



**North Atlantic Treaty Organization  
Research and Technology Organization  
HUMAN FACTORS AND MEDICINE PANEL**

18 May 2010

**CALL FOR PAPERS**

**HUMAN FACTORS & MEDICINE PANEL**

**HFM-205 SYMPOSIUM**

on

**MENTAL HEALTH AND WELL-BEING ACROSS THE MILITARY SPECTRUM**

***(Unlimited Unclassified)***

***This Symposium is OPEN to Partnership for Peace (PfP),  
Mediterranean Dialogue Initiative (MD) and Selected Contact Nations***

to be held in

**Bergen (NORWAY)  
11-13 April 2011**

**DEADLINE FOR RECEIPT OF ABSTRACTS:**

**16 August 2010 for US Authors  
30 August 2010 for Authors from other Nations**

## NATO's Research & Technology Organization (RTO)

RTO is the single focus in NATO for Defence Research and Technology activities. Its mission is to conduct and promote cooperative research and information exchange. The objective is to support the development and effective use of national defence research and technology and to meet the military needs of the Alliance, to maintain a technological lead, and to provide advice to NATO and national decision makers. The RTO performs its mission with the support of an extensive network of national experts. It also ensures effective coordination with other NATO bodies involved in R&T activities.

RTO reports both to the Military Committee of NATO and to the Conference of National Armament Directors. It comprises a Research and Technology Board (RTB) as the highest level of national representation and the Research and Technology Agency (RTA), a dedicated staff with its headquarters in Neuilly-sur-Seine, near Paris, France. In order to facilitate contacts with the military users and other NATO activities, a small part of the RTA staff is located in NATO Headquarters in Brussels. The Brussels staff also coordinates RTO's cooperation with nations in Middle and Eastern Europe, to which RTO attaches particular importance especially as working together in the field of research is one of the more promising areas of initial cooperation.

The total spectrum of R&T activities is covered by the following 7 bodies:

AVT: Applied Vehicle Technology Panel	SAS: System, Analysis and Studies Panel
<b>HFM: Human Factors and Medicine Panel</b>	SCI: Systems Concepts and Integration Panel
IST: Information Systems Technology Panel	SET: Sensors and Electronics Technology Panel
NMSG: NATO Modeling and Simulation Group	

These bodies are made up of national representatives as well as generally recognized 'world class' scientists. They also provide a communication link to military users and other NATO bodies. RTO's scientific and technological work is carried out by Technical Teams, created for specific activities and with a specific duration. Such Technical Teams can organize workshops, symposia, field trials, lecture series and training courses. An important function of these Technical Teams is to ensure the continuity of the expert networks.

RTO builds upon earlier cooperation in defence research and technology as set-up under the Advisory Group for Aerospace Research and Development (AGARD) and the Defence Research Group (DRG). AGARD and the DRG share common roots in that they were both established at the initiative of Dr Theodore von Kármán, a leading aerospace scientist, who early on recognized the importance of scientific support for the Allied Armed Forces. RTO is capitalizing on these common roots in order to provide the Alliance and the NATO nations with a strong scientific and technological basis that will guarantee a solid base for the future.

### The Human Factors and Medicine Panel (HFM) covers the fields of:

(a) Operational medicine (OM) encompasses aerospace, hyperbaric, and military medicine necessary to ensure sustenance, physical and mental health, safety and survival of military personnel. Areas of interest include nutrition, epidemiology, diagnosis, hygiene, fitness, medical problems, pharmacology (drugs, vaccines and countermeasures) medical treatment and evacuation.

(b) Human protection in adverse environments (HP) encompasses human-centered research for optimizing human physiological tolerance, protection and survivability in adverse mission environments (e.g. cold, heat, hypobaric, hyperbaric, undersea, noise, vibration, motion, nuclear, biological, chemical, acceleration, ionizing, non-ionizing radiation, etc.).

(c) Human effectiveness (HE) optimizes individual readiness and organizational effectiveness by addressing psycho-social, organizational, cultural and cognitive aspects in military action. Contributions on individual readiness cover values and ethics, leadership, multinational operations, coping with new demands on the individual. Contributions on organizational effectiveness encompass human resource management, training, interoperability, shared decision making, synchronized situational awareness, understanding terrorism, psychological operations and coping with new demands on military organizations.

(d) Human system integration (HSI) optimizes the performance of human operated technical systems by addressing the human machine interactions, processes, tools and measures of effectiveness. Specific contributions cover complexity, total life cycle affordability, human error and fatigue management, intelligent agent, human system communication, human cognitive and physical resources management, anthropometry, interface, design of information displays and controls, human-human communications and teamwork, performance enhancement and aiding, training and function allocation in automated systems.

## MENTAL HEALTH AND WELL-BEING ACROSS THE MILITARY SPECTRUM

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# MENTAL HEALTH AND WELL-BEING ACROSS THE MILITARY SPECTRUM

## THEME

### 1. INTRODUCTION

Operational deployments place a tremendous demand on the psychological and physical well-being of service members and their Families. Service members returning from deployments report a variety of psychological health and well-being issues that adversely affect their military performance and Family functioning, including mental health disorders such as PTSD and depression, sleep difficulties, relationship issues, increased risk taking behaviours and propensity for suicide. Efforts to reduce the morbidity of deployments have included mental health screening (pre- and post-deployment), mental health training (pre- and post-deployment), in-theatre mental health debriefings, and third location decompression. However, not all nations employ all of these techniques, and there is wide variation to the approach adopted.

Several HFM RTGs are focused on how military operations directly impact the well-being of the service members and on what interventions might be employed to prevent or attenuate these effects. Currently, efforts are exploring interventions that build resilience, provide early intervention, and develop effective treatment strategies. This activity will serve to bring together all of these efforts in a forum to share national experiences and evidence-based approaches to begin the process of identifying best practice guidelines and standards that might be adopted by NATO.

This symposium is open to partnership for Peace (PfP), Mediterranean Dialogue Initiative (MD), and Contact Nations.

### 2. OBJECTIVES

**Share national experiences and best practices** for building and sustaining service member psychological health and well-being across the military operational spectrum, including combat, peacekeeping, and humanitarian operations.

**Propose adaptations** of the military environment and way of thinking in order to promote and optimize psychological health and wellbeing across the operational spectrum.

**This ET will link to** HFM-179 RTG on Moral Dilemma's and Mental Health, HFM-ET-103 on Suicide in the Military HFM-ET-104 on Mental Health Training. Opportunities will also be sought for further NATO/PfP/MD/Contact Nation collaborations.

### 3. TOPICS TO BE COVERED

- Mental Health Training  
Lessons learned from recent military operations  
Lessons learned from mental health training research
- Mental Health Screening  
Current mental health screening practices  
Gaps in screening not being adequately addressed
- Third Location Decompression  
Policies and current practices  
Lessons learned and research
- Military Mental Health Skills Development  
Efficacious evidence-based skills promoting mental health  
Skills based resilience training  
Coping mechanisms  
Lessons learned and research
- Health Risk Behaviours  
Alcohol and substance abuse  
High risk-taking behaviours  
Lessons learned and research

- Prevention of Suicides  
Current state of science  
Current practices/policies  
Lessons learned and research
- Psychological Resiliency  
Current practices/training  
Strategies for military personnel, their spouse and Family  
Facilitation of post-traumatic growth  
Lessons learned and research  
Future directions
- Leadership and Organizational Interventions  
Lessons learned from current military operations, national or within coalition  
Stigma  
Impact on mental health outcomes  
Current interventions/training/research
- Prevention and Substance Abuse and PTSD  
Stress inoculation/training  
Current policies and practices  
Lessons learned and research
- Psychological/Psychiatric Treatments  
State of science  
Promising psychosocial treatments  
Promising pharmacological treatments  
Treatment response prediction technologies  
Combination therapies
- Best Practice Guidelines/Standards/Organization and Delivery of Services  
Across all topic areas  
Current gaps in knowledge  
Future research requirements to improve guidelines/standards
- Moral Injury/Grief/Loss  
Survivor issues  
Complicated grief  
Meaning making  
Current practices/interventions/research
- Family-Service Member Functioning  
Family functioning and psychological well-being  
Impact on soldier functioning  
Social media impact/current practices/guidelines  
Lessons learned and research
- Concussion/Mild Traumatic Brain Injury  
Persistent concussive symptoms  
Current practices/interventions  
Current gaps in knowledge/research

## **INSTRUCTIONS FOR ALL AUTHORS**

### **1. Introduction.**

The two-and-a-half day Symposium will be held in Bergen (Norway), from 11 to 13 April 2011. It is supported by the Human Factors and Medicine Panel (HFM) of the NATO Research and Technology Organization (RTO). All sessions of the HFM Symposium will be Unlimited Unclassified. Attendance at the HFM Symposium is by request only. The Symposium audience will include experts from NATO, PfP and MD countries, as well as invited nations.

Authors are invited to submit papers for this Symposium. Papers can be accepted and presentations can be delivered in English or in French. Simultaneous ENG/FR and FR/ENG translation during the Symposium will be provided. The Programme Committee will select papers, based on submitted abstracts that are considered suitable for presentation at the Symposium. It is expected that about 30-40 papers will be selected for oral presentations at the Symposium. **Proposed abstracts are due by 16 August 2010 for US Authors** and **30 August 2010 for other countries**. The selection of papers will be completed in October 2010, and all authors will be notified shortly thereafter by the Programme Committee Chairperson whether or not their papers are selected.

The time allowed for each speaker is normally 15 minutes, plus 5 minutes for discussion. Equipment will be available for Power Point presentations. Details of the timing will be given in the Programme Announcement, which will be distributed to the NATO, PfP and MD countries by RTA National Coordinators, HFM Panel members, etc. in November 2010. The Programme Announcement as displayed at the RTO web site ([www.rta.nato.int](http://www.rta.nato.int)) will contain enrollment details.

### **IMPORTANT NOTE:**

All presented papers will be published in an official RTO publication as Meeting Proceedings. Also note that the written papers will be evaluated for their use by NATO preceding the symposium and must be delivered in time. This action is an important part of the symposium activities.

**Authors not submitting a full scientific paper (10 to 25 pages) will not be allowed to present at the meeting site.** Therefore, authors of selected papers **MUST** provide a complete manuscript by **February 2011** to the HFM Panel Office c/o Ms. Danielle PELAT: [pelatd@rta.nato.int](mailto:pelatd@rta.nato.int).

Further details on the manuscripts will be given in the Instructions for Authors which will provide detailed instructions for the presentation, transmission of short biographies, manuscripts and Clearance. Instructions will be sent in November 2010 with the Programme Announcement. The manuscripts will be made available at the RTO web site for all symposium attendees two weeks prior to the event (password protected).

**Authors of papers selected for presentation at NATO/RTO Symposia are not financially supported by this organization.**

## 2. Abstracts.

All unclassified abstracts of papers offered for the Symposium should contain the following information:

### HFM-205 SYMPOSIUM On

## MENTAL HEALTH AND WELL-BEING ACROSS THE MILITARY SPECTRUM

### TITLE OF ABSTRACT/PAPER

Title/Rank, Full Name of Author/Co-Author(s)

Company/Affiliation

Complete mailing address

Telephone, Fax, E-mail

- A.LENGTH - 200 to 500 words
- B.CONTENT - State for which scenario/ level your paper is intended  
- Introduction/relevance to the Symposium  
- Rationale  
- Description of methods employed (when needed) and results or observations obtained  
- Conclusions
- C.IDENTIFICATION - Information on Attachment 1 must be provided with all abstracts
- D. SUBMITTAL - By all authors
- E.CLASSIFICATION - **Abstracts must be unclassified**

### **2.1 For US Authors and Non US Citizens Affiliated with US Organizations:**

Abstracts and the **Attachments 1 & 2** should be submitted via e-mail **by 16 August 2010** to the U.S. P.O.C. **ONLY**.

### **2.2 For Non US Authors (All other countries):**

**Abstracts and Attachment 2** (Details of Authors Form) should be e-mailed in time to reach the Technical Programme Co-Chairs and Committee Members listed on page 3, as well as to the HFM Panel Office ([pelatd@rta.nato.int](mailto:pelatd@rta.nato.int)) **not later than 30 August 2010**.

It is the responsibility of the author to ensure that his/her abstract receives any necessary clearance before it is forwarded, and sufficient time should be allowed for this.

These dates are important and must be met in order to ensure consideration.

Thank you for your contributions which are highly appreciated by all the NATO community.

(Signed)

Ms Danielle Pelat

Human Factors & Medicine Panel Assistant ([pelatd@rta.nato.int](mailto:pelatd@rta.nato.int))

**SPECIAL NOTICE FOR [US AUTHORS](#) *AND*  
NON US CITIZENS AFFILIATED WITH US ORGANIZATIONS**

Abstracts of Papers from the U.S. must be sent **ONLY** to the following P.O.C.:

**NATO RTO U.S. National Coordinator  
ODDR&E/International Technology Programs  
2001 N. Beauregard Street, Suite 210B  
Alexandria, VA 22311  
E-mail: [usnatcor@osd.mil](mailto:usnatcor@osd.mil)  
Tel: +1 (703) 681 4166 ext 106  
Fax: +1 (703) 681 4164**

PLEASE NOTE THE FOLLOWING:

1. All US Authors must submit one electronic copy to this POC **by 16 August 2010**
2. In addition to their abstract, all U.S. Authors must provide to the POC:
  - A certification (can be signed by the author) that there are no proprietary or copyright limitations;
  - Internal documentation from their local public affairs or foreign disclosure office (or equivalent) that clearly shows:
    - Title of the paper or presentation
    - Level of clearance (i.e., Approved for public release)
    - Name, title, and organization of the approval authority
  - Details of Author(s) Form (Attachment 2)
  - NOTE: Only complete packages (abstract plus all items listed above) will be accepted by the US POC.

After review and approval, the US POC will forward **all US abstracts with the Details of Authors Form** to the HFM Panel Assistant Office ([pelatd@rta.nato.int](mailto:pelatd@rta.nato.int)).

All US abstracts must be received directly from the US POC.

US abstracts will not be accepted directly from authors.

3. In the event, there are any questions or concerns with these requirements, U.S. authors are encouraged to contact the US POC as early as possible. Delays in meeting POC deadlines will impact the timely submission of your abstract.

**“DETAILS OF AUTHORS” FORM**

The purpose of this form is to correctly identify the author(s), the role of authors and co-authored papers, and to enable further communication.

**INSTRUCTIONS**

**Co-authored Papers**

- Authors should be listed in the order in which they should appear on the programme.
- Unless otherwise specified, the first listed author will be presumed to be the SENIOR AUTHOR, i.e. the author having the major responsibility for the content of the paper, and a major interest in the result of the selection of papers.

**All Papers**

- The left-hand side box should include the following details:
  - . Title or Rank, NAME, Surname
  - . Nationality (mandatory)
  - . Position, e.g. Head of Biodynamics
  - . Affiliation, e.g. Firm or Organization
  - . Telephone number - please show area/city code (unless you specify "home," it will be assumed to be your office number)
  - . Fax number
  - . E-mail address (VERY IMPORTANT – we are trying to use electronic Communications wherever possible)
- The right-hand side box is to include:
  - . Correct postal address (Office) including POSTAL CODE

**PLEASE COMPLETE THIS FORM ELECTRONICALLY IN CAPITAL LETTERS**

Thank you for your co-operation

**DETAILS OF AUTHORS" FORM: for HFM-205 SYMPOSIUM, BERGEN, NORWAY, 11-13 April 2011**

**ATT.2**

**Title of Paper:**

Title/Rank:                      First name:                      Last name: Nationality: Position: Affiliation: Telephone:                      Fax: E-mail address:	Office Address:
Title/Rank:                      First name:                      Last name: Nationality: Position: Affiliation: Telephone:                      Fax: E-mail address:	Office Address:
Title/Rank:                      First name:                      Last name: Nationality: Position: Affiliation: Telephone:                      Fax: E-mail address:	Office Address:
Title/Rank:                      First name:                      Last name: Nationality: Position: Affiliation: Telephone:                      Fax: E-mail address:	Office Address:

*Please complete this form and send a copy with your abstract **before 16 August 2010 for US Authors** and **30 August 2010 for others** :*

*- **US authors:** To [usnatcor@osd.mil](mailto:usnatcor@osd.mil)*

*- **Authors from Other Countries:** All Programme Committee Members and to RTA/HFM Panel Office ([pelatd@rt.nato.int](mailto:pelatd@rt.nato.int))*