
NORTH ATLANTIC TREATY
ORGANIZATION



AC/323(HFM-203)TP/655

SCIENCE AND TECHNOLOGY
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STO TECHNICAL REPORT

TR-HFM-203

Mental Health Training

(Entraînement à la résilience psychologique)

Final Report of Research and Technology Group 203.



Published January 2016

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The NATO Science and Technology Organization

Science & Technology (S&T) in the NATO context is defined as the selective and rigorous generation and application of state-of-the-art, validated knowledge for defence and security purposes. S&T activities embrace scientific research, technology development, transition, application and field-testing, experimentation and a range of related scientific activities that include systems engineering, operational research and analysis, synthesis, integration and validation of knowledge derived through the scientific method.

In NATO, S&T is addressed using different business models, namely a collaborative business model where NATO provides a forum where NATO Nations and partner Nations elect to use their national resources to define, conduct and promote cooperative research and information exchange, and secondly an in-house delivery business model where S&T activities are conducted in a NATO dedicated executive body, having its own personnel, capabilities and infrastructure.

The mission of the NATO Science & Technology Organization (STO) is to help position the Nations' and NATO's S&T investments as a strategic enabler of the knowledge and technology advantage for the defence and security posture of NATO Nations and partner Nations, by conducting and promoting S&T activities that augment and leverage the capabilities and programmes of the Alliance, of the NATO Nations and the partner Nations, in support of NATO's objectives, and contributing to NATO's ability to enable and influence security and defence related capability development and threat mitigation in NATO Nations and partner Nations, in accordance with NATO policies.

The total spectrum of this collaborative effort is addressed by six Technical Panels who manage a wide range of scientific research activities, a Group specialising in modelling and simulation, plus a Committee dedicated to supporting the information management needs of the organization.

- AVT Applied Vehicle Technology Panel
- HFM Human Factors and Medicine Panel
- IST Information Systems Technology Panel
- NMSG NATO Modelling and Simulation Group
- SAS System Analysis and Studies Panel
- SCI Systems Concepts and Integration Panel
- SET Sensors and Electronics Technology Panel

These Panels and Group are the power-house of the collaborative model and are made up of national representatives as well as recognised world-class scientists, engineers and information specialists. In addition to providing critical technical oversight, they also provide a communication link to military users and other NATO bodies.

The scientific and technological work is carried out by Technical Teams, created under one or more of these eight bodies, for specific research activities which have a defined duration. These research activities can take a variety of forms, including Task Groups, Workshops, Symposia, Specialists' Meetings, Lecture Series and Technical Courses.

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Terms of Reference

I. ORIGIN

A. Background

Serving in the military is both physically and mentally challenging. While most militaries have a robust physical fitness training program, mental health training programs are less common, if present at all. Yet, military operations can be psychologically challenging as witnessed by the number of service members who return from military operations with a variety of behavioral health problems such as Post-Traumatic Stress Disorder (PTSD), depression, anxiety, anger problems, sleep problems, alcohol problems and relationship problems. Other problematic reactions may include guilt, grief and second-guessing decisions.

Military operations also provide an opportunity for service members and their fellow unit members to excel, demonstrate resilience, and experience personal growth in the face of these demands. These demands range from low to high intensity operations across the spectrum of military deployments. Mental health resilience training has the potential to teach and/or increase skills and self-confidence to ensure service members can handle stress, grow and thrive in the face of challenges in the military and bounce back from adversity. Such training also has the potential to be a force multiplier by allowing service members to continue in challenging situations and return to duty faster after suffering setbacks. Because military demands are so diverse, mental health resilience training should be integrated with and focused on the service member's military career phase and point in the deployment cycle.

Despite the recognized need for training to address such behavioral health problems, reactions, and resilience challenges, there are few systematic mental health training approaches that have been scientifically validated or implemented in the military. However, there is a growing consensus among NATO Nations that this kind of training needs to be developed and assessed. Ideally, a comprehensive mental health resilience training program would be introduced at Basic Training, ensuring that service members have fundamental mental health coping skills just as they are also trained in fundamental combat skills. These fundamental skills can then become the basis for building resilience across the service member's career.

Examples of current mental health training programs that offer promise are the Canadian Road to Mental Readiness (R2MR) program, the US BATTLEMIND training system (now integrated into the Comprehensive Soldier and Family Fitness (CSF2) Resilience Training program) that seeks to develop self-confidence and mental toughness in service members preparing for and returning from combat and Australia's BattleSMART model for recruit resilience training. The goal of this Research Task Group (RTG) is to examine the need for mental health resilience training, assess the nature of such training, develop a consensus regarding training principles and content, and evaluate training effectiveness.

Mental health resilience training should systematically prepare service members for the mental challenges they will confront throughout their military careers. The objective of mental health resilience training is to enable service members to identify the realities of challenging environments, to develop skills to thrive and be resilient in the face of these realities, and to know how to use these skills to help themselves, fellow service members, and those they lead. These skills build on existing strengths that service members already have in order to meet the challenges of training, deployment and transitioning home.

B. Justification (Relevance for NATO)

NATO forces are actively engaged in combat and other military operations around the world. As an occupation, military service includes contingency operations (peacekeeping, humanitarian, combat, etc.) and deployment stressors. Previous research has shown that these demands may cause mental health problems that reduce mission

effectiveness and readiness. In addition, daily military life is associated with a range of occupational demands including work stressors and relocation. Taken together, these demands of military service may have an impact on the ability of service members to perform optimally. Training programs that can increase the resilience of service members and thus reduce the impact of military stressors on service member mental health are critically valuable. This RTG targets the development of mental health resilience training.

Emerging findings have shown that mental health resilience training built on established psychological principles and skills improves the mental health of service members. Mental health training conducted prior to service members deploying to a combat environment is associated with fewer mental health symptoms, and mental health training conducted during basic training has been shown to improve self-confidence and performance as well as reduce recruit attrition.

There is a pressing need to develop scientifically validated mental health training that will sustain service members throughout their military career as well as prepare them for the rigors of military operations, including combat, and prepare them for a successful adjustment home after deployments and when leaving the military. This RTG will develop a consensus on what military mental health principles and skills should be included in resilience training.

II. OBJECTIVES

- 1) While there is general consensus that resilience is a desirable attribute, there is little consensus on what resilience actually means, how to develop it, and how its effectiveness is demonstrated prospectively. This RTG will address the need for mental health resilience training, assess the nature of such training, develop a consensus regarding training principles and content, and address issues regarding evaluating training effectiveness.
- 2) This RTG will establish the following:
 - Identify appropriate skills targeted for mental health resilience training;
 - Identify how to train those skills (e.g., fundamental principles and specific actions);
 - Establish criteria for demonstrating the effectiveness of training these skills;
 - Disseminate results from resilience training validation research in the military;
 - Disseminate resilience training methods; and
 - Facilitate implementation preparation and plan for follow-on implementation support.
- 3) NATO Technical Reports
 - Annual Report (NATO requirement).
 - Technical Report (Final RTG report; NATO requirement).
 - White Paper Series (1-page products) – Benefits of mental health training for the military organization; Demands of Daily Military Life; Mental Health and Resilience; and Evidence-Based Practices in Military Resilience Training.

The second White Paper highlights the demands of military life that service members encounter beyond the demands of military deployment. The third White Paper provides key definitions, including “mental health” and “resilience”. The final White Paper outlines the value of using evidence-based mental health training that is grounded in science.

- **NATO Training Guides**
 - Resilience Training Guidelines: Principles, Timing, Approach, Assessment/Program Evaluation;
 - Implementation Principles: Trainers, Communication Strategy; and

- Recommended Resilience Competency Skills, Resilience Training Content.
- **Resilience Training and Education Package Template**
 - Assemble information regarding current mental health resilience training (each Nation).
 - Develop data base archive to catalogue the information.
 - Develop common elements of mental health resilience training that would be effective and/or relevant across Nations.
 - Develop core elements of a NATO mental health resilience training module template for initial basic training.
 - Develop train-the-trainer materials to support the module.
 - Disseminate RTG 203 findings through session at NATO Symposium (HFM-205/RSY Mental Health and Well-Being Across the Military Spectrum).
 - Disseminate module through a NATO Lecture Series.
- **Research to Support the Development of Resilience Training Package**

During the RTG, we discussed research possibilities that could be used to support the development of the train-the-trainer package – for example, specific scenarios that could be collected to demonstrate typical stressors or examples of resilience. Other possibilities included surveys that could be administered in each country to develop an overview of typical Basic Training stressors or surveys that assess organizational and individual satisfaction with resilience training. We will also consider submitting a NATO research proposal to assess the implementation of the Resilience Training module if requested by the HFM executive committee.

4) The RTG lasted 4 years, followed by a NATO Lecture Series.

III. RESOURCES

A. Membership

Participants in this RTG have expertise in military mental health, resilience/mental health training, and/or research related to military mental health to sustain service members in a variety of combat and operational environments.

The following Nations participated in this work:

- Belgium (BEL)
- Canada (CAN)
- Czech Republic (CZE)
- Estonia (EST)
- Germany (DEU)
- Latvia (LTV)
- Lithuania
- Netherlands (NLD)
- Norway (NOR)
- Spain (ESP)
- United Kingdom (GBR)
- United States (USA)

B. National and/or NATO Resources Needed

National and/or NATO funding was needed to support travel for participants to attend RTG meetings. If requested to conduct a study by the HFM executive committee, a request for funding would be submitted to RTO.

C. RTA Resources Needed

None presently identified.

IV. SECURITY CLASSIFICATION LEVEL

The security classification level is UNCLASSIFIED/UNLIMITED.

V. PARTICIPATION BY PARTNER NATIONS

Partner Nations are invited to participate.

VI. LIAISON

This RTG linked to HFM-179/RTG on *Moral Dilemmas and Mental Health Problems*, HFM-178/RTG on *Impact of Lifestyle and Health Status on Military Fitness*, HFM-164/RTG on *Psychological Aspects of Health Behaviours on Deployed Military Operations*, HFM-175/RTG *Medically Unexplained Physical Symptoms in Military Health*, and HFM-ET-103/ET on *Suicide in the Military*. The Chair, HFM-203/RTG, requested their respective ToRs, TAPs and POWs to minimize potential redundancy and enhance the accomplishment of HFM-203/RTG's objectives by exchanging relevant information. When appropriate, HFM-203/RTG members engaged more actively with HFM-179/RTG, HFM-178/RTG, and HFM-ET-103/ET by attending each other's RTG meetings. The Chair, HFM-203/RTG, contacted the Chairs of the other panels listed above. The ToR and minutes from the RTG were provided to the Chairs.

Additional links were established with the Psychological Resiliency Center at the University of Pennsylvania, Philadelphia, Pennsylvania, USA, and The Technical Cooperation Program (TTCP) Technical Panel 13 Psychological Support During Military Operations.

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Basic training	Resilience										
Mental health training	Skills										
Military	Sleep										
Performance											
14. Abstract	<p>Military service and combat place a tremendous burden on its service members. Yet, there is much that national militaries can do to prepare their service members for the military tasks that service members are asked to perform. Building mental health resilience through training is one of these things. By building resilience, service members will be able to self-monitor more effectively when they are under high performance demands, and be able to more effectively observe and help mitigate the stress demands of their buddies. Resilience training should begin as soon as possible during military service. The expert consensus is that resilience training should begin during basic training. In this report, the Research Technical Group has identified four key resilience skills that all basic trainees should master. These skills include: acceptance and control; goal setting; self-talk; and tactical breathing. These four resilience skills are presented within a mental health continuum framework – a framework that focuses on service members' self-evaluation to enable them to maintain healthy thoughts, emotions and physical reactions/behaviours. Practical exercises to reinforce these four skills are provided. A trainer's guide and an implementation guide are also provided to assist in the implementation.</p>										





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