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L F S O  
3209  
(FIRST REVISE)

**LAND FORCES**

**STANDING ORDER NO 3209**

by

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**LAND FORCES POST OPERATIONAL STRESS MANAGEMENT  
(POSM)**

**UPAVON  
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**POC SO1 Personal Support**

# LAND FORCES STANDING ORDER NO 3209 (FIRST REVISE)

## LAND FORCES POST-OPERATIONAL STRESS MANAGEMENT (POSM)

### References.

- A. JSP 375.
- B. D/DPS(A)/33/64/2PS4(A) dated 20 Sep 05, The Army POSM Policy.

### Background

1. For the majority of Service personnel an operational deployment is a positive experience, but there will be a number for whom experiences have some negative effects. Commanders at all levels must make every effort to limit the potential for psychological problems<sup>1</sup> being suffered by their personnel and manage those who have been exposed to stressors. The Psychological Welfare of Troops (PWOT) is core business and must be considered by commanders at all levels before, during and after operations. Such action represents a vital part of the Army's enduring obligation to its personnel. Both POSM and Trauma Risk Management (TRiM) are key elements of PWOT.
2. The chain of command has a role to play in the implementation of the Army POSM policy, and therefore this LFSO is to be distributed down to unit level. The LFSO is designed to be straightforward and unambiguous in order that the POSM process following operations becomes second nature. All operational mounting instructions for which LF has the lead will include POSM in order that the process can be considered before deployment, rather than as an afterthought. Additionally the policy will be briefed to deploying units on their pre-deployment G1 study period.
3. Operational stress is part of the continuum of occupational stress, for which further guidance is contained in Leaflet 25<sup>2</sup> of Volume 2 of Reference A. The Overarching Review of Operational Stress Management (OROSM)<sup>3</sup> provided the framework for single Service policies on operational stress management, based on 6 steps, beginning with recruitment and ending with discharge<sup>4</sup>. This LFSO covers the management of stress from the end of OROSM Step 4 (operational deployment) through post-operational recovery, to eventual discharge from the Army. This LFSO provides direction to the chain of command based upon Reference B, the Army POSM policy, issued by PS4 (A).
4. TRiM will be used throughout one's career, and will form part of the POSM. TRiM is designed to train Service personnel to recognise stress-related disorders and execute simple coping strategies to manage them following incidents. It is a tool available to commanders at any stage before, during and after an operational tour to manage the impact of any particularly stressful incidents. TRiM should therefore be used in support to POSM.

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<sup>1</sup> COFs should assess all their personnel prior to being deployed on an operation who are currently awaiting resolution of Summary Dealing (SD), Court Martial (CM) or administrative action - ideally all should be cleared before deployment. Advice should be sought from G1 discipline staff, with a view to avoidance of further delay and resolving outstanding cases prior to deployment in order to minimise the number of avoidable stressors. In cases originating from within the operational theatre, on the case should be considered on an individual basis and commanders should consider whether reassessment is merited against Colanahy. Exceptional performance during the operation and Medical considerations.

<sup>2</sup> Leaflet 25 'Stress At Work'. Although currently orientated towards *civilian* occupational stress guidelines, these are equally applicable to the military non-operational environment. The leaflet is subject to review/update.

<sup>3</sup> Phase 1 of which was the Service Personnel Executive Group (SPEG) Paper 19/04 dated 29 Sep 04. Phase 2 - the Training and Communication Strategy - was published 26 Apr 05.

<sup>4</sup> The 6 Steps are: 1 - pre-service entry beliefs and attitudes; 2 - In service training and promotion courses for career development; 3 - Pre-deployment; 4 - Operational deployment; 5 - post operational recovery; and 6 - following discharge from the Armed Forces.

5. **Definition.** The MoD definition of occupational *workplace* stress is based on something that occurs when pressures on an individual accumulate to an extent that the individual can no longer cope. However, the following has been endorsed<sup>5</sup> as a definition of *operational* stress that recognises that any pressure, challenge, or threat is a stressor on the individual and acknowledges that all people are subject to it:

“An individual or group reaction to stressors relating to the operational context, which, if not managed, may result in impaired performance and possible effects on health.”

### **Aim**

6. The aim of this LFSO is to direct how Army personnel deployed on operations by HQLF are to receive appropriate and coherent POSM in order to minimise the likelihood of post operational stress.

### **Principles**

7. Where possible, commanders are to deliver the same level of support to all personnel, whilst recognising their different circumstances<sup>6</sup>. Commanders are to account for differing circumstances in their planning.

8. Although implementation of the Army policy, Reference B, is mandatory, the policy allows for certain elements (most notably during the in-theatre initial stage of decompression) to be discretionary, subject to certain criteria being met and depending on the level and intensity of operational activity. The plan is generic for all theatres and has the flexibility to be adapted for the needs of each operation.

9. Prevention and management of operational stress is primarily a command, not a medical, responsibility: good leadership and training are vital. TRIM should be used after specific traumatic incidents. Individuals should be monitored and medical intervention may be required when symptoms are prolonged or severe and doubt exists concerning the mental wellbeing of the individual.

10. If a Commander has concerns about any individuals' wellbeing that individual is to be referred to the medical authorities at the earliest opportunity. When implementing POSM measures it is vital that any stigma associated with post operational stress is removed. Families, and where applicable employers of TA or Regular Reservists, must be aware and support the POSM process from pre-deployment through R&R to post operation.

### **Stages**

11. The 4 Stages of POSM are as follows:

a. **Stage 1 – decompression.** Decompression is the placing of individuals in a formal, structured and monitored environment, away from the area of operations immediately before recovery to the home base, where they can begin winding down and rehabilitating to a normal, routine, peace-time environment. It should normally take place with those with whom you have served. CJO is responsible for the implementation of decompression policy in consultation with the in-theatre chain of command. The Front Line Commanders, who retain Full Command of their

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<sup>5</sup> SPEG 19/04 OROSM - 29 Sep 04

<sup>6</sup> Differences may include the terms and conditions of service under which individuals have been deployed, levels of training or experience or expectations. The principle however, is that the same level of support should be available whether Regular, Regular Reservist, TA or Sponsored Reserve.

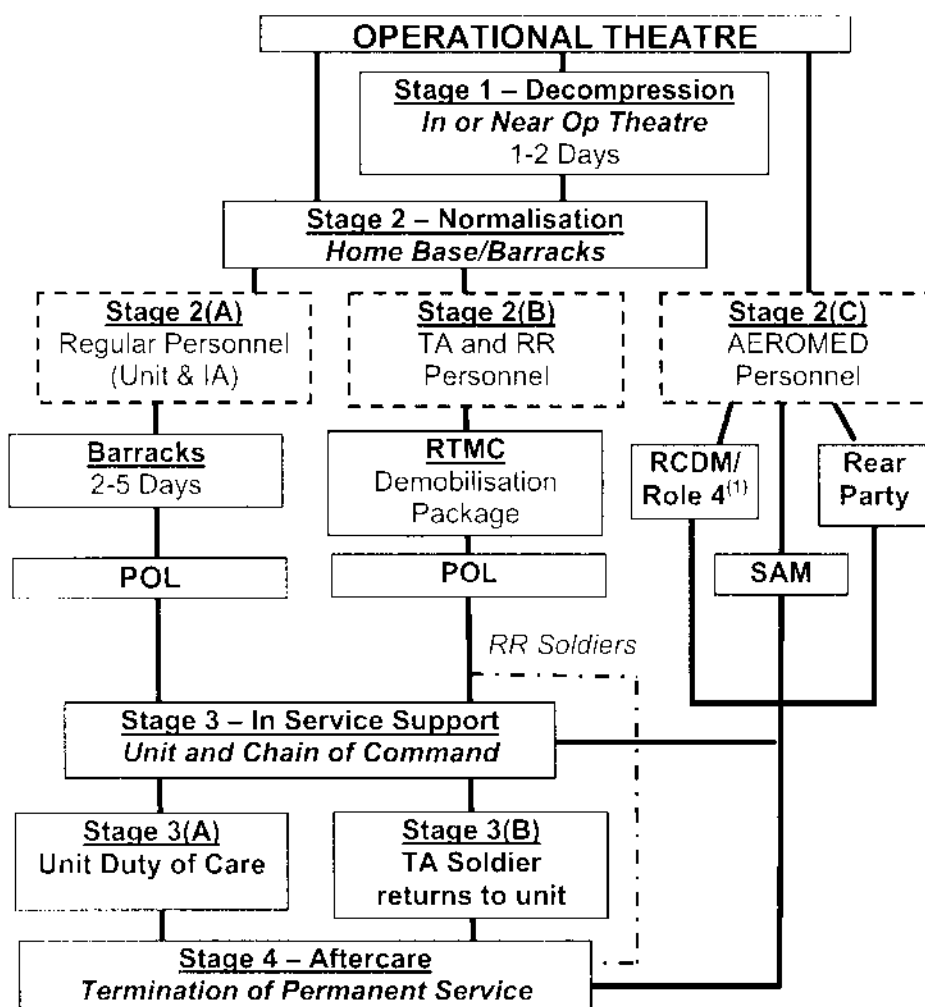
personnel whilst they are deployed on operations, are responsible for its delivery<sup>7</sup>. See Annex A.

b. **Stage 2 – normalisation.** Normalisation is the action to be taken on return to the home base until the completion of Post Operational Leave<sup>8</sup> (POL). For formed units responsibility rests with Commanding Officers. For Individual Augmentees (Regular and Reservist) Career Managers, the Reserves Training and Mobilisation Centre (RTMC) and Commanding Officers (donor, in-theatre and receiving) all have a role to play. See Annex B.

c. **Stage 3 – in Service support.** This stage begins on return from POL and applies for the remainder of time in Service<sup>9</sup>. See Annex C.

d. **Stage 4 – aftercare.** The final stage begins on completion of Regular, TA or Regular Reserve (RR) service and is primarily delivered by the NHS. See Annex D.

A summary of the POSM process is as shown below:



**Note:**

1. UK Role 4 Medical Establishments are homebased and include the NHS. They deliver treatment & rehabilitation.

<sup>7</sup> During Decompression the Command must monitor and identify, based on operational activity and knowledge of individuals, those who may be particularly vulnerable to developing stress related conditions.

<sup>8</sup> JSP 788 refers

<sup>9</sup> Reference IEFuArmy/2260 Recuprating Personnel After Operations - CT0 dated 29 May 09 give guidance on ensuring recovery from operations is rapid and that training can be resumed in an effective manner.

## Identification of groups

12. **Background.** The contemporary operating environment renders a 'one size fits all' approach impossible. Although in principle the same process and duty of care is to be applied to all groups, this will not always be possible. Furthermore some personnel will come from or return to units outside LF – these units must follow the direction in this LFSO in order to ensure the Army POSM Policy is followed. Particular attention must be paid to Reservists who, unlike their Regular counterparts, do not return to a military environment focussed on their mental wellbeing. Similarly there is evidence that individual augmentees are at increased risk of mental health problems. Details of the different groups are explained below in the context of POSM and illustrate the need to approach its delivery in a subtly different way for differing sets of individuals.

13. **Regular.** Sub-sets of Regular personnel are as follows:

a. **Aeromed patients who are classified 'Discharge Airhead to return to Unit MO'.** The decompression of these patients remains the responsibility of the Unit CO or the applicable SAM team and not SJC Med.

b. **Aeromed patients admitted to RCDM for less than 48 hours.** Although SJC Med Staff are unable to start formal decompression RCDM Sick Leave policy ensures those patients are given no more than 2 weeks prior to returning to the Unit Primary Health Care provider. At this point the Unit CO or the SAM Team assume responsibility for formal decompression.

c. **Admission to RCDM over 48 hours.** The Bde LOs and Community Mental Health staff at RCDM, as per the POSM guidelines, contact a modified decompression programme.

d. **Formed unit on full tour/deployment.** These represent the easiest group to which the operational chain of command can apply the POSM implementation plan.

e. **Elements of a formed unit on a sustained roulement.** Independent sub-units/groups of personnel who undertake frequent but often shorter operational tours, eg Sqn from Aviation Regiments.

f. **Individuals in a formed unit but on a planned short tour.** For example, individuals who are assigned to a new unit or are attending career courses must be identified once their assignment is confirmed. A plan must then be put in place to ensure they participate in all mandated activities. This will involve the rear party and receiving unit.

g. **Individual Reinforcements (IR).**

(1) Personnel assigned to an operational tour away from their parent unit and returning to that unit require special consideration by the donor and recipient unit.

(2) Those assigned to an operational tour and then reassigned to a new unit (eg OCE LF posts) require action from the recipient unit in theatre and receiving unit following the deployment.

14. **Territorial Army (TA).** The TA groups represent a greater challenge than their Regular counterparts due to TACOS<sup>10</sup>, geographical dispersal and expectation management.

- a. **Formed unit on full tour.** This group is the simplest of TA groups to cater for and are to be treated as a regular unit.
- b. **Individuals in a formed unit but a planned short tour.** Challenges are similar to Regular counterparts.
- c. **TA IR.** Similar issues as for regular counterparts.

15. **Regular Reservists (RR).** RRs will deploy as IAs. Application of the POSM policy for RR is compounded by the lack of a parent unit. The burden falls upon the in-theatre recipient unit for decompression, the RTMC and RF brigades for the normalisation and after care support elements of POSM.

16. **Other Service personnel.** Regular, TA or RR personnel common to all groups may well circumnavigate the formal decompression regime. On these occasions active POSM is to be managed by Role 4 Establishments, RF Bdes & Unit Rear Parties. The following occasions will require this intervention:

- a. AEROMED.
- b. Compassionate cases – long and short term.
- c. Disciplinary cases.
- d. Other returns to unit (posted, career courses, force reductions, etc).

17. **Families.** When a soldier returns from the operational environment either on R&R or at the end of the tour, close contact with the unit developed on operations may diminish or cease entirely. It is the soldier's family that is likely to notice any changes and therefore it is vital that family members (in the widest sense of married and single soldiers and those in long term relationships) are fully supportive and engaged in the POSM process where possible. Units both Regular and TA are to ensure that families are informed of POSM prior to, during and after any deployment. A suitable generic brief is being developed and will be available on the Welfare pages of the Army Intranet once complete. They are to be fully appraised of the difficulties for both the soldier and family upon return to 'normality', including the signs for which they must look for<sup>11</sup>. Advice and help can be sought from a variety of staffs or organisations, such as Unit Welfare Officers (UWO)<sup>12</sup> and the Army Welfare Service (AWS).

18. **Employers.** Where mobilised TA personnel are returning to their regular employment, consideration must be given to providing support and advice to the employer, who will need to understand the potential after-effects of an operational deployment on the individual. The provision of Employer Support is to be delivered by the appropriate RF Div for RR and the Unit Employment Support Officer for the TA.

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<sup>10</sup> There are limitations of 11 months service for mobilised TA which must be considered.

<sup>11</sup> The RTMC issues stress awareness and welfare information to mobilised personnel, which is posted to Emergency Contacts by RTMC or behalf of the soldier

<sup>12</sup> The function is likely to fall to ROSOs/PSAOs in TA Units.

19. **Tracking of personnel.** Many different types of individual must be tracked through the POSM process and therefore an audit trail is required to ensure that key stages of the process are not missed. Recording Operational Stress Management activity on JPA is now mandatory and unit HR staff are responsible for data input<sup>11</sup>. Annexes E (Former Unit Personnel) and F (Individual Augmentees) are sample proforma which need to be reproduced locally for all personnel deployed on operations. They are to be updated at every stage of the process (for Regular, TA and RRs and included in the AF B9999) and are owned by the chain of command. They do not contain clinical information, but are a management tool to ensure that the individual who has deployed on operations has a record which can subsequently be referred to in SPS Inspections<sup>12</sup> and other audits. JPA will deliver the means to record this detail in the future.

## **Implementing the policy**

### **Summary**

20. POSM forms a crucial part of the Army's duty of care as an employer. It is one dimension of good leadership – and it is through good leadership before and during operations that post operational stress can be minimised. This LFSO is designed to ensure that Army personnel deployed by HQLF receive a coherent post operational stress package from the time immediately prior to the end of an operational deployment, throughout the remainder of service and into retirement. It is mandatory that the process is followed but it is risk based and flexible to enable the chain of command to tailor the policy to the circumstances of individuals, the nature of the operation and the stressors to which they have been exposed. As such it is a framework within which iterative and intuitive leadership are vital.

21. The point of contact for this LFSO is SO1 Personal Support ( ) whom any comments or suggested amendments should be sent.

