

Chapter 1 – INTRODUCTION

by
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1.1 MENTAL HEALTH TRAINING

1.1.1 The Need for Mental Health Training

The need for mental health training within the military has long been recognized by a number of NATO Member Nations. Military deployments, including humanitarian, peacekeeping and combat, place a tremendous psychological and physical burden on service members. In particular, the adverse effects of combat on the psychological health of service members have been well documented. Not only does combat exposure increase Post-Traumatic Stress Disorder (PTSD), combat can also lead to increases in depression and anxiety. Negative behaviours such as misuse/abuse of alcohol, increase in suicides and increases in other risk taking behaviours have also been reported.

Thus, military organizations are challenged with developing the means to prevent or lessen the negative impact of military service on the psychological health of its military personnel. One approach to address this major challenge is the development of mental health training that can be implemented across a broad range of military training and operational environments. Many Nations have already begun the development of mental health training to increase the resilience of their forces in order to provide them protection against the stressors and challenge of military service, while others are deeply interested in doing so.

Initial research has shown that mental health training can have a positive impact on service member functioning, and there is also emerging evidence that training can have an even greater impact on the effectiveness of the organization. Additional benefits of mental health training include increased retention, improved morale, sustained health and performance under high demand conditions at home, during training exercise and on operations, as well as improved relationships with unit members, friends and family. Personal growth is also an important area that mental health training can possibly influence.

1.1.2 Focus on Basic Training Resilience

The objective of this research technical group was to identify all various military resilience efforts underway and to integrate them into a single, comprehensive resilience training program. Our point of initial focus was the development of a resilience training package for Basic Training since all Nations have a basic training program in some form for all new military members. Further, since we view resilience as an endeavour which needs to be initiated, developed, and fostered over a lifetime, it needs to begin immediately upon entry into military service. So, basic training was a perfect starting point.

1.2 MAIN DEFINITIONS: MENTAL HEALTH AND RESILIENCE

For the purposes of this report, we would like to distinguish “mental health” from “resilience”:

- **Mental Health** is defined by the World Health Organization as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

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- **Resilience** is defined as the ability to adapt to stressful situations, which may also include bouncing back from adversity and growing and thriving from challenges.

Mental health then is a term that includes cognitive and social functioning, and emotional well-being. A key component of mental health is achieving a healthy balance between work and personal life.

Resilience as used here is viewed in psychological terms, and can be influenced by both individual and group factors. Individual factors include accepting things that cannot be changed, viewing set-backs as temporary, seeing things from a different perspective, looking for opportunities for growth, and keeping a sense of humour. Group factors include providing effective leadership, leveraging group strengths and experiences, providing for physical and social welfare, encouraging cohesion and a sense of group belonging, establishing policy, supporting military families and providing education and training.

1.3 DESCRIPTION OF THE TECHNICAL ACTIVITY

This technical activity was undertaken to address a pressing need of many NATO and non-NATO Nations to develop resilience training to be implemented in military basic training. The Terms Of Reference (TOR) outlined the group's basic approach.

The group began by conducting a comparative analysis of NATO reliance training programs to identify appropriate skills to target for resilience training for basic training. Simultaneously, the group also conducted a survey of service members (both conscripted and volunteers) from nine NATO Nations to determine the stressors that recruits face in basic training, and to identify coping methods that recruits used to overcome these demands. The findings from the NATO Survey of Mental Health Training in Army Recruits were published in Military Medicine [1]. From these two sources, resilience skills were identified and the basic training module developed. Finally, a NATO Trainer's Guide, a Facilitator's Guide, and a Senior Leaders' Guide were developed.

A series of white papers designed to address key topics within the area of resilience were also developed. The white paper topics included:

- Benefits of military mental health training;
- Demands of military life; and
- Definitions of mental health and resilience.

Resilience training guidelines and implementation principles were also developed.

The Chair of the Human Factors and Medicine Panel requested the group to organize, lead and participate in a NATO research symposium focusing on mental health and resilience. The ensuing research symposium entitled, "Mental Health and Well-Being Across the Spectrum" was held in Bergen, Norway, 11-13 April 2011.

1.4 TASK GROUP PARTICIPATION AND ORGANIZATION

Participating Nations were:

- Belgium;
- Canada;

- Czech Republic;
- Estonia;
- Germany;
- Latvia;
- Lithuania;
- Netherlands;
- Norway;
- Spain;
- United Kingdom; and
- United States.

The group had nine meetings. The first meeting was an Exploratory Team meeting, followed by eight Technical Group meetings rotating between Nations.

1.5 REFERENCE

- [1] Adler, A.B., Delahaj, R., Baily, S.M., Van den Berge, C., Parmak, M., van Tussenbroek, B., Puente, J.M., Landratova, S., Kral, P., Kreim, G., Rietdink, D., McGurk, D. and Castro, C.A. "NATO Survey of Mental Health Training in Army Recruits", *Military Medicine*, Volume 178, pp. 760-766, July 2013.

