Mental wellbeing and mental health issues are the result of a complex interplay of biological, psychological and social factors. The day-to-day stressors, coping strategies and the level of resilience influence the maintenance of mental wellbeing or the development of mental health problems. With this context in mind, military personnel encounter a range of stressors that occur in three major environments: garrison, training exercises and deployments. Many of these intrinsic stressors are similar to those found in non-military work settings. These include work overload, unpredictability, role ambiguity, and performance evaluation. In addition, military personnel face military-specific stressors. The frequent service-related relocations with or without family cause disruptions requiring a strong ability to adapt. Stressors related to military operations include living in austere conditions, working long hours on consecutive days, weeks and being separated from family and support networks for extensive periods. Military service inherently exposes its members to potentially traumatizing events such as experiencing threats to one's safety, being exposed to human suffering or death, and perpetrating harm on others. These stressors, independently or cumulatively increase the risk of developing mental health issues, particularly in individuals who are otherwise vulnerable based on biological and psychological factors. For example, research shows that adverse childhood experiences, which are associated with different mental disorders, are highly prevalent in military service members' personal history. As a result, compared to the general population, military members exhibit a higher prevalence of depressive disorders, anxiety disorders, and post-traumatic stress disorder.

What are the primary factors contributing to a higher prevalence of mental health issues among military personnel?

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Does the stigma still exist in the barracks or in workplaces? If so, what actions are key in tackling this phenomenon?

Stigma associated with mental illness is a complex phenomenon involving stereotypes, prejudices and discrimination. Recent research shows that stigma impacts every domain of life, but the area which is most impacted is work. In military organizations, the health-related duty restrictions are reported to the chain of command. Coworkers will likely become aware that a particular member is not fit for duties, and it could further exacerbate stigma experiences.
As stigma itself is a multifaceted issue, a multi-faceted approach is needed to combat it. At the community level, talking about mental health and mental illness through sharing stories, experiences, struggles, and successes increase awareness, helps to normalize the issues around mental illness and care seeking. At the organization level, one of the most important strategies is education. For example, the Canadian Armed Forces has a robust mental health literacy program (Road to Mental Readiness – R2MR) which is embedded one’s military career, including the deployment cycle. R2MR teaches members to recognize the signs of mental illness and encourages seeking help in a timely manner. A good example addressing stigma at the interpersonal level is ensuring the use of appropriate, non-stigmatizing and supportive language. People struggling with mental illness should feel they are heard, included, and supported. In the Canadian Armed Forces, we try instilling hope by sharing that with proper and timely treatment, improvement and recovery from mental illness is possible. At the individual level, members are encouraged to express their needs, values, and preferences so they can actively participate in the management of their struggle and are not only passive recipients of the treatment.

| Which actions should organisations as NATO take to raise awareness on mental health issues affecting military personnel? |

Education is the best strategy to raise awareness on mental health issues. Multinational organizations such as NATO are in a position of collecting and sharing the mental health-related experiences of the partner military organizations. One of the roles of the NATO Military Mental Health Panel (Chaired by Canada) is to understand the partner nations’ challenges both in garrison and in operational settings. Sharing information on preventative and therapeutic efforts, notwithstanding the unique cultural context of each nation, helps representatives optimize their approach to those vulnerable to, or experiencing mental health issues. NATO has been contributing to education on mental health issues in other ways too. For example, NATO - Human Factor and Medicine has formed Research Task Groups to develop guidance for military leadership on pertinent mental health-related topics, such as psychological support across the deployment cycle, suicide prevention, etc. Sharing lessons learned from multinational engagements such as operations and training exercises is another avenue to distribute best practices in prevention and management of mental health issues. Facilitating international collaborations to evaluate and validate the different interventions would be also desirable.