

Peacekeepers and Mental Health

El personal de paz y la salud mental

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Abstract

The article provides an overview of Mexico's participation in U.N. peacekeeping operations and explains the Mexican strategy to incorporate the importance of mental health and psychosocial support not only in peacebuilding, responses humanitarian aid in conflict and post-conflict situations, but also as a fundamental element of the training of personnel who give their lives to peacekeeping on behalf of the United Nations.



Resumen

El artículo hace una descripción general sobre la participación de México en las operaciones de mantenimiento de la paz de la ONU y explica la estrategia mexicana para incorporar la importancia de la salud mental y el apoyo psicosocial no sólo en la consolidación de la paz, las respuestas humanitarias en situaciones de conflicto y postconflicto, sino también como un elemento fundamental del entrenamiento del personal que otorga su vida al mantenimiento de la paz en nombre de las Naciones Unidas.



Keywords

Mental health, Security Council, peacekeeping, peacekeepers, peacekeeping operations, resolution 2668 (2022)



Palabras clave

Salud mental, Consejo de Seguridad, mantenimiento de la paz, personal de paz, operaciones de mantenimiento de la paz, resolución 2668 (2022)

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Introduction

Mexico's participation in peacekeeping operations (PKOs) was an issue that generated considerable controversy among the country's political and academic circles, as well as in the Ministry of Foreign Affairs, the Secretariats of National Defense and of the Navy. After considerable debate, in September 2014, Mexico announced its decision to send a limited number of contingents to participate in PKOs, and to gradually increase its presence. Although Mexico had participated in three operations, all of them as observers with small police or military deployments (the Balkans, from 1947 to 1950; Kashmir in 1949, and El Salvador between 1992 and 1993),¹ it had never participated in a more active and constant manner, as proposed after 2015. The reasons given for not doing so included the consideration that some PKOs involved intervening in the internal affairs of other countries.² Other arguments against were: putting the lives of the Mexican

¹ Ministry of Foreign Affairs (SRE), "Las operaciones de mantenimiento de la paz de la ONU: el camino hacia la paz duradera," briefing note, May 29, 2021, p. 3, at https://www.gob.mx/cms/uploads/attachment/file/642489/NI-Operaciones_de_la_paz_ONU.pdf (date of access: June 9, 2023).

² María Cristina Rosas, "México y las operaciones de paz de Naciones Unidas: desafíos y oportunidades," in *Comercio Exterior*, vol. 57, no. 12, December 2007, pp. 997-2007,

armed forces at risk, and involvement in external affairs that do not concern the country.³

Mexico announced its gradual participation in PKOs to support countries in overcoming conflicts and creating conditions for lasting peace, addressing specific mandates of the Security Council, always in line with the foreign policy principles set out in the Constitution.⁴ The commitment expressed on that occasion is aligned with the agreements contained in the Charter of the United Nations to which Mexico has signed up and, by ratifying this decision and granting it continuity, it was demonstrated that it is a state policy that expresses Mexico's multilateralist and solidarity-based vocation, and supports prevention as one of the axes of our country's foreign policy.

This means that Mexico recognizes that PKOs are a fundamental tool of multilateralism and international solidarity and that, without underestimating the challenges they entail, they have shown that they can be the difference between a conflict continuing and the consolidation of peace.

In addition to all this, the comprehensive well-being of the contingents is essential so that they are able to perform well in circumstances of asymmetric conflicts, and that they have the support and stability necessary to address the structural causes of the conflicts. In this regard, during its participation in the Security Council (2021-2022), Mexico referred to the importance of PKO personnel having the tools they need to care for their physical and mental health before, during and after deployment.

The following describes the Mexican strategy to incorporate mental health and psychosocial support as necessary elements for peacebuilding

at http://revistas.bancomext.gob.mx/rce/magazines/110/1/981_MaCristinaRosas.pdf (date of access: June 9, 2023).

³ Olga Pellicer, "México en las Operaciones de Mantenimiento de la Paz; decisión tardía y controvertida," in Wilson Center, October 12, 2014, at <https://www.wilsoncenter.org/sites/default/files/media/documents/article/Mexico%20en%20las%20operaciones%20de%20mantenimiento%20de%20la%20paz.pdf> (date of access: June 9, 2023).

⁴ Presidency of the Republic, "Anuncia el presidente Peña Nieto la participación de México en operaciones de mantenimiento de la paz de las Naciones Unidas," press release, September 24, 2014, at <https://www.gob.mx/epn/prensa/anuncia-el-presidente-pena-nieto-la-participacion-de-mexico-en-operaciones-de-mantenimiento-de-la-paz-de-las-naciones-unidas> (date of access June 9, 2023)

and as part of humanitarian responses in conflict and post-conflict situations, but also as a fundamental element in the training of personnel who dedicate their lives to keeping peace on behalf of the United Nations.

Mexico's participation in PKOS

As noted, Mexico had only been involved in three PKOS before it gradually began to do so in a more formal manner, starting in 2015. Currently, the U.N. has 12 active operations, to which 120 countries contribute.⁵ The official website of the United Nations indicates that Mexico has 23 elements that participate in peace missions.⁶

In December 2022, the Secretary of National Defense announced at the ministerial meeting on peacekeeping that Mexico was already preparing its first contingent: a company of engineers, a quarter of which would be made up of women.

Mexico's participation has sought to maintain a significant participation of women. Of all the elements deployed to date, 36% have been women.

As an example of its commitment to ensure the well-being of deployed personnel and the need to invest in the training of human resources, Mexico runs the Joint Training Center for Peacekeeping Operations of Mexico (CECOPAM). Its objective is to train police, civilian and armed forces personnel to perform adequately in U.N. PKOS. It is steadily consolidating itself as a model center in the region, which offers courses and training to representatives of other governments.

Mental health and PKOS

Mental health has not received the attention it requires, despite the fact that rates of some disorders such as post-traumatic stress and other mental

⁵ SRE, *op. cit.*, p. 1.

⁶ United Nations Peacekeeping, "Troop and Police Contributors," chart By Countries, at <https://peacekeeping.un.org/en/troop-and-police-contributors> (date of access: June 9, 2023).

health problems are significantly higher among deployed personnel than among the general population. A study highlighted by the International Peace Institute shows that 49% of personnel consulted reported symptoms consistent with a mental condition.⁷ Furthermore, another study of Australian personnel who participated in PKOs revealed that deployed veteran personnel showed significant levels of a psychiatric comorbidity.⁸

Although studies on the topic are limited, they are also indicative that the problem is real and that greater attention must be paid to the mental health and providing psychosocial support for peacekeepers, while seeking broader and more generalized studies. The Under-Secretary-General for U.N. Peace Operations has recognized the increasingly risky environments faced by the so-called “blue helmets,” which contribute to them suffering from greater “psychological stress.”⁹ It is therefore appropriate and very timely for the U.N. Secretariat to begin developing a mental health strategy for uniformed personnel. A psychiatrist from the Secretariat of National Defense (SEDENA) plays an expert role on the advisory committee in charge of developing this strategy.

Mexican initiatives in favor of mental health

During 2021-2022, Mexico developed a strategy to incorporate the issue of mental health and psychosocial support for the civilian population and personnel deployed for humanitarian purposes as a priority issue.

⁷ Namie Di Razza *Mental Health in Peace Operations: Addressing Distress, Trauma, and PTSD among Field Personnel*, New York, International Peace Institute, December 2020, p. 1, at https://www.ipinst.org/wp-content/uploads/2020/12/2012_Mental-Health-in-Peace-Operations.pdf (date of access: June 9, 2023).

⁸ David Forbes *et al.*, “The Long-term Mental Health Impact of Peacekeeping: Prevalence and Predictors of Psychiatric Disorder,” in *BJPsych Open*, vol. 2, no. 1, January 2016, pp. 32-37, at <https://doi.org/10.1192/bjpo.bp.115.001321> (date of access: June 9, 2023).

⁹ General Assembly, “Senior Officials Highlight Need to Better Protect ‘Blue Helmets’ as Fourth Committee Opens General Debate on Peacekeeping,” press release, GA/SPD/764, November 1, 2022, at <https://press.un.org/en/2022/gaspd764.doc.htm> (date of access, June 9, 2023).

The strategy consisted of three key pillars: 1) make visible the issue of mental health and psychosocial well-being in all debates and forums of the Organization's bodies, including it in relevant resolutions; 2) organize and participate in events on mental health and psychosocial support related to the U.N. agenda, and 3) formulate and promote resolutions, both in the Security Council and in the General Assembly, supported by various countries.

Regarding the first pillar, Mexico managed to incorporate for the first time in a Security Council resolution—2601 (2021)—a paragraph that deals with the harmful effects on the mental health and psychological well-being of children of humanitarian emergencies and forced displacement due to armed conflict. With regard to the second pillar, Mexico co-sponsored and participated in a number of parallel events on the topic; one of them, in December 2021, on mental health in PKOs, was an opportunity to talk about mental health problems in the field, including the stigma that mental health conditions carry and the importance of training officers on access to support resources for mental health and psychosocial well-being before, during and after deployments.

In November 2022, Mexico co-sponsored another event on the gender perspective in mental health for uniformed personnel, in which the psychiatrist and representative of Mexico before the advisory committee, who is working on the mental health strategy for PKO personnel, highlighted the importance of exchanging good practices and explained the work carried out by the Center for Comprehensive Care and Treatment with a Gender Perspective established by SEDENA in Mexico.

As part of this same pillar, Mexico organized a meeting in March 2022 under the Arria Formula, which focused on discussing how to guarantee access to mental health and psychosocial support in conflict and post-conflict situations, as well as in various contexts that require humanitarian aid. The meeting was attended by academics, representatives of U.N. agencies and, notably, a survivor from Colombia who, through her testimony about the loss of two of her four children to paramilitary groups, explained the importance of the psychological support provided by the United Nations Development Program (UNDP) in healing her psychological wounds. This meeting resulted in a document that incorporated concrete recommendations to strengthen health systems at the national, regional and global

levels in relation to mental health. From that document emerged a call to action with specific commitments for the countries involved.¹⁰ As of March 2023, the call to action already had 88 endorsements, from 52 member States and 36 civil society organizations and international organizations, including the World Health Organization (WHO) and the International Committee of the Red Cross (ICRC).

Following up on all of the above, a resolution is being negotiated in the General Assembly with a view to the text being adopted under agenda item 128, “Global health and foreign policy.” In general terms, the text proposal addresses the issue of mental health within the framework of sustainable development and peace, as one of the fundamental pillars to advance the 2030 Agenda, in particular Sustainable Development Goal 3.

Without a doubt, the proposal of greatest specific significance for the comprehensive well-being of PKO personnel is Security Council resolution 2668 (2022). This is the first resolution made by this body that focuses on the issue of mental health for deployed personnel. The draft resolution presented by Mexico was adopted unanimously in December of that year.

Resolution 2668 (2022) on the mental health of peacekeepers

Mexico’s resolution on the mental health of PKO personnel includes special political missions. It was a new topic for the Council and one that generated diverse reactions. The text recognizes the need to place greater emphasis on the provision of psychosocial support services, and encourages troop-contributing countries, as well as all member States and the U.N. Secretariat, to offer mental health services before, during and after deployments. It also highlights that these services must take an approach that reflects gender issues.

¹⁰ General Assembly, “Call to Action on Mental Health and Psychosocial Support,” A/77/808, March 27, 2023, in <https://digitallibrary.un.org/record/4008607> (date of access: April 4, 2023).

After intense negotiations, the resolution was adopted unanimously, becoming the first Security Council resolution to focus on the issue of mental health for personnel deployed in U.N. peace operations. The focus of the resolution was deliberate. In addition to the documented evidence on the impact on the mental health of those who make up peacekeeping forces, who face great challenges in insecure and complex environments, the resolution sought to consolidate a strategic and practical link between the mandate of the Security Council (deployment of PKO personnel) and mental health.

Negotiations were far from easy. While Council members agreed to promote the well-being of peacekeepers, several members expressed reluctance about adopting a Security Council resolution. In addition to the well-known reluctance of some member States to deal with issues seen as unconventional, such as China and Russia, one of the main contributors to the PKO forces, India, also expressed significant reservations. Even the United States and France presented arguments similar to those of Russia or India, particularly about the existence of other bodies that could address the matter, such as the Special Committee on Peacekeeping Operations (C34) of the General Assembly. The main arguments were similar to those put forward on other non-conventional issues within the Security Council. For its part, India argued that some of the largest contributors to these operations were not represented on the Council. It is worth remembering that Bangladesh, Nepal, India and Rwanda are the four largest contributors to these processes.¹¹

Mexico, for its part, argued that the C34 does not have the same scope as the Security Council and that, given it was a question of raising greater awareness about the issue, a body with limited reach in public opinion would not fulfill this task. Furthermore, the Council holds the mandate for establishing effective PKOs. Not attending to their fundamental needs is failing to fulfill that responsibility. Finally, the Council is mandated to represent the entire U.N. membership. In this way the objections met with answers.

¹¹ United Nations Peacekeeping, *op. cit.*

Mexico presented the proposal, anticipating three abstentions: Russia, China and India. A final effort enabled one of them to change their position, which helped the other two to do the same, and the resolution was adopted unanimously. During the explanation of positions, only India and Russia spoke, reiterating the arguments they had put forward throughout the negotiation.

The balanced positions of Mexico during its participation in the Security Council allowed it to engage in positive dialogue with all members, and represented an additional demonstration of the team's negotiating capacity. In addition to the unanimous support of the 15 members of the Council, the text was co-sponsored by 54 U.N. member States from all regions.¹²

Current and future challenges

The resolution in question was not co-sponsored by any of the major troop contributors to PKOS (Bangladesh, India, Nepal and Rwanda). Therefore, one of the challenges for its effective implementation is that these countries, the main contributors to PKOS, provide mental health services and psychosocial support before, during and after the deployment of their military, police and civilian personnel.

Mexico has the advantage of being home to the CECOPAM. One of the objectives of this Center is to maintain links with other similar institutions to exchange experiences and good practices.

The CECOPAM must take on board the provisions of resolution 2668 (2022) and, in addition to the training courses it already provides, incorporate those corresponding to mental health and psychosocial support services prior to, during and after deployment in order to advance in the timely identification of signs and symptoms of mental disorders, foster

¹² Albania, Algeria, Australia, Austria, Belgium, Botswana, Bulgaria, Canada, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Djibouti, Dominican Republic, Ecuador, Estonia, Finland, Gabon, Georgia, Germany, Greece, Guatemala, Hungary, Ireland, Israel, Italy, Japan, Kazakhstan, Kenya, Latvia, Lithuania, Luxembourg, Malta, Mexico, Netherlands, New Zealand, Norway, Portugal, Republic of Korea, Republic of Moldova, Saint Vincent and the Grenadines, Serbia, Sierra Leone, Slovakia, Slovenia, Spain, Suriname, Sweden, Switzerland, Thailand, Türkiye and United Arab Emirates.

a culture of holistic well-being and respond effectively to the needs of those requiring support with a gender-responsive approach.

Once these types of courses and services are applied in the CECOPAM, these experiences and good practices could be shared with other countries that contribute military, police and civilian personnel to PKOs, so that they can apply them and thereby, in a gradual but effective manner, implement resolution 2668 (2022).

If Mexico has succeeded in given greater visibility to aspects related to mental health in PKOs, it is now the responsibility of our country to provide better training to promptly recognize those conditions that may affect the mental health of contingents; foster a culture for care and psychosocial support at all stages of deployment, and ensure that this support is provided without stigma and without obstacles. All of this will contribute to ensuring that the PKOs are more effective, successfully carry out their work, and address all aspects of the physical and mental security challenges of peace-keeping forces. Only by recognizing the dignity and integral well-being to which all people working for peace in the world and on behalf of the United Nations are entitled, can the broader objectives of achieving lasting and sustainable peace be met, wherever they are deployed.