, opened in 2000. The two Counselors in Mental Readiness of the Brigade, the Social Service, the social assistants, the chaplain, and the “family-room” are located and work there. In other words, the Center provides the full-range of social-psychological services to military personnel and their families. Thanks to the geographical proximity of the members of the Center, a multidisciplinary approach can also be applied for solving problems, especially the more difficult ones, and clients can easily be oriented to the right person or service. The center gains therefore in efficiency.

The “family-room” more or less corresponds to what is found in the Paola Center of the First Brigade. It is a room at the disposition of the families for retrieving and depositing their postal parcels and mails. Two PC with internet access are available for them, and a toll-free number is also available 24h/24. The family-room is open every day of the week during office hours and, when a unit of the Brigade is in operation abroad, on Thursday until 7 pm. Three NCOs work full-time for the Center.

5.3 Comparison between the two Centers

Table 1: Comparison between the Mathilde and Paola centers

| Center Princess Mathilde (CPM) | Center Paola (CP) |
|---|--|
| <p><u>Opening hours:</u></p> <p>The CPM is open during office hours (8 am – 6 pm). Besides these hours, the Family room is also open every Thursday till 7 pm, when military personnel stationed in Marche-en-Famenne are deployed in Crisis Response Operations.</p> | <p>The CP is open every day of the week between 2 pm and 10 pm, and between 2 pm and 7 pm during the week-end.</p> |
| <p><u>Localization:</u></p> <p>The CPM is located within the Camp of the Seventh Brigade, and the Family room is part of it.</p> | <p>The CP is located outside the Camp of the First Brigade, but close to it.</p> |
| <p><u>Infrastructure :</u></p> <p>The CPM has, within the Family room, two PCs with internet access allowing families to check their e-mails, a fax and phones.</p> | <p>The CP has an internet access as well as a room where families can record videos they can send to family members deployed in operation.</p> |
| <p><u>Services provided and communications between the services :</u></p> <p>The CPM gathers social-psychological actors working for the Seventh Brigade : the CMR, the social service, a nursery, the chaplain, the lay counselor, the protection and prevention at work service, the union office, an information office on alcohol and other addictive substances, and the Family room. Those services collaborate quite well, given their geographical proximity.</p> | <p>The Center keeps the families up to date with the latest news and photos from the theatre of operations. The Center organizes, on a regular basis, evening discussions for military personnel and their families.</p> |
| <p><u>Activities organized by the Center</u></p> <p>The CPM as such does not organize activities for military personnel and their families, but personnel of the Center, working for other services may organize them in the name of their services or in collaboration with other services of the Center.</p> | <p>The CP organizes on a regular basis evening discussions. There are activities organized for children between 4 and 12 at the Center every Wednesday and Sunday afternoon (between 2 pm and 5 pm), and every Wednesday afternoon, a psychologist of the CMH is available for consultation. The Center organizes diverse activities during Response Crisis Operations (e.g.: barbecue).</p> |
| <p><u>Outside office hours</u></p> <p>Outside office hours, a toll-free number is available 24 hours a day for the clients of the Center (military personnel and their families).</p> | <p><u>Outside office hours</u></p> <p>Outside office hours, a toll-free number is available 24 hours a day for the customers of the Center (military personnel and their families).</p> |

5.4 The actors in the theater of operations

As far as individual Belgian units are concerned, crisis response operations typically last four months; then they are replaced by another unit (generally from the other Brigade). Three actors play a central role in the provision of social-psychological support in the theater of operations. These are the CMRs, the chaplains/lay consultants and the unit doctors. To the extent that neither the CMRs nor the chaplains/lay consultants generally stay for the whole duration of the mission, the de facto most important actor in the theater of operations in the domain of social—psychological support is often by default the unit doctors, although they are fully aware that they are not really trained for this kind of work (their primary role is to care for the physical health of the personnel, not their psychological well-being) and are therefore more than reluctant to do it.

Moreover, it appears that the CMRs are sometimes seen as people with whom it is preferable to avoid contact. A respondent told us that *“most of them were there to collect information, and were no longer able to have a normal conversation without thinking of problems military personnel they speak with may have”*.

On the other hand, another doctor also insisted on *“the role played by the three psychosocial actors during the mission: the physician – he/she is there to care physically for people-, the padre – there to discuss intimate matters and problems encountered by military personnel, and the CMR – there to collect information (often received from the padre and the physician) and to inform and counsel military leaders”*.

As an illustration, the following table shows - by order of descending frequency - to whom respondents of units of the 1st and 7th Army Brigades tended to turn when they had the blues. The data come from the same periodic surveys carried out during missions abroad in 2005 by and for the CMRs.

Table 2: To whom one turned when having the blues (% , 2005)

| Persons | Total respondent | 1 st Brigade | 7 th Brigade |
|---------------------------|------------------|-------------------------|-------------------------|
| Phone/write home | 71 % | 69 % | 72 % |
| Friends | 44 % | 44% | 45% |
| Colleagues | 34 % | 38 % | 32 % |
| Nobody | 26 % | 26 % | 26 % |
| Other persons | 12 % | 14 % | 11% |
| Chaplain/moral consultant | 10 % | 9% | 10 % |
| Superior | 10 % | 15 % | 7 % |
| CMR | 5 % | 5 % | 5 % |

Source: Department of Behavioral Sciences, Royal Military Academy

From table 2, it appears that, as could be expected, family and friends are the persons respondents most often turn to when feeling a little bit down. At the opposite end, the CMRs were the persons to whom one turned to the least often (5 %). Again, that is in a certain way understandable to the extent that the question did not deal with serious psychological problems, like depression or severe stress. Less expected,

however, is the fact that among the institutional actors, chaplains and/or moral consultants and even the superiors were apparently a little more contacted (or trusted ?) by the respondents (10 % and 7 % respectively). This could in part be explained by the fact that the CMRs are not present for the whole duration of the mission, but only for a part of it, contrary to the superiors or, as said above, the doctors. Unfortunately, in the first version of the questionnaire, the unit's doctor was not mentioned in the list of contacted persons.¹⁷ Anyway, the fact that the CMRs are not very often consulted for psychological problems is perhaps an indicator that their other (more social) roles (advice in the domains of leadership, group cohesiveness and job satisfaction) are more important on the theater of operations and represent their specific added value compared to other actors (for example, the Center of Crisis Psychology which is specialized in the treatment of acute psychological problems).

6 CONCLUSION

Until 2001, there was no really integrated policy toward social-psychological support. The various – and quite numerous – (old and new) institutional actors in charge of the social-psychological support of military personnel and their families within the Belgian Defense Department were working more or less independently of each other. This situation began to change in 2001 with the creation, at the Defense Staff level, of a loose structure responsible for the coordination of the various services, the so-called “Psycho-Social Platform”. This structure brings together the heads of the most important services working in the domain of social-psychological support.

Nevertheless, it appears that a more formal structure remains a necessity in order to better coordinate and streamline the activities of these various services. A general policy document on the organization and provision of social-psychological support within the Belgian Defense Department is being prepared by the services of the Adjunct Chief of Staff for Well-Being (ACOS-WB) and should be ready in July 2006. This document should contribute to a better definition of the missions and tasks of the various actors involved and therefore to an optimization of the provision of social-psychological support to military personnel and their families, especially during crisis response operations. It goes without saying that the new policy should take into account the needs and expectations of the principal persons concerned, i.e. the men and women serving in the Belgian armed forces and their families.

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