

**Summary of the 2023 UN Peacekeeping Ministerial Preparatory Meeting on
Mental Health Support for Uniformed Peacekeeping Personnel
co-hosted by Ghana, Republic of Korea, and the United Nations
18 July 2023, 7-10am**

The Preparatory Meeting on Mental Health Support for Uniformed Peacekeeping Personnel, co-hosted by Ghana, the Republic of Korea and the United Nations was attended by 200 participants from 50 Member States. It convened Member States to consider pledges for the 2023 UN Peacekeeping Ministerial in Accra, Ghana on 5-6 December 2023 related to mental health support for uniformed peacekeepers in line with the [UN's pledging guide](#). Dr. Tiwathia, Deputy Director of the Division of Healthcare Management and Occupational Safety and Health (DHMOSH) in the Department of Operational Support (DOS), presented the UN mental health strategic framework for uniformed peacekeeping personnel and moderated the meeting. Member States broadly welcomed the development of the framework, while also sharing national experiences related to mental health for uniformed personnel, as well as gaps and needs for partnerships.

Opening session

The meeting was opened by [Mr. Khare](#), Under-Secretary-General for Operational Support, who underlined that extended deployments in harsh, remote, and insecure environments put an enormous strain on the mental health of peacekeepers and laid out steps Member States can take, including through capacity building partnerships. [H.E. Mr. Yong min Park](#), Deputy Minister for Multilateral and Global Affairs of the Ministry of Foreign Affairs of the Republic of Korea (ROK) emphasized the importance of the mental well-being of peacekeepers to enhance their safety and security, which was already underscored in the 'Seoul Initiative' that was announced at the 2021 Seoul UN Peacekeeping Ministerial (remarks here). He also introduced the steps taken domestically, which includes tests, a diverse range of welfare activities in mission and continued monitoring after peacekeepers return. The [Hon. Mahama Asei Seini](#), Deputy Minister of Health of Ghana stressed that human resources are the most valued resource of any organization and underlined that taking mental health seriously is critically important. He also addressed the importance of education to change misperceptions about mental health, screening, early identification, and rehabilitation and spoke to Ghana's efforts to decentralize and integrate mental health into primary health care.

Session 1 - Strategic Framework for mental health support for uniformed peacekeeping personnel and needs and gaps for mental health support

The first session introduced the background for why a UN mental health strategic framework for uniformed peacekeepers is needed, and updated on the roadmap towards it, the key tenets of the framework, and the way forward. Ghana and Morocco, as Member States also serving on the Advisory Committee on Mental Health Strategy and Post-traumatic Stress Disorder (PTSD) Implementation Plan were followed by perspectives from a peacekeeping mission (UNMISS), as well as the UN Military Adviser. Throughout the session, three distinct phases were demarcated for interventions: pre-deployment, during deployment, and post-deployment. The strategic framework will focus on the WHO-mandated pillars, namely prevent, protect and promote, and support.

[Dr. Tiwathia](#) presented the UN Mental Health Strategic Framework for Uniformed Personnel. She briefed on the roadmap and the justification for the strategic framework: repatriations/medical evacuations, PTSD claims, findings of a survey, and focus group discussions of senior leadership and uniformed peacekeeping personnel, each of which helped inform the development of the framework. The survey results included the prevalence of mental health-related symptoms, especially disturbed sleep and

changes in appetite, concurring with the increase in PTSD claims and mental health-related repatriations. [Dr. Tiwathia](#) also shared the framework's analysis of the causes of poor mental health, indicating that early and on-site support would decrease barriers to care, and that mental health literacy is key to behavioral change. To that end, the strategic framework is designed to build a culture that recognizes and responds to the unique stressors faced by uniformed personnel, as well as to provide tools to improve wellbeing and rapidly resolve cases involving psychological difficulties. She also discussed the development of a mobile app for uniformed personnel which required Member State support and would include various specialized features. [Dr. Tiwathia](#) asked Member States to share good practices with the Advisory Committee.

[Dr. Otheman](#), Professor of Psychiatry from Morocco spoke to preventive and support measures undertaken by Morocco for the armed forces, including prior to deployment (more careful selection, specific training on mental health), during deployment (decompression activities, spiritual/religious support, maintaining contact with families, and a familiar diet, as well as peer support and documenting potentially traumatic events). She further spoke to steps undertaken after returning home, including post-deployment psychiatric consultation. Meanwhile, [Lt Col Dr. Akhter](#), the Deputy Force Medical Officer in UNMISS stressed the insufficient numbers of mental health professionals in the mission, with limited counsellors, only two psychologists, and no psychiatrists. She laid out steps to be taken by individuals to prepare themselves for mission life and the stability of their home situation, and by commanders to reduce stress for their units and improve cohesion among personnel.

[Dr. Dickson](#), a Physician Clinical Psychologist from Ghana described the lack of awareness as a barrier to health-seeking behavior and as directly leading to measures such as self-medication with alcohol. She said that leaders have a key responsibility in responding to behavior change as a mental health issue rather than as misconduct. [Dr. Dickson](#) also explained the staffing needs in her country's military and the progress it has made in training nurses and doctors to provide better mental health services and educating personnel. Concluding the panel, [Gen Diop](#), the UN Military Adviser reiterated that mental health is essential and requested T/PCCs to take necessary steps. He further underlined that mental health has significant consequences for operational effectiveness and mission success. [Gen Diop](#) shared good examples of using a buddy system, partnerships, and sensitive leadership, and pointed to MINUSMA as a model for ensuring that peacekeepers have access to professionals and receive support after potentially traumatic improvised explosive devices (IED) incidents.

The session concluded with a robust series of Member State interventions which overall expressed strong support for the new mental health strategic framework, shared national lessons, as well as highlighted gaps and needs for partnerships. Speakers from Germany, Israel, India, Canada, Morocco, Russia, and Uruguay shared best practices from their countries and insights from multi-state collaboration on policies, including the strategic framework. In a joint statement, [Germany](#) and [Israel](#) encouraged joint pledges related to mental health at the Ministerial, while [India](#) emphasized the strategic framework should include support for mission-specific training. The [United States](#) referred to the importance of training for command staff, suggested T/PCCs to share lessons and noted that partnerships can alleviate the burden on T/PCCs. [Canada](#) mentioned its Road to Mental Readiness program and offered to contribute its findings to the strategic framework, while also adding that gender-based harm led to more adverse mental health effects on women. [Zambia](#) asked about recommendations for screening tools and about addressing stigma. Some existing tools were mentioned in response and [Ghana](#) shared its positive experience with re-branding clinics to Therapy and Wellness Department. [Russia](#) described procedures undertaken for its national forces, including screenings and rehabilitation free of charge. [Kenya](#) asked about the procedure for evacuations to which the UN

responded that with telemedicine capabilities, assessments could in the future be done in-mission, which could reduce the need for evacuations. [Uruguay](#) described their use of a psychologist to support personnel pre-deployment, in-mission, and after return to their home country.

Session 2 - Opportunities for partnerships for mental health support for uniformed peacekeeping personnel

Building on the discussion in the first session and the presentation of the steps already underway by the UN as well as by Member States, the second session focused on opportunities for partnerships. Opened by [Col Dorjderem](#), the Military Adviser of the Permanent Mission of Mongolia, he introduced measures Mongolia is already taking. This includes mental health-oriented trainings, screenings, and the use of a buddy system. [Col Dorjderem](#) further shared that welfare officers are placed in all units for morale-building and noted that two weeks of family time are designated upon repatriation. He also observed that higher female presence in units improved wellbeing due to their contribution to a more care- and counseling-based environment. Speaking to gaps, [Col Dorjderem](#) mentioned the need for a training programme on mental health, ideally provided by the UN, and conferences or meetings to share experiences, lessons and knowledge among Member States (including learning from top T/PCCs). Speaking to steps taken by the Defence Forces of Ireland, [Maj O'Brien](#), a Military Clinical Psychologist from Ireland, emphasized the importance of improving mental health literacy, psychoeducation, reducing stigma and communication on mental health from leadership to troops, as well as from troops to leadership. She detailed training for troops (prior, during and post deployment) and endorsed the proposal of a mobile app or digital platform as a centralized point of information. She also mentioned the potential of partnerships and sharing resources to maximize capabilities, emphasizing training on trauma-focused approaches and evidence-based therapies.

[Col Caelen](#), Military Adviser of the Mission of the Netherlands, looked back at progress made in the Dutch Armed Forces and shared five key takeaways from his experiences: the role of leadership in changing the attitude towards mental health, fostering a culture of openness across all ranks, increasing a sense among uniformed personnel of the work's meaningfulness, educating and managing expectations, and embracing diversity. [Lt Col Lee](#), Officer in Charge of Health Promotion in the ROK Ministry of National Defense introduced mental health measures, including a stress management course, ceremonies for morale and pride, human resource management, programmes to build bonds with locals, and post-deployment counseling and treatment. Mental health evaluations are also carried out pre-, during, and post-deployment, and results are reported to commanders.

In the Q&A session, [Madagascar](#) noted its interest in partnerships to support its training and medical resources. [Thailand](#) also raised several gaps and opportunities for partnerships in developing mental health procedures. Gender-responsive medical care, including related to mental health was also mentioned. [Guatemala](#) noted the need to improve its mental health preparedness for its contingent in MONUSCO.

Closing session

Mr. Lacroix, Under-Secretary-General for Peace Operations, thanked all participants for their support during his closing remarks. He further outlined areas in which Member State support is needed and welcomed the opportunity to learn from Member States to better protect peacekeepers and equip them mentally and in relation to training and capabilities, as best as possible. Going forward, DHMOSH will continue to finalize the UN mental health strategic framework for uniformed personnel, including through consultation of the Advisory Committee, with a view to finalizing it by the end of 2023. The UN's needs and gaps related to mental health are indicated in the [UN pledging guide](#).