



National
Defence

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— ROAD TO —

MENTAL READINESS

AIDE MEMOIRE



Canada

TABLE OF CONTENTS

Introduction	1
Purpose of the Guide.....	1
Definitions	3
Mental Health Continuum Model (MHCM)	5
Signs and Symptoms.....	8
Stress and Performance	9
Physiology and the Brain	11
Mitigating the Impact of Stress	13
What to do	13
The Big Four	13
Mentoring the Big Four	18
Ad Hoc Incident Review	18
Intervention	23
Role of Individuals	23
Role of Leaders.....	23
Role of Mental Health Professionals	27
Suicide Prevention	28
Mental Health Resources	31
Mental Health and Operations	33
Education and Prevention.....	34
Frontline care for Stress Reactions.....	35
Caring for Mental Health Casualties	38



INTRODUCTION

Purpose of the Guide

Leaders at all levels have a key role in sustaining the mental readiness of service personnel under their command. The aim of this guide is to provide military leaders with information and practical strategies for dealing with stress and the provision of psychological support. The goal is to enhance personal and unit effectiveness in modern military operations, whether at home or on deployment.

It is important for CAF personnel and leaders to understand that the effects of stress are experienced by all military personnel. Recognizing and managing the effects of stress is a leadership responsibility. Leaders should remember that the more soldiers/sailors/air men and women know about normal reactions to stress, the more resilient they will be at dealing with the stress of military operations. Leaders should not underestimate their influence on the morale and well-being of personnel in their command.

A commander's skill as a leader and his/her ability to provide support is critical and is often all that is needed to assist members through the normal recovery after stressful incidents. In fact, evidence has shown that while most persons may experience some physical or emotional symptoms after an exposure to a potentially traumatizing event, the great majority of these persons will recover. It is therefore imperative that CAF personnel at all levels refrain from assuming that the normal human response to potentially traumatizing events will result in a requirement for medical attention.



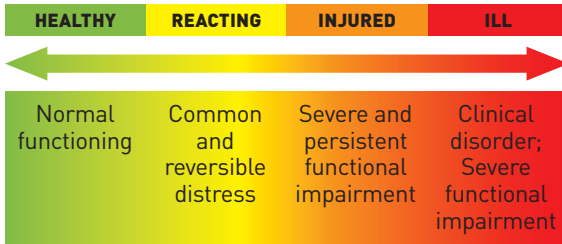
Definitions

- **Mental Health:** How we think, feel and act as we cope with life. It also helps determine how we handle stress, relate to others and make choices. Like physical health, mental health is important at every stage of life, from childhood and adolescence through adulthood. The CAF Definition in DAOD 5017-0 is: “Mental health is the state of psychological and social well-being from which the capacity to function effectively in both occupational and personal relationships is derived.”
- **“Mental Toughness** is the ability to bring to life whatever skills and talents you have — on demand. That may come down to an ability to fight sleepiness, or to stay relaxed and calm or to not surrender your spirit when the odds are against you.” James Loehr in *Brain: The Complete Mind*, National Geographic, 2009.
- **Adverse situations:** the duties performed on operations can expose military personnel to stressful and traumatic events. The stressors are likely to vary by operation, mission, and occupation.

- **Military Resilience** is defined as the capacity of a CAF member to recover quickly, resist, and possibly even thrive in the face of direct/indirect traumatic events and adverse situations in garrison, training and operational environments.



MENTAL HEALTH CONTINUUM MODEL (MHCM)



Mental health, like physical health, exists on a continuum. It is a dynamic changing state that can deteriorate or improve given the right set of circumstances. Therefore, mental health concerns, if identified and treated early, have the potential to be temporary and reversible. This model goes from healthy adaptive coping (green), through mild and reversible distress or functional impairment (yellow), to more severe, persistent injury or impairment (orange), to clinical illnesses and disorders requiring more concentrated medical care (red).

The arrows under the four color blocks denote movement in both directions is possible, thus indicating that there is always the possibility for a return to full health and functioning.

It is important for you as leaders to be able to recognize the behavioural signs indicative of each of the phases of the MHCM which become more severe as the sailor/soldier/air man/air woman moves to the right on the mental health continuum.





Signs and Symptoms



HEALTHY	REACTING	INJURED	ILL
Normal mood fluctuations; Calm & takes things in stride	Irritable/ Impatient; Nervous; Sadness/ Overwhelmed	Anger; Anxiety; Pervasively sad/Hopeless	Angry outbursts/ aggression; Excessive anxiety/panic attacks; Depressed/ Suicidal thoughts
Good sense of humour; Performing well; In control mentally	Displaced sarcasm; Procrastination; Forgetfulness	Negative attitude; Poor performance or Workaholic; Poor concentration/ decisions	Overt insub- ordination; Can't perform duties, control behaviour or concentrate
Normal sleep patterns; Few sleep difficulties	Trouble sleeping; Intrusive thoughts; Nightmares	Restless disturbed sleep; Recurrent images/ nightmares	Can't fall asleep or stay asleep; Sleeping too much or too little
Physically well; Good energy level	Muscle tension/ Headaches; Low energy	Increased aches and pains; Increased fatigue	Physical illnesses; Constant fatigue
Physically and socially active	Decreased activity/ socializing	Avoidance; Withdrawal	Not going out or answering phone
No/limited alcohol use/ gambling	Regular but controlled alcohol use/ gambling	Increased alcohol use/ gambling – hard to control	Frequent alcohol or gambling use – inability to control with severe consequences



STRESS AND PERFORMANCE

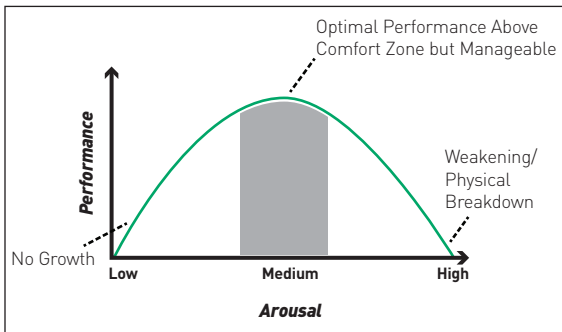
Within the last couple of decades, neuroscience has given us increased knowledge of the physiological and psychological reactions the body and mind experience when exposed to stress. This enhanced understanding now gives us the ability to improve the resilience of our forces and increase operational effectiveness.

Stress can be defined as the wear and tear on the body caused by the need to adapt to changes in the environment. Stress is highly individual, so what is deemed stressful for one individual may not be for another. Also, remember that stress does not have to come from a big adverse or traumatic event. Daily hassles, the everyday issues (i.e. traffic jams, negative work environment, etc.) that make us upset at work or at home, may have a bigger impact on our mental health than large stressful events.

Furthermore, not all stress is negative. The Yerkes-Dodson law states that performance increases with physiological or mental arousal (stress), but only up to a certain point (Diamond, et al, 2007).

Therefore, this means that when stress levels are too low or too high, performances decreases. This is demonstrated in the graph below.

Stress and Performance



While the most common challenge in a military environment is typically managing high levels of stress or arousal, managing under arousal is also important. Such issues as sleep deprivation, fatigue, boredom, or complacency can lead to too little arousal and thus impact performance. This is represented by the left side of the diagram. The right side of the diagram represents distress, which occurs when the stressor is beyond our ability to continue to cope and perform effectively.

The key is to understand our physiological reactions to stress and use strategies to manage these reactions in order to stay in the optimal zone for performance.

Physiology & the Brain

Both chronic stress and acute stressors can trigger a physiological reaction in our body and can enact the *stress response* (also referred to as the *fight/flight/freeze response*). The stress response is the body's automatic defence reaction to a perceived threat, real or imagined. When confronted with stress the nervous system responds by releasing a flood of stress hormones, including adrenaline and cortisol. Heart rate increases, muscles tighten, blood pressure rises, breath quickens, and the senses become sharper.



The stress response system (*Fight/Flight/Freeze*) is not under our direct control. It is a reflex programmed by evolution that kicks in when we are challenged. However, even though we

don't control it directly, understanding how Fight/Flight/Freeze works can give us some indirect influence over stress, and prevent its effects from becoming harmful or chronic.

It is possible for a person to intervene and regain control over this response to stress by starting to *slow down the process*. This is achieved by employing stress countermeasures to relax the body, slow the breath and increase the flow of oxygen to the brain. The ability to relax does not come easily — it is a skill that has to be learned and practiced.

The physical effects of applying arousal reduction techniques include:

- Immediate changes — lowering of blood pressure, heart rate, breath rate, and oxygen consumption
- Long term changes (after repeated practice) — decrease in anxiety and depression, as well as an improvement in ability to cope with life stressors



MITIGATING THE IMPACT OF STRESS

What to Do

The CAF has adopted four primary skills or countermeasures (goal setting, self-talk, mental rehearsal, and visualization) that have been proven to be effective in building resilience, and assisting members to bounce back from difficult and challenging situations.

The Big Four

GOAL SETTING

Goals provide direction, feedback, and motivation. A goal should be out of reach, but not out of sight. Break goals into smaller chunks, take action, evaluate progress.

While goal setting may come easily to some, others struggle a great deal. However goal setting is a skill and if you remember these key **SMART** points it can be learned:

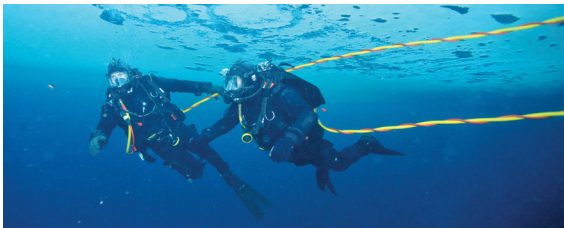
- S Specific:** Goals must include a specific behaviour that you take — you cannot make goals for others. The action must focus around you.
- M Measurable:** You have to be able to see progress — if you can't measure it then how do you know when you've achieved it?
- A Attainable:** Goals must be attainable and possible to achieve.
- R Relevant:** Goals need to be relevant and motivate you — they must be either desirable or necessary. You must either want it OR need it.
- T Time-bound:** You need to know when you will achieve the goal. It is helpful to break each step down into manageable chunks.

MENTAL REHEARSAL/VISUALIZATION

Mental rehearsal involves mentally preparing yourself for the *what ifs*. This is not about being negative and becoming overwhelmed, rather it is predicting possible problems and working out a solution in advance.

ENSURE THAT YOU CONSIDER THE FOLLOWING TIPS:

1. Start calm and relaxed, then increase stress as required
2. Use all senses (sight, sound, smell, touch, taste)
3. Help the subordinate control the mental images — you want them to see success
4. Keep it simple
5. Use movement
6. Practice, practice, practice



SELF TALK

It is not an event that leads to our emotions and behaviour but rather *our thoughts* about this event. The key to self talk is to make the messages positive rather than negative.

- Become aware of self talk
- Stop the negative; replace with positive
- Use key words: *Ready. Focus. Persist. Overcome. Confident.*

AROUSAL REDUCTION: TACTICAL BREATHING

Tactical breathing is based on the observation that many people breathe shallowly or irregularly when anxious or tense. These breathing patterns lead to an imbalance of oxygen and carbon dioxide in the body, which can cause the physiological symptoms of anxiety. The diaphragm is a kind of mobile partition that separates the lungs from the other organs. It does not move much with shallow breathing, but with deep breathing, the lungs fill more completely and the diaphragm moves down, stimulating the organs like the stomach and the kidneys to enhance their functioning. This eases up on the “accelerator” effect that intense stress has, and is the most natural way to find the inner “brake”.

Basically, it is one of the most portable and effective tools we have to turn off the fight or flight response and regain control of our physiology.

- The Rule of 4's
 - Inhale to count of 4
 - Exhale to count of 4
- Repeat for 4 minutes



Mentoring the Big Four

Science tells us that if these skills are to be helpful and effective in stressful situations, we must practice, mentor and coach application of the skills during routine tasks and training. In considering how to imbed these skills into collective training, leaders should:

- Teach the Big Four
- Emphasize the importance of the skills
- Include cues to use skills
- Boost belief in subordinates' ability
- Set up exercises to practice skill set directly
- Encourage the setting of goals and breaking these down into manageable pieces
- Demonstrate and model techniques

Ad Hoc Incident Review (AIR)

In addition to the Big Four, as leaders you must be prepared to intervene and provide support to your subordinates after exposure to a stressful event.

The **Ad hoc Incident Review (AIR)** is simply a tool you can use to structure your supportive intervention with the group and reduce distress. The process can be implemented either formally or informally, as a small unit or sub-group, or within the more informal buddy system.

STEP 1: ACKNOWLEDGE AND LISTEN

Acknowledge:

The leadership has a responsibility to acknowledge the event: "Something bad just happened." "That was a tough one." It is okay to make a global statement about how the group is feeling. Do not ignore the event, or carry on without acknowledging the event. However do not over-emphasize the event either. Talk about facts only. What you could do: approach it the same way you would send a message over the radio: calm, straight forward and clear.

Listen:

Your job is not to fix it (you can't). However, you can help by providing an opportunity for discussion. Expect that some members will not want to talk about the event, or other may only wish to discuss it with their peers not with you.

This is okay. Each person will cope with an event in their own way, and we do not want to interfere with people's natural coping strategies. What you shouldn't do is force someone to talk to you; this can be detrimental. All discussions should occur voluntarily and naturally.

STEP 2: INFORM — CHECK IN AND APPLY THE MODEL

Most individuals (80%) will have some short-term reaction to operational stress or difficult events. The best interventions are the simplest, non-medical ones that can be implemented by the chain of command.

After acknowledging the event and providing the opportunity to talk, you should remind your subordinates that it is important for them to take care of themselves. For some they may not be bothered at all, but for others some symptoms of distress may continue over the next few days or even weeks. Reinforce that this is normal, however, if these symptoms become too distressing there are resources available and that you will help access them.

STEP 3: RESPOND — OBSERVE, FOLLOW UP, MODEL

Observe and follow-up with members later on to see how they are doing, as well ensure that you model healthy coping. A note on modeling: People want to hear leader's negative emotions or thoughts after a distressing event. They don't need you to pretend that everything is okay. However, they also need to see their leader managing their reactions in a healthy manner, including seeking care when/if necessary.

Adverse events not only provide leaders with a challenge, but also provide them with an opportunity. Effective leaders actively demonstrate concern for individuals, acknowledge loss, communicate directly with CAF members and their families, and send a message that the unit/crew is expected to recover. Through good leadership, you can strengthen cohesion, resilience, and readiness.





INTERVENTION

Role of Individuals

Research has demonstrated that social support is a key factor in resilience. As a leader you must foster cohesion within the unit/crew. Often, CAF members will turn to each other when struggling. Peer support does not need to be complicated; sometimes the simplest interventions are the best.

Role of Leaders

Leaders must establish a command climate which acknowledges that personnel may become overwhelmed with the personal issues they struggle with. The only way subordinates will be open to receiving help is if the environment in which they work endorses that getting help is OK.

Leaders have to be willing to talk to their personnel, and listen to what they have to say. They have to send the message that they are interested in their subordinates' welfare.

It is important to emphasize that seeking help in times of distress displays courage, strength, responsibility, and good judgement.

RECOGNITION & SUPPORT

- Know the members of your team, help them learn the skills they need
- Be on the lookout for sudden changes in behaviour and performance; if you see such changes, ask about them
- Offer encouragement and recognition
- If you are concerned about someone, talk to them about how they are doing

KEY ROLE OF LEADERS

Leader actions can be divided into three categories: shield, sense, and support.

Shielding actions are those that enhance the capacity of subordinates, both individually and collectively, to cope with stressors in order to maintain, if not to improve, individual mental health.

Sensing actions are those that focus on early recognition and assistance for subordinates in the area of mental health.

Support actions involve leadership actions that directly support their subordinates who are seeking mental health care.



“Remember that in any man’s dark hour, a pat on the back and an earnest handclasp may work a small miracle.”

— BRIGADIER-GENERAL S.L.A MARSHALL, 1950



“ The triple S “

Do:

- Get to know your personnel
- Foster healthy work environment
- Set example of healthy coping behaviours
- Watch for significant behaviour/performance changes
- Manage unacceptable behaviour
- Provide opportunity to rest
- Identify and manage unhealthy situations
- Support, Intervene, Consult

Don't:

- Diagnose or label
- Ignore the situation and hope it will go away
- Allow the member to isolate him/herself
- Lose touch with members receiving medical care
- Try to be their best friend

Role of Mental Health Professionals

Mental health professionals, such as Social Workers, Mental Health Nurses, Psychologists and Psychiatrists, assess the well-being and

morale of CAF personnel, and offer early intervention, when required.

Leaders can consult with MH professionals to help them address unit or crew issues and to generate recommendations for actions to improve well-being and morale. Leaders can also request specific training on issues that affect their whole unit/crew, such as how families are affected by deployment, stress management, conflict resolution, and responsible consumption of alcohol.

Suicide Prevention

Suicide is a complex issue. Most individuals have more than one reason for attempting it. Most people who attempt suicide do not want to die. Rather, it is a desperate act aimed at stopping the pain of living. Evidence clearly shows that if a person is prevented from committing suicide, he or she is very thankful afterwards.

It would seem that many suicides could be prevented since most are preceded by warning signs. All CAF members should be familiar with these signs and know what to do to help prevent this needless loss of a life. Suicide prevention is everybody's business.

Sudden changes in behaviour in an individual may indicate underlying emotional problems. These could include an abrupt increase in absenteeism, reduced job performance, lack of interest and withdrawal, changed relationships with fellow workers, increased irritability or aggressiveness, and increased or heavy use of alcohol or drugs.

Sudden changes in attitude or personality may also be a telltale sign of problems. This could show up as a sudden loss of interest in appearance or hygiene. Or it could lead a cautious individual to become a reckless risk-taker. These and other similar changes are cause for concern.

Making final arrangements is another common act of someone thinking about suicide. In younger people, this might include giving away prized personal possessions. In older individuals, it might involve updating a will, attention to personal financial planning, and the like.

Some warning signs are more direct. Eight out of ten people who take their own life give definite clues before doing so. Suicide hints or threats must therefore be taken seriously. These could be statements such as: "I won't be around much longer for you to put up with me"; "My family

would be better off without me,” or “I think I’m going to end it all. I can’t stand this anymore.”

If you think someone is contemplating suicide, there are some things you can do. Five very specific steps are noted below. These have appeared previously in CAF publications, but they are extremely important and bear repeating. You should:

- **ASK** the individual directly if they are thinking of suicide.
- **LISTEN** to what they have to say without judging.
- **BELIEVE** what the individual says and take all threats of suicide seriously.
- **REASSURE** the person that help is available.
- **ACT** immediately. Make contact with others to ensure the person’s safety

Don’t try to deal with the situation yourself. Medical staff, a Social Work Officer, a Chaplain, and the individual’s CO are all people you can turn to quickly for help.



MENTAL HEALTH RESOURCES

We all face problems and challenges in life. Sometimes we may need a hand in dealing with an unexpected crisis, a difficult event or even the stress and demands of everyday life.

Most of the time people deal successfully with such problems on their own, or with the help of friends and family. When these supports don't seem to be enough, it makes sense to talk to a professional to see what additional approaches might help get you back on track.

CAF members have a number of resources available to them to help to address problems and concerns. Within your local area there are also many community resources that you can contact.

**For emergencies contact your local
emergency room or call 911.**



HEALTHY	REACTING	INJURED	ILL
Friends/Family	Friends/Family	Friends/Family	
Unit/Leadership	Unit/Leadership	Unit/Leadership	
Medical Officer (GDMO)	CF Members Assistance Plan (CFMAP)	Medical Officer	Mental Health Services
Alternative Dispute Resolution (ADR)	1-800-268-7708	Medical Officer (GDMO)	Operational Trauma Stress Support Centres (OTSSC)
Road to Mental Readiness (R2MR) www.forces.gc.ca/R2MR	Chaplain	Chaplain	
Health Promotion Courses	Psychosocial services	MFRC	
	Base Addictions Counsellor (BAC)	JPSU/IPSC	
	Military Family Resource Centres (MFRC) www.familyforce.ca	Operational Stress Injury Social Support (OSISS) www.osiss.ca	

Leaders who want to reduce the stigma associated with mental health problems in their unit need to be consistent. They need to support those who seek help, encourage them, and remind their subordinate leaders that it takes leadership to ensure that those who need help, get it.



MENTAL HEALTH AND OPERATIONS

Deployments can be highly rewarding but they also require one to cope with multiple demands and unique stressors. There are many different sources of deployment stress. Operational stress results from the demand of working to accomplish mission tasks and encompasses all the physiological and emotional stresses encountered as a result of the danger and mission demands of operations, including exposure to adverse environments and events. Separation stress results from being away from home and family. Adjustment stress is the demand of adapting to new day to day environments where daily routines are changed. Finally, reunion stress results from the common challenges associated with transitioning from an operational environment to the environment and routine back home.

Reactions to sources of deployment stress can range from adaptive to maladaptive. The signs and symptoms related to deployment stress fall along the MHCM ([page 8](#)); and leaders'

responsibilities also fall along this continuum and include preventive actions (green zone — Shield), responding to stress reactions (yellow zone — Sense), and managing mental health casualties (orange-red zone — Support). This section will briefly review each of these areas.

Shielding Actions: Education and Prevention

As was discussed earlier in the document, there are some key leader actions that may play a protective role in preventing the development of combat/operational stress reactions or injuries. First, ensure adequate and realistic mission focused training, as well as specialized training on the development of key stress management skills (The Big 4). Further practice of the skills may ensure sailors/soldiers/air men and women use these skills during the operation. Next, strong leadership and unit cohesion are keys to managing stress and need to be fostered prior to any deployment and continue to remain essential throughout the mission. Third, preventive medicine is an important consideration in sustaining a fighting force and ensuring that CAF personnel are able to continue to perform

during operations. In any operational plan, consideration needs to be given to such things as hydration, sleep and rest schedules (refer to sleep section of this guide), time zone acclimatization (jet lag), proper nutrition, sanitation concerns, hygiene issues, and disease or other threats to health.

Sensing Actions: Frontline Care for Stress Reactions

Combat/Operational stress reactions are not seen as an underlying psychiatric condition, but rather as a natural and appropriate response to the extreme stress of war-fighting. Some possible sources of C/OSR include sudden exposure to traumatic stress, cumulative exposure to repeated stressors, physical stressors that



reduce one's ability to cope (sleep deprivation, dehydration, overwork, physical illness, environmental stressors — such as noise, cold, heat), and home-front stressors. CSR symptoms would fall under the yellow phase of the Mental Health Continuum Model including such signs as fatigue, slower reaction times, indecision, disconnection from one's surroundings and an inability to prioritize.

Under the “sense” leadership action, the Chain of Command has the responsibility to ensure that during the first 48 – 72 hours after symptoms emerge, supportive intervention is provided to reassure the subordinate, legitimize the stressors/emotional reactions and convey to him/her the expectation of recovery and resumption of functioning. This can be done through the application of PIES. The principles of PIES include:

- 1) proximity — treatment is administered as close to the front line as possible pending the tactical situation and preferably within unit lines,
- 2) immediacy — treatment is administered close in time to the symptoms' onset as soon as symptoms appear

- 3) expectancy — the expectation is that the member will recover rapidly and resume functioning and this is clearly conveyed to them by their leadership
- 4) simplicity — the simplest interventions are provided that tend to the basic needs. Simple interventions are brief, non-medical methods that include the 5 R's (COSC, 2006):
- Reassurance of normality of symptoms
 - Rest (respite from combat or break from work)
 - Replenish bodily needs (such as thermal comfort, water, food, hygiene and sleep)
 - Restore confidence with purposeful activities and contact with unit
 - Return to duty.

The idea is to provide temporary relief from stressors and exhaustion so that the soldier/sailor/air man or woman can regain control and return to his/her duties.

Supportive Actions: Caring for Mental Health Casualties

After 48 – 72 hours, with support and rest, if a CAF member is still unable to return to active duty, or should there be any risk of harm to self or others or severe reactions (such as suicidal or homicidal ideation/gestures/attempts), a referral to a health care professional is required. The mental health resources available on deployment vary from mission to mission, however, can include:

- Chaplain
- Medic
- Physician Assistant
- Medical Officer
- Specialized mental health professionals

