

# Enhancing Mental Health Support for United Nations Peacekeepers

## Améliorer le Soutien en termes de Santé Mentale pour les soldats de la paix des Nations Unies

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### Abstract

The mental health of UN uniformed personnel is essential in ensuring their resilience and the overall effectiveness of peacekeeping operations. This paper outlines the rationale for a comprehensive Mental Health Strategy (MHS), including developing and deploying the UN's MindCompanion digital platform, designed to meet UN uniformed personnel's unique mental health needs. Drawing from an extensive review of the scientific literature, field research, needs assessments, and stakeholder consultations, this strategy emphasises prevention, early intervention, and the promotion of mental well-being. The UN's MindCompanion digital platform, available in 16 languages, offers validated and confidential self-assessment tools, self-help resources, and mental health support that can be accessed offline, making it highly adaptable to the diverse and challenging environments where peacekeepers operate. This approach ensures that mental health needs are addressed proactively thereby promoting resilience and readiness among peacekeepers as they carry out their missions.

**Keywords:** mental health, resilience, peacekeeping, prevention, digital tools

### Résumé

La santé mentale du personnel en uniforme de l'ONU est un élément essentiel pour garantir leur résilience et l'efficacité globale des opérations de maintien de la paix. Cet article présente les raisons d'être d'une Stratégie Globale de Santé Mentale (SGSM), incluant le développement et le déploiement de la plateforme numérique MindCompanion de l'ONU, conçue pour répondre aux besoins spécifiques en santé mentale du personnel en uniforme de l'ONU. S'appuyant sur une vaste revue de la littérature scientifique, des recherches de terrain, des évaluations des besoins et des consultations avec les parties prenantes, cette stratégie met l'accent sur la prévention, l'intervention précoce et la promotion du bien-être mental. La plateforme numérique MindCompanion de l'ONU, disponible en 16 langues, propose des outils d'auto-évaluation validés et confidentiels, des ressources d'auto-assistance et un soutien en santé mentale accessible hors ligne, ce qui la rend hautement adaptable aux environnements divers et exigeants dans lesquels les casques bleus opèrent. Cette approche permet de répondre de manière proactive aux besoins en santé mentale et favorise la résilience et la préparation des casques bleus dans l'accomplissement de leurs missions.


**Mots clés :** santé mentale, résilience, peacekeeping, prévention, outils digitaux

## Introduction

The growing need for robust mental health support for uniformed peacekeepers has been emphasised by numerous United Nations resolutions and high-level reports over the past decade. These documents acknowledge the severe and often unpredictable challenges faced by personnel deployed in increasingly volatile environments where peace is fragile or absent.

The journey towards the development of the Mental Health Strategy for Uniformed Personnel started at the Peacekeeping Ministerial in South Korea in 2021 and was reinforced at the 2023 UN Peacekeeping Ministerial in Ghana. Emphasis was placed on the importance of addressing mental health as a critical element of operational readiness and mission success. In Accra it was emphasised that mental health issues among peacekeepers not only compromise their well-being

**TABLE 1:** Description of mental health aspects on a continuum, ranging from healthy to reacting to injured and illness.



	HEALTHY	REACTING	INJURED	ILLNESS
<b>Mood</b>	Normal mood fluctuations, calm and takes things in stride	Irritable, impatient, nervous, sad, overwhelmed	Anger, anxiety, pervasively sad/hopeless	Anger outbursts/aggression, excessive anxiety/panic attacks/depressive or suicidal thoughts
<b>Attitude and performance</b>	Good sense of humour, performing well, in control mentally	Displays sarcasm, procrastination, forgetfulness	Negative attitude, poor performance/workaholic/poor concentration or decisions	Overt insubordination cannot perform duties/control behaviour/concentrate
<b>Sleep</b>	Regular sleep patterns, few sleep difficulties	Trouble sleeping, intrusive thoughts, nightmares	Restless, disturbed sleep, recurrent images/nightmares	Cannot fall asleep, or stay asleep, sleeps too much or too little
<b>Physical symptoms</b>	Physically well and sound energy levels	Muscle tension headaches, low energy	Increased aches and pains, increased fatigue	Physical illness, persistent fatigue
<b>Social behavior</b>	Physically and socially active	Decreased social activity	Avoidance or withdrawal from physical and social activity	Not going out and or not answering phone calls
<b>Alcohol and gambling</b>	No/limited alcohol use/gambling	Regular but controlled alcohol use/gambling to cope	Increased alcohol use/gambling – hard to control with negative consequences	Frequent alcohol or gambling use – inability to control severe consequences
<b>Spiritual fitness</b>	Engaged with life's meaning and purpose, is hopeful about life and the future	Maintains life's meaning and purpose, maintains a sense of hope about life and future	Losing life's meaning and a sense of purpose, little hope about life and the future	Believing life has no meaning or purpose and hopelessness about life and the future

- but also hinder their ability to fulfil mission mandates. The Mental Health Strategy for Uniformed Personnel was launched at this meeting.

Several significant reports have highlighted this necessity for the need for mental health strategy. The Hippo Report (1), "Uniting Our Strengths for Peace: Politics, Partnership, and People," underscored that many peacekeeping operations are deployed in regions with minimal or no peace to maintain, exacerbating the psychological burden on uniformed personnel. The Cruz Report (2), led by Lieutenant General (Ret'd) Carlos Alberto dos Santos Cruz, highlighted the increasingly perilous environments characterised by armed groups, terrorists, and organised crime, stressing the need for comprehensive medical and mental health support and calling for a 'medical umbrella' that ensures continuous care from the point of incident to advanced medical facilities. The Action for Peacekeeping (A4P) initiative (3) promoted reducing peacekeeper fatalities through enhanced medical and psychological support systems. In December 2022, the UN Security Council (4) adopted a resolution on "... mental health and psychosocial support for personnel of the United Nations peace operations..." The Security Council recognised the need to raise awareness of the importance of mental health and psychosocial support to United Nations peace operations personnel. It encouraged troop- and police-contributing countries, including Member States and the Secretariat, to provide mental health services to support personnel during pre-deployment training and continue fostering a culture of well-being and care during deployment.

In 2022, Member States, through the Contingent-Owned Equipment meeting (5), urged Member States to deploy military mental health personnel in hospitals to assist in implementing the strategy. These efforts collectively demonstrate the UN system's growing recognition that mental health is central to peacekeepers' effectiveness, resilience, sustainability, and peacekeeping operations. As peacekeepers' challenges grow more complex, developing strategies that support their mental and emotional well-being is imperative, ensuring they are prepared to manage the unique stresses associated with their roles.

## Rationale for a Mental Health Strategy

Uniformed peacekeepers routinely encounter events, such as violence, displacement, and human rights abuses, which can significantly impact their mental health. Extended separation

from family, the intensity of mission environments, and limited access to mental health care all further exacerbate these stressors. Unaddressed mental health issues compromise both individual performance and mission success (6).

The Mental Health Strategy (MHS) was developed to address these challenges. The findings inform this strategy of the Post-Traumatic Stress Disorder (PTSD) report, field research and data collection, and consultations with member states. It leads to a comprehensive plan that addresses mental health concerns from pre-deployment to post-deployment phases (7).

## Methodology: Field Research and Data Collection

### Survey Design and Implementation

The Division of Healthcare Management and Occupational Safety and Health (DHMOSH) in the UN Department of Operational Support conducted a comprehensive survey of 51 military and police contingents from 31 Member States in four major peacekeeping missions. In August and September 2022, two mental health experts from DHMOSH, both former military psychiatrists, visited the UN missions in Africa to conduct the surveys and conduct face-to-face focus groups.

### Survey Statistics

The survey gathered insights from a substantial pool of 1,377 participants, of which 1,071 completed the survey, providing a high response rate and a comprehensive data set. Respondents represented a diverse array of 31 member states, reflecting a broad international perspective. The survey covered four UN missions: UNMISS (United Nations Mission in South Sudan), MINUSCA (United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic), MINUSMA (United Nations Multidimensional Integrated Stabilization Mission in Mali), and MONUSCO (United Nations Organization Stabilization Mission in the Democratic Republic of the Congo). This distribution across multiple missions and member states enhanced the survey's relevance and depth, offering a wide-ranging view of the experiences and insights of peacekeeping personnel across critical regions.

### Data collection process

The survey was administered digitally via smartphone-accessible QR codes in classroom settings of 20-80 participants per unit. All participants received briefings through competent translators within their units. Additionally, focus groups and discussions were conducted with mission leadership, including sector and force commanders and medical professionals. Survey findings were presented at several meetings and deliberated upon in online group sessions with Mental Health Advisors

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from Member States, WHO and UN leaders. This process facilitated the identification of key focus areas for the strategy and informed the foundational structure of the Mental Health Strategy.

### Survey Findings Key Stress Factors

In addition to mission-specific concerns (food, environment), the survey highlighted communication challenges with family as a significant source of stress, exacerbated by poor internet access in some missions. Furthermore, the lack of recreational facilities and limited food variety were frequently reported as stressors negatively impacting daily morale. These findings emphasised that seemingly minor logistical issues could considerably impact peacekeepers' mental health and well-being

### Mental Health Indicators

The survey highlighted "disrupted sleep patterns" as a major issue within the Mental Health domain. Sleep difficulties are frequently connected to other mental health concerns, such as sadness, restlessness, and forgetfulness. Sleep disturbances emerged as a critical early indicator of broader mental health issues, signalling the need for targeted interventions to address sleep problems as part of the MHS.

### Trauma Exposure

The survey highlighted high levels of exposure to potentially traumatic experiences (PTEs) and potentially morally injurious experiences (PMIEs) (8). Around 13% of respondents reported distress from witnessing severe human suffering, while >

## The UN Mental Health Strategy (MHS)

The survey results directly informed the Mental Health Strategy (MHS), which shaped its three core pillars to address the most pressing needs of peacekeepers.

### Prevention of Mental Health Issues

The Strategy is built on clear objectives to foster a proactive approach to mental well-being among peacekeepers. These objectives include raising awareness about mental health, providing stress management training, establishing peer-support networks, and implementing early intervention protocols. To bring these goals to life, the MHS includes practical implementation measures: pre-deployment mental health screenings, regular resilience-building workshops, comprehensive stress management education, and targeted leadership training in mental health awareness. Together, these initiatives create a supportive environment that prioritises

mental health from the start, equipping peacekeepers with the skills and knowledge needed to manage stress effectively and seek support when needed.

### Protection of Mental Health

A core component of the Strategy is the regular assessment and early identification of mental health needs. The importance of early identification, particularly for issues arising from exposure to PTEs and PMIEs, was highlighted in the survey findings. In response, the MHS integrates routine mental health screenings alongside self-assessment tools, enabling early detection and proactive management of mental health concerns before they escalate. Additionally, the strategy provides robust support systems, including accessible self-management resources and professional mental health staff, all tailored to the specific needs of peacekeepers as identified through field data.

### Promote Mental Well-being

With stigma identified as a significant barrier to care, particularly in high-risk missions, the MHS strongly focuses on promoting a supportive mental health culture. Leadership engagement is key to reducing stigma and encouraging help-seeking behaviour. The strategy includes leadership-driven initiatives, Stigma reduction campaigns, cultural competency in mental health care, accessible mental health resources, to ensure peacekeepers can seek support without fear of judgment or repercussions, addressing the barriers highlighted in the survey findings. Recognition of mental health champions is key as are family support programs.



- 16% expressed feelings of guilt over events outside of their control. These experiences underscored the importance of incorporating trauma-informed care into the MHS, with particular attention to addressing moral injury. This could include recognising the role of spiritual counsellors in the mission to support personnel dealing with such experiences.

### Mental Health Stigma

The survey also confirmed that mental health stigma continues to be a significant barrier to care. While most peacekeepers reported a willingness to seek mental health support, a considerable percentage expressed reluctance due to concerns about potential repatriation or being perceived as weak. This finding emphasised the critical need for leadership in destigmatising mental health care, thereby ensuring that personnel can access the necessary support without fear of adverse repercussions.

### Gender Analysis

Interestingly, the survey did not demonstrate a gender difference in reported mental health issues, showing no significant variations in mental health symptoms between male and female peacekeepers. Similar Stress patterns were

seen across both genders, reinforcing an equal need for support services.

### Coping Behaviors

Coping behaviours also emerged as an essential focus for the MHS. While most personnel reported utilising positive coping mechanisms such as exercise and peer support, a significant minority resorted to alcohol use, particularly among those exposed to multiple PTEs or PMIEs. This underscored the need for various coping strategies integrated into the MHS, providing peacekeepers with healthier ways to manage stress.

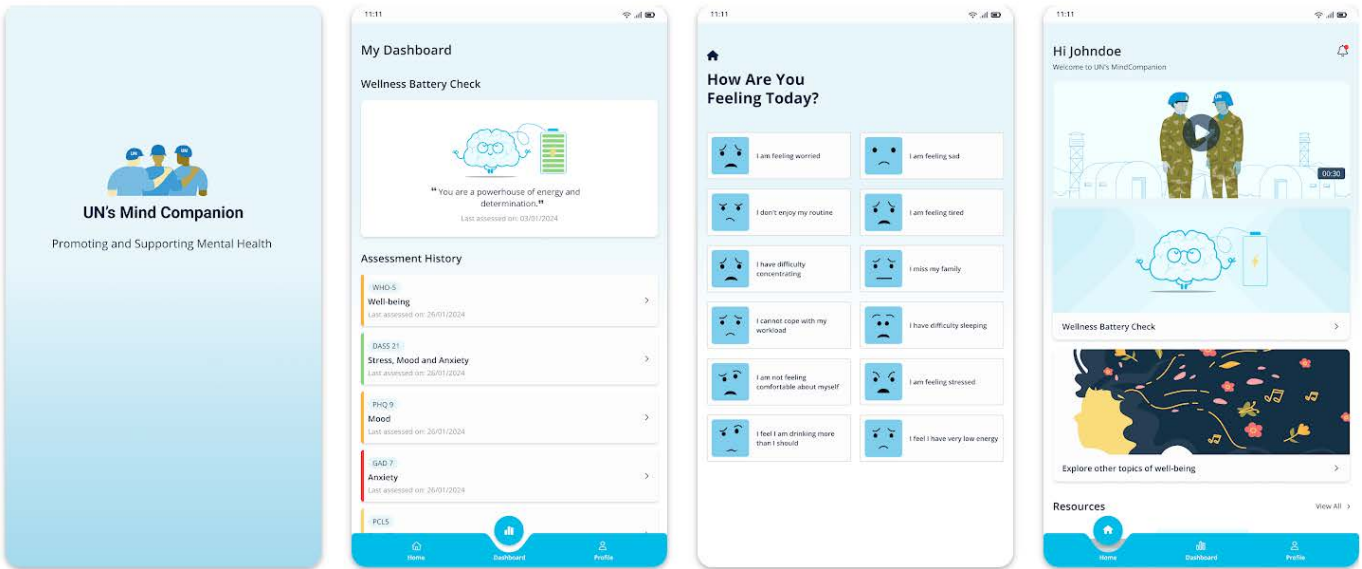
Overall, the survey provided critical data that directly informed the development of the MHS, identifying the key elements requiring the most attention: addressing sleep disturbances, enhancing communication with the families/friends at home and basic living conditions, integrating trauma-informed care, reducing stigma through leadership engagement, and providing healthier coping mechanisms. These findings formed the foundation of the MHS and guided the development of targeted interventions to support the mental health of UN peacekeepers.

### Digital Solution: The UN's MindCompanion App

Building on these core elements of the Mental Health Strategy (MHS), a digital solution was designed to expand access to mental health resources and provide personnel with modern, practical tools to manage their well-being (9,10). Recognising the need to raise awareness and reduce stigma, the digital

platform offers accessible, private, and culturally inclusive support to peacekeepers, no matter where they are deployed.

The UN's MindCompanion application [Available on iOS/Android mobiles (Figure 1) and as a Web App (Figure 2)] embodies this approach, incorporating the strategy's preventive, protective, and promotional pillars into a user-friendly,



**FIGURE 2:** Screenshots of the Web UN's MindCompanion app. The Web app has various resources in various formats and can be filtered by topic and user's role in the Mission.

24/7 accessible platform that prioritises mental resilience and trauma-informed care. Integrating smartphone self-assessment tools, the UN's MindCompanion is a vital extension of the strategy, ensuring personnel can access confidential mental health support globally in real-time.

These self-assessment tools include the Patient Health Questionnaire-9 (PHQ-9) for assessing depression, the World Health Organization 5 Well-being Index (WHO 5), the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) for PTSD, the Generalized Anxiety Disorder-7 (GAD-7) for anxiety, the Depression Anxiety Stress Scales-21 (DASS-21) for stress, Athens Insomnia Scale for sleep issues and the Alcohol Use Disorders Identification Test-Concise (AUDIT-C) for alcohol use (11-17). Additionally, it includes a library of self-help videos on various topics, such as managing trauma and building resilience. These videos were created to be brief and engaging to reflect a modern pedagogical approach. Offline functionality ensures the app can be used in remote areas without internet access. Of particular note is the "battery check," a brief self-assessment with 14 questions to help users monitor their mental health, using the metaphor of a phone battery to illustrate one's current psychological state. Additionally, the platform provides a personalised dashboard that allows individuals to track their mental well-being during deployment, offering insights into their psychological health over time.

Officially launched on 10 October 2024, the app is available in 16 languages. It utilises a colour-coding system for mental health—red, orange, yellow, and green—reflecting the mental health continuum many military personnel may already know. This continuum allows peacekeepers to quickly assess their mental health status, ranging from optimal well-being (green) to critical distress (red) (see Table 1). By addressing common

barriers in military environments, such as the stigma associated with seeking help, the UN's MindCompanion app empowers peacekeepers to prioritise their mental health, encouraging proactive measures to manage stress and intervene early, preventing it from escalating into more severe issues.

Although tailored specifically for the needs of peacekeepers, the UN's MindCompanion app is universally accessible across all major platforms. This tool represents a significant advancement in making mental health care accessible to those in some of the world's most challenging and dangerous environments (see Figures 2 and 3).

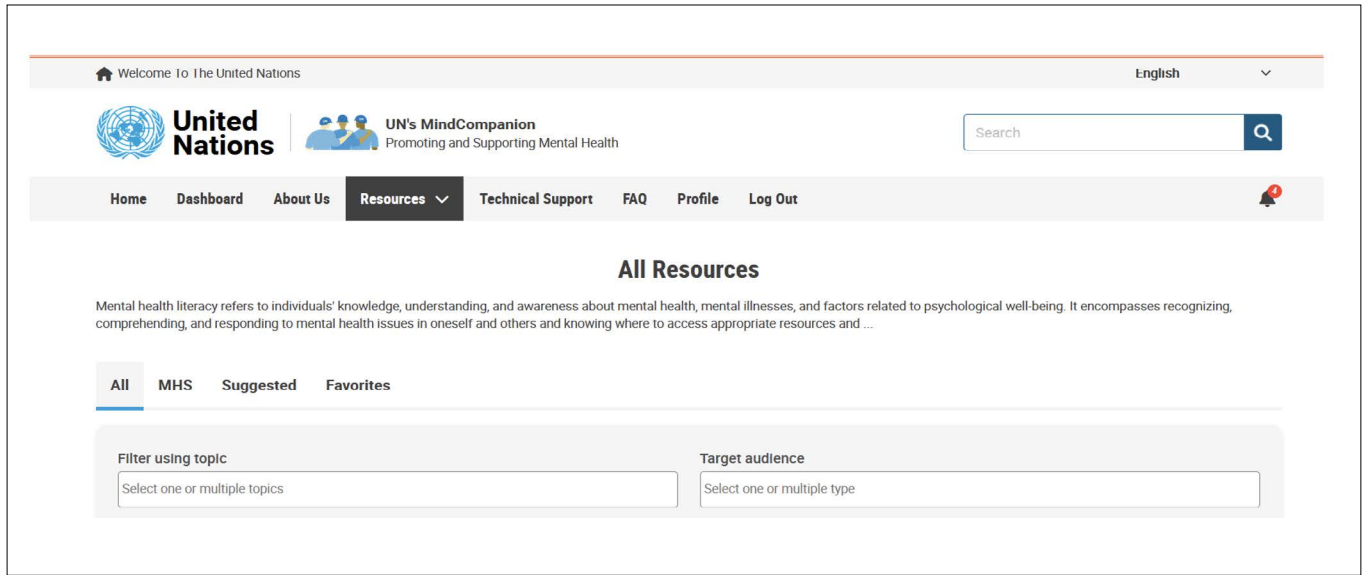
Conclusion

The Mental Health Strategy and the UN's MindCompanion app represent significant advancements in addressing the mental health needs of UN peacekeepers. The UN remains committed to supporting the mental health of its peacekeepers and all others worldwide, ensuring they have the tools and resources needed to thrive in the challenging environments they serve.

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Additionally, we are grateful to the dedicated professionals from the United Nations system and NGOs, including WHO colleagues. Their combined efforts have been instrumental in addressing mental health challenges and improving care for peacekeepers worldwide.



**FIGURE 2:** Screenshots of the Web UN's MindCompanion app. The Web app has various resources in various formats and can be filtered by topic and user's role in the Mission.

## Biography – Dr. Adarsh Tiwathia



Dr Adarsh Tiwathia is the Deputy Director of The Division of Healthcare Management and Occupational Safety and Health. In this role, she along with the Medical Director oversees the health, safety and wellbeing of all UN personnel deployed around the globe. Her responsibilities include

delivering standardized and quality healthcare along with Public Health and Occupational Health to all UN personnel worldwide. She has recently worked on the development and implementation of the Mental Health Strategy for Uniformed Personnel and along with her team launched a digital also called UN'sMindCompanion.

In her previous role as Chief of Clinical Governance Section, she provided leadership on healthcare management to over 150 UN healthcare facilities designed and implemented an UN-wide accountability framework for healthcare services

which includes a system for ensuring adherence to UN Healthcare Quality and Patient Safety Standards (UN-HQPS), a system for continuous improvement of services through conducting Root cause Analysis and patient experience surveys, and an environment in which clinical excellence flourishes by promulgating clinical pathways and conducting clinical audits to ensure compliance.

As the Chief Medical Officer for peacekeeping at the UN Secretariat Medical Services Division, Dr Tiwathia engaged in building Field Health Systems in existing and new missions. Having received a master's degree in Disaster Medicine and Management, Dr Tiwathia worked closely with the Medical Directors of the UN system to establish the United Nations Medical Emergency Response Team.

Before joining the United Nations, Dr Tiwathia served in the Indian Army Medical Corps; UN Dispensary in Hanoi, Vietnam; and worked with NGOs engaged in Public Health Programs including HIV/AIDS.

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