

Sustaining NATO service member mental health during the crisis in Ukraine

Amy B Adler ,¹ D Forbes,² R J Ursano³

The world has been transfixed by Russia's invasion of Ukraine. While Ukrainians are confronted with the realities of war and details of the invasion of Ukraine evolve, thousands of North Atlantic Treaty Organization (NATO) troops are located in positions across Europe in a heightened state of readiness. These troops are functioning under prolonged psychological stress, which may potentially diminish motivation, negatively impact psychological health and influence long-term health sequelae. Service members may also feel frustrated or helpless that they are not providing direct support to the Ukrainians. Given what has been learnt about mental health from previous conflicts, employing primary prevention strategies is important for protecting mental health, resilience and the mental readiness of allied forces. Strategies that build on existing skills can be targeted for individuals and teams.

For individuals, these strategies can begin with sleep. Sleep is a well-established predictor of positive psychological health trajectories in high-stress settings. Yet, as service members are mobilised, getting adequate quality sleep can be especially challenging. While guidance about sleep needs to be appropriate to the real-world environment of physical demands, shifting schedules and underlying psychological threats, the need for leaders to prioritise sleep as a critical item of 'refuelling' and sleep banking is important. Individual resilience can also be strengthened by integrating mental skills such as psychological

grounding, deep breathing and self-talk into usual routines.¹

For teams, these strategies are rooted in cohesion. Here the research is also clear, team cohesion and leaders are critical for maintaining resilience and positive mental health trajectories.² Team members can shape emotional contagion that can aid (or hinder) groups and support one another in times of mental stress. Leader emphasis on the team's purpose and values, especially in a state of uncertainty or setback, can sustain optimism and commitment. Teams and leaders can also be effective by managing expectations and addressing boredom.

For both individuals and teams, another risk factor is anger. Anger can and does have an adaptive function and can drive individuals to mobilise their resources in the face of injustice. However, problematic anger can lead to generalised distress, interfere with functioning and be a risk factor for poor decision-making. In the context of military units maintaining a heightened level of readiness, tensions can run high, potentially impeding effective communication and relationships. Individuals can use fieldable techniques to regulate their emotions, including emotion labelling, temporal and personal distancing to put concerns into perspective, and brief in situ cognitive-behavioural techniques to specifically mitigate anger or other emotional difficulties.

These strategies are consistent with well-known models of support in the context of adversity, particularly the principles of promoting calm and connectedness. These principles have also been extended to periods of prolonged stress, including the COVID-19 pandemic, and represent the cornerstone of cross-context adaptive mental healthcare.³

Ensuring that key influencers deliberately reinforce these stress-mitigating strategies can enhance primary prevention and the longer term trajectories of mental health while enhancing military readiness. These strategies can easily get lost amidst

the magnitude of mission-critical tasks. If we attend to them, our present knowledge suggests that allied service member health and readiness will be better sustained.

Collaborators Five Eyes Mental Health Research and Innovation Collaboration (MHRIC)

Contributors ABA planned and conducted the work. DF and RU provided critical edits, additional information and commentary. ABA is responsible for the overall content.

Funding This study was funded by Military Operational Medicine Research Program (MO210077).

Competing interests None declared.

Patient consent for publication Not required.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.



OPEN ACCESS

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.



To cite Adler AB, Forbes D, Ursano RJ. *BMJ Mil Health* Epub ahead of print: [please include Day Month Year]. doi:10.1136/bmjilitary-2022-002136

Received 10 April 2022

Accepted 30 April 2022

BMJ Mil Health 2022;0:1.

doi:10.1136/bmjilitary-2022-002136

ORCID iD

Amy B Adler <http://orcid.org/0000-0002-0886-5530>

REFERENCES

- 1 Fitzwater JPJ, Arthur CA, Hardy L. "The tough get tougher": Mental skills training with elite military recruits. *Sport Exerc Perform Psychol* 2018;7:93–107.
- 2 Crane MF, Forbes D, Lewis V, et al. The interplay between social interaction quality and wellbeing in military personnel during their initial two-years of service. *Milit Psychol* 2022;20:1–14.
- 3 Ursano RJ. Principles of psychological first aid: core elements of disaster care, COVID-19 pandemic care and supportive psychotherapy. *Psychiatry* 2021;84:309–10.

¹Center for Military Psychiatry and Neuroscience, Walter Reed Army Institute of Research, Silver Spring, Maryland, USA

²Phoenix Australia Centre for Posttraumatic Mental Health, Department of Psychiatry, University of Melbourne, Carlton, Victoria, Australia

³Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

Correspondence to Dr Amy B Adler, Center for Military Psychiatry and Neuroscience, Walter Reed Army Institute of Research, Silver Spring 20910, MD, USA; amy.b.adler.civ@mail.mil