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L F S O
3209
(SECOND REVISE)

LAND FORCES

STANDING ORDER NO 3209

by

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LAND POST OPERATIONAL STRESS MANAGEMENT (POSM)

**ANDOVER
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POC SO1 Personal Support

LAND FORCES STANDING ORDER NO 3209 (SECOND REVISE)

LAND POST-OPERATIONAL STRESS MANAGEMENT (POSM)

References:

- A. JSP 375.
- B. D/DPS(A)/03/43/02PS4(A) dated Apr 10, LF POSM.
- C. Mounting Order, Annex C.
- D. JSP 770, Pt 2, Ch 3 -- Tri Service Operational and Non-operational Welfare Policy.

BACKGROUND

1. Operational stress is part of the continuum of occupational stress, for which further guidance is contained in Leaflet 25¹, Vol 2, Ref A. The Overarching Review of Operational Stress Management (OROSM)² provided the framework for single Service policies on operational stress management, based on 6 steps, beginning with recruitment and ending with the period following discharge from the Armed Forces³. This LFSO covers the management of stress from OROSM Step 3 (pre-deployment) through post-operational recovery, to eventual discharge from the Army. This LFSO provides direction to the chain of command based upon Ref B, the Army POSM policy, issued by PS4(A).

2. 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 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. POSM is a key element of PWOT.

3. **Definition.** The following has been endorsed⁴ as a definition of *operational* stress, it 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."

¹ Leaflet 25 - Stress At Work. Although currently orientated towards civilian occupational stress guidelines, these are equally applicable to the military and operational environment.

² Phase 1 of OROSM was the Service Personnel Executive Group (SPEG) Paper 1004 dated 29 Sep 04 - Phase 2 - the Training and Operational Strategy - was published 26 Apr 05.

³ Step 1 is recruitment; 2 - the service entry beliefs and attitudes; 3 - In service training and promotion courses for career development; 4 - Pre-deployment; 5 - Operational deployment; 6 - Post operational recovery; and 6 - following discharge from the Armed Forces.

⁴ SPEG 1004 OROSM - 29 Sep 04

c. **Stage 3 – In Service Support.** This stage begins on return from POL and applies for the remainder of time in Service. It includes the 6-12 week brief and should include a routine CoC interview. See Annex F.

e. **Stage 4 – Aftercare.** The final stage begins on completion of Regular, TA or Reservist service and is delivered by the NHS, SPVA etc. See Annex G.

IDENTIFICATION OF GROUPS

8. **General.** The contemporary operating environment renders a 'one size fits all' approach impossible. Some Army personnel will come from or return to units outside LF – these units must follow the direction in this policy. Similarly, if you have personnel from other services under your command then they should follow this LFSO⁸. Details of the different groups are given below and the subtle differences in their POSM processes are explained in the relevant Annexes for each stage. The in theatre Commander must produce a POSM plan for each of these sub groups taking into account their specific requirements, it may require close liaison with for example, ROGs, RTMC and a soldier's parent unit.

9. **Regular and TA.** Though the TA bring their own challenges due to different TACOS⁹, geographical dispersal and expectation management, the procedures to be followed are directly comparable to their regular counterparts (as shown below):

a. **Aeromed Patients who are classified 'Discharge Airhead to return to Unit MO'.** The decompression of these patients remains the responsibility of the CO. Their POSM plan is to be incorporated into their Individual Recovery Plan (IRP)¹⁰.

b. **Aeromed Patients admitted to RCDM for less than 48 hours.** Although SJC Mec Staff are unable to start formal decompression at RCDM, Sick Leave policy ensures these patients are given no more than 2 weeks leave prior to returning to the Unit Primary Health Care provider. At this point, dependent on the circumstances (and who has command of the individual) the CO or the Personal Recovery Unit (through the IRP) assumes responsibility for formal POSM.

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

d. **Formed Unit on Full Tour/Deployment & Elements of a Formed Unit on a Sustained Roulement.** The operational chain of command applies the POSM implementation plan.

f. **Individuals in a Formed Unit but on a Planned Short Tour.** Individuals who are assigned to a new unit or are attending career courses must be identified once their assignment is confirmed. They should follow the same plan as for Individual Reinforcements. A plan must then be put in place to ensure they participate in all mandated activities. This is likely to involve the ROG and receiving unit.

⁸ This has been briefed and supported by the other Services

⁹ There are currently limitations of 12 months service for mobilised TA which must be considered however, TA Review and FF2020 may change this

¹⁰ Appropriate return. It should be annotated against either the ClinMed strand or the Welfare strand, as appropriate

AIM

4. The aim of this LFSO is to direct how Army personnel deployed on operations by HQ LF are to receive appropriate and coherent POSM in order to minimise the likelihood of or gain early identification of Post Traumatic Stress.

PRINCIPLES

5. Prevention and management of operational stress is a command, not a medical responsibility; good leadership and training are vital. Where practicable, commanders are to deliver the same level of support to all personnel, whilst recognising their different circumstances⁴. Commanders may utilise all or elements of this policy outside of operations, as appropriate.

6. If a commander has concerns about any individuals' wellbeing, they are to be referred to the Medical Officer at the earliest opportunity. When implementing POSM measures commanders play a vital role in reducing any stigma associated with post operational stress⁵. Families, and where applicable employers of TA or Reservists, must be aware and support the POSM process from pre-deployment through R&R to post operation.

STAGES

7. A summary of the POSM process is at Annex A. The 5 Stages of POSM are as follows:

a. **Stage 0 – Pre-Tour.** Prior to a deployment commanders should engage with POSM and issue their initial policy (example at Annex B). This period will also include briefs on POSM to deploying personnel (captured during OPTAG), Rear Operations Groups (ROGs) and families in order to manage expectation regarding EOT date and the POSM process and raise awareness of stress and support available for Service Personnel (SP) and their families. See Annex C.

b. **Stage 1 – Decompression.** Decompression must occur in a formal, structured and monitored environment, away from the area of operations immediately before recovery to the home base. Here, personnel are provided with a location in which to relax in a controlled environment before returning to a normal, routine, peace-time environment. It should normally take place with those with whom they have served. Decompression is mandatory for all personnel who serve a minimum of 31 consecutive days in theatre. 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 personnel whilst they are deployed on operations, are responsible for its delivery. See Annex D.

c. **Stage 2 – Normalisation.** Normalisation is the action to be taken on return to the home base until the completion of Post Operational Leave⁶ (POL). Responsibility rests with Commanding Officers be that of the donor, in-theatre or receiving unit, or the Reserves Training and Mobilisation Centre (RTMC). See Annex E.

⁴ 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.

⁵ It is accepted that reducing stigma is difficult, part of that process is the implementation and raising awareness of the POSM process.

⁶ JSP 769 refers.

g. **Individual Reinforcements (IR).** Personnel assigned to an operational tour away from their parent unit and returning to that unit, or those assigned to an operational tour and then reassigned to a new unit require a detailed POSM plan. They will follow the same plan as for a normal formed unit, however, elements will be completed by their parent unit on return from operations. It is essential therefore, that there is close liaison with the in theatre Comd and their parent unit to ensure that all stages of POSM are completed.

10. **Reservists.** Particular attention must be paid to Reservists who, unlike their Regular counterparts, do not return to a military environment focussed on their mental wellbeing. The application of the POSM policy for Reservists is compounded by the lack of a parent unit. Responsibility falls to the RTMC and in-theatre recipient unit.

11. **High Risk Groups.** Some personnel, due to the nature of their employment, will be at higher risk than others of developing the symptoms of stress. The Chain of Command must attempt to pro-actively identify and manage those groups or individuals who are likely to be at exposed risk. These will include certain specific CEGs, such as C-IED, Search or Medical Trauma personnel as well as members of the Chain of Command themselves, who, by dint of their role are more likely to succumb to increased levels of responsibility related stress but less likely to recognise it in themselves.

12. **Exceptional Circumstances.** Regular, TA or Reservist personnel may under exceptional circumstances circumnavigate the formal POSM regime. On these occasions active POSM is to be managed by the appropriate Role 4 Establishments Support Unit & ROGs. 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).

13. **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 deployed 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 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 and during any deployment. 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. Advice and help can be sought from a variety of staffs or organisations, such as Unit Welfare Officers (UWO) and the Army Welfare Service (AWS). Reference C describes the role of the RTMC, losing unit and support unit in supporting the families of IRs and Reservists.

14. **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 Bde for Reservists and the Unit Employment Support Officer for the TA.

This function is likely to fall to ROSOs/PSAOs in TA Units

15. **TRiM.** TRiM trained personnel may play a key role in the POSM process, by helping to ensure that this process is as psychologically beneficial as possible. This may include, presenting POSM briefs, advising the Chain of Command about psychologically healthy routines for normalising personnel and by providing informal support (ongoing mentoring) to those identified during the POSM process as being at increased risk of mental ill health. Whilst POSM and TRiM are separate processes they work synergistically to support the psychological well being of personnel.

16. **Recording of OSM.** Recording Operational Stress Management activity on JPA is now mandatory and auditable (through the SPS Inspection). Unit HR staffs are responsible for data input (see Annex H for details) onto JPA. This record is a management tool showing which stages of the POSM process have been completed. This can be referred to during arrivals checks and as part of the Stress Management process. In order to assist this process, a hard copy of the information (Annex I) is to be completed and retained in the individuals AFB9999.

SUMMARY

17. POSM forms a crucial part of the Army's duty of care as an employer. Good leadership will reduce stress levels and a commanders approach prior to, during and post Operations can reduce Post Operational Stress. This LFSO is designed to ensure that Army personnel deployed by HQ LF receive a coherent post operational stress package starting prior to the 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.

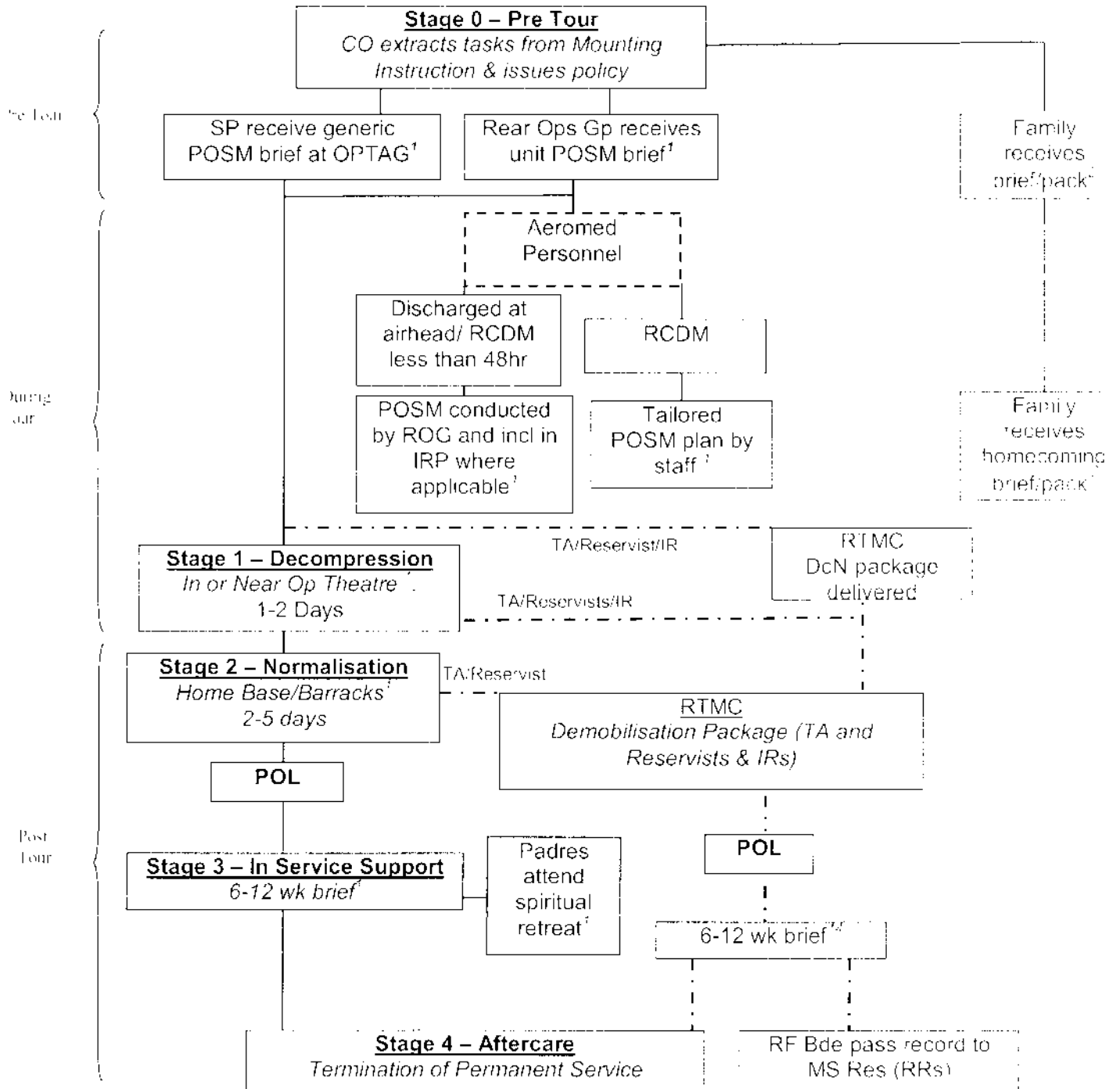
18. The point of contact for this LFSO is SO1 Personnel Support to whom any comments or suggested amendments should be sent.

MW Poffley
Maj Gen
for CinC

Annexes:

- A. A Summary of the POSM Process.
- B. An Example of CO's POSM Policy.
- C. POSM Stage 0 – Pre Tour.
- D. POSM Stage 1 - Decompression.
- E. POSM Stage 2 - Normalisation.
- F. POSM Stage 3 - In-Service Support
- G. POSM Stage 4 - Immediate Aftercare.
- H. Guidance on using JPA for the Recording of POSM Activity.
- I. Record of Operational Stress Management (OSM) Support Received

A SUMMARY OF THE POSM PROCESS.



- (¹) Record on Annex I and JPA in accordance with Annex F
- (²) TA Unit (TA)/RTMC (Reservists/IRs)
- (³) IA Unit (TA)/Host Unit (Reservists)/ Support Unit (IRs)
- (⁴) TA Unit (TA)/RF Bde (Reservists)/Reg Unit (IRs)

AN EXAMPLE OF CO'S POSM POLICY

Reference:

- A. Land Post Operational Stress Management (POSM) LANDSO 3209 (Second Revise) dated May 2011.
- B. Mounting Instruction.

GENERAL

1. For the majority of Service personnel an operational deployment is a positive experience, but there will be a number who have some negative effects. Commanders at all levels must make every effort to limit the potential for psychological problems being suffered by their personnel and manage those who have been exposed to stressors.
2. The Chain of Command (CoC) is key in the implementation of the Post Operational Stress Management (POSM) Policy as directed in Ref A.

AIM

3. This document directs how this unit will deliver POSM. The CoC MUST get it right as it is essential to the Regiments future effectiveness and is key to meeting our duty of care.

POSM STAGES

4. **Stage 0 – Pre-Tour.** Once in receipt of this direction all OCs, Unit Welfare Officer (UWO) and medical staff are to ensure that they are familiar with Ref A.
 - a. **Unit Brief.** The Adjt will lead on a G1 brief which will incorporate details of stress management (signs, symptoms and signposting), as highlighted in MATT 6, emphasising the responsibility we have to look out for each others welfare. In addition to this, all deploying personnel will receive a standard brief on the POSM process during OPTAG. Attendance at this brief is to be added to the individuals Operational Stress Management (OSM) record on JPA and the paper record (Ref A, Annex I).
 - b. **Rear Operations Group (ROG) Brief.** OC ROG is to brief the ROG. The important role they may play in supporting those who return early cannot be underestimated. They are to be fully conversant in the stages of POSM, aware of the signs and symptoms of stress and who to signpost the individuals to, should someone require extra support. The leave plot for the ROG should be articulated ensuring that leave is managed during the tour as they will be required to cover the Regiments POL.
 - c. **Families Brief - 1.** The UWO is responsible for co-ordinating a families (including where feasible the families of attached personnel (TA, RRs and IRs) brief which will highlight to the families the POSM process. This must be with the soldiers consent and therefore must begin at least 2 months prior to our deployment. Early engagement will ensure that where families cannot attend the brief, their contact details can be collated and briefing packs distributed. It must cover all elements laid out in Ref B (Annex K6-9), providing the necessary contacts, issuing the Families guide and briefing them on how to access the Regimental Web page. This will also serve to manage expectation regarding

leave timings and the POSM process. During deployment the UWO is to ensure regular contact with families is made.

5. **During Tour.**

a. **Families Brief – 2.** The UWO is responsible for a 2nd brief ensuring the families (including families of Reservists) are made aware of the homecoming section in the families deployment guide and explaining to them the POSM process, including Decompression (its benefits), Normalisation and TRiM. It should also include contact numbers for them to use should they require extra support post deployment. There is a generic brief available¹.

b. **Deployed Personnel Brief.** Towards the end of the tour, the Adjt will re-iterate the importance of Decompression and Normalisation to OCs, this information is to be cascaded to all deployed personnel.

c. **Letter to Aeromed Soldiers.** OCs are to write a letter of thanks to each aeromed soldier who will not return to theatre, the timing will depend on the nature of the injury (an example is at Ref A, Annex E, Appendix 3).

6. **Stage 1 – Decompression.** Decompression must occur in a formal, structured and monitored environment, away from the area of operations immediately before recovery to the home base. Here, personnel are provided with a location to relax in a controlled environment before returning to a normal, routine, peace-time environment. It should normally take place with those with whom they have served. Decompression is mandatory for all personnel who serve a minimum of 31 consecutive days in theatre.

a. **Recording of POSM Action.** The POSM Forms (Ref A, Annex I) are to be couriered back to Barracks by the Chalk Commander of each RiP flight or the individual soldier. The POSM Forms are to be handed over to the Duty HR Staff or the WISMIS Manager during RMCCP and the data is to be added to the individual's Operational Stress management (OSM) record on JPA. The Duty HR Staff or the WISMIS Manager is to organise the POSM Forms into Sub-Unit folders. CSM ROG and the WISMIS Manager are responsible for completing the relevant POSM Forms for those soldiers who end of tour early.

7. **Stage 2 – Normalisation.**

a. We will undergo 5 days of Normalisation. This time is to be used for personnel to clear their personal administration as well as complete any urgent unit work. This may include returning equipment, JPA claims, personal banking, amending insurance policies etc.

b. All personnel are to be in receipt of FMed 1019 and 1020 and a list of support contacts (See Ref A and include Unit Out of Hours contacts) this is to be co-ordinated by OC ROG.

c. OCs are to ensure that letters of thanks are written to attached personnel (draft letters are at Ref A, Annex E, Appendix 2). You are to ensure that details of the individual's POSM plan are clearly articulated (OC ROG will provide the details).

¹ <http://www.army.mod.uk/infocentre/external.nsf/00000000-0000-4170-0000-000000000000?open&document=10000000-0000-4170-0000-000000000000>

- d. The WISMIS Manager is responsible for the handover of all POSM forms to the Sub-Units.
 - e. The unit will then depart on POL (approx 20 days). Dates will be confirmed towards the end of the operational tour.
 - f. The completion of Normalisation is to be submitted onto JPA and the POSM form.
8. **Stage 3 – In Service Support.** This stage begins on return from POL and applies for the remainder of time in Service.
- a. **6-12 wk Brief.** The 6-12 week brief is to be given to the Regiment by CSM Smith (TRiM Trained). Attendance at the brief is to be submitted onto JPA and placed on the POSM Form. The JPA record may then be closed.
 - b. **Routine Interview.** Routine interviews are to be conducted following the tour, this provides an opportunity for all commanders to informally monitor and where necessary signpost their personnel to ensure they receive the support they need following what may be a very demanding tour.
 - c. **Families Brief – 3** – The UWO is to arrange a follow up brief to remind families of the sources of support available to them should they have any concerns about any member of their family as a result of the deployment.
 - d. **Part 1 Orders.** 6 months following the tour, a note is to be added to Part 1 Orders in accordance with Ref A, Annex F. Adj to action.
9. **Stage 4 – Aftercare.** The final stage begins on completion of Regular, TA or Reservist service and is primarily delivered by the NHS.
10. It is expected that for the majority this process will be relatively straightforward, what is key is how we also support those that return early, the IRs, TA etc. OC ROG is to ensure that POSM activity for these individuals is planned for, implemented and that the necessary recording activity is completed. This will involve close liaison with their OC and parent unit. A flow chart of the POSM process is at Ref A, Annex A.

TRACKING OF PERSONNEL

11. Recording Operational Stress Management activity on JPA is now mandatory and auditable (through the SPS Inspection). Unit HR staffs are responsible for data input (Ref A, Annex H) onto JPA. This record is a management tool showing which stages of the TRiM process have been completed. Once the record is closed it is to be the hard copy is to be retained in the individuals AFB9999. Four months after the tour the R2IC is to conduct a 100% inspection of the OSM records to ensure all are complete.

SUMMARY

12. The implementation of POSM will not only minimise the likelihood of our soldiers suffering from psychological problems but most importantly enable effective and timely management of those soldiers who have been exposed to traumatic or stressful events. This is core business which is to be understood and applied by all commanders at all levels during and after operations. This is critical to our remit to sustain the welfare of those under our command but equally also enables us to sustain the key capability that is our soldiers in both the immediate and the long term as we retain our campaign footing. The CO places particular emphasis on getting this right.

STAGE 0 – PRE TOUR

1. A POSM policy is to be written by the CO prior to the deployment and COs are to consider the health of each individual prior to deployment. This should include a robust plan for all deploying personnel including IR's, Reservists, TA¹ and those returning early (ie courses) to ensure the entire process is captured (this may require close liaison with any receiving unit). The deploying CO is responsible for the POSM plan until they handover command of the individual to either the RTMC or their receiving unit.

BRIEFS

2. **POSM Awareness.** It is essential that all personnel, be they deploying, ROG or the families of those deploying are briefed on what to expect during the POSM process. For those deploying a generic brief will be given during OPTAG. This (similar to the families brief) will detail the stages of POSM so that individuals are aware of what to expect during each stage and are made aware that they will not immediately go on leave on return to their unit. The ROG should be briefed within Unit lines, this should include stress signs and symptoms (available in MATT 6), so that they can support SP returning early from tour, and are aware of when they may get their own leave.

3. **Families.** Families are a key part of the POSM process. They should be informed prior to the tour at unit level, in accordance with the Mounting Instruction. A familie's guide² should be issued to families of deployed Regular Army Personnel. Families of mobilising TA, Reservists and IRs will receive an Army Families Deployment Support Pack from RTMC. It is good practise for this process to begin at least 2 months prior to deployment. Early engagement will ensure that where families cannot attend the brief, their contact details can be collated and briefing packs distributed.

¹ CO's need to incorporate this into the 12 month mobilisation plan

² A guide for the families of deployed Regular Army Personnel – AC 64404

POSM STAGE 1 – DECOMPRESSION

1. **Concept of Decompression.** Decompression is an enabler for recovery. It is a process by which personnel who deploy together, unwind together. It is designed to place individuals into a formal, structured and monitored environment in which to wind down after a period on operations; by doing so individuals will start to re-adjust to a normal and routine peace-time environment. It affords an opportunity for personnel to begin to rationalise their experiences and set them in context.

2. **Method.** Decompression should be a minimum of 24hrs duration and conducted in a benign environment; ideally a third location away from the Home Base and the operational theatre. Whilst Op HERRICK endures the default location for all operational Third Location Decompression (TLD) is Bloodhound Camp (BHC), Cyprus³. A Decompression package is to be programmed into the overall operational deployment and recovery period for all personnel.

3. **Participation.** Decompression is mandatory for all personnel who have served in an overseas operational theatre for 31 consecutive days or more unless a waiver has been granted. Commanders may apply for those whose tour duration is less than 31 days, for them to attend TLD decompression if they feel it would be beneficial, following experiences in theatre.

4. **R and R.** Personnel who depart an operational theatre, either to the Home Base or a Third Location do not undergo any formal element of POSM, particularly Decompression. Whilst the omission of formal intervention in the form of Decompression or Normalisation for personnel on R and R is deliberate it is incumbent on the Chain of Command to continue to ensure their wellbeing. Acknowledging that personnel on R and R may be detached from the unit ROG it remains a responsibility of the Chain of Command to monitor them as best as is possible, whilst not routinely intervening in their private lives or adversely impacting on their period of R and R.

5. **Waivers.** The authority to grant a waiver from TLD is jointly held by PJHQ and HQ LF Pers Ops (on behalf of CinC LF). Units should apply for a waiver in line with the procedures outlined by PJHQ (through JF Sp(A) to J1 PJHQ) for their specific operation. Decompression waivers must be received no later than 14 days prior to the anticipated date of return to the Home Base. The format and method for staffing the request will be dictated by PJHQ and will seek the opinion of the deployed chain of command. Those initiating the waiver request will wish to highlight exposure to the following during the deployment:

- a. Significant, specific and enduring threat to life and limb.
- b. Experience of, and close proximity to, traumatic events.
- c. Experience of, or worry of, sustaining casualties and/or fatalities within the unit/sub unit or in their immediate vicinity.
- d. Regular employment away from the central contingency operating base or camp.
- e. Regular interaction with the indigenous, non-I.F.C, civilian population.
- f. Morale, resilience and robustness of the units and individuals.

³ PJHQ will remain on a suitable location for Decompression in consultation with the theatre. If troops are based in Cyprus the A1 Combat Centre becomes the default.

Waivers will be granted by exception and only on grounds of maintaining operational capability.

6. **Passage of Information.** SP and their families will have been briefed during Stage 0 – Pre Tour of the benefits and merits of TLD and why it takes place. The following briefings, prior to Decompression should occur:

- a. **Deployed Personnel.** In the month prior to recovery to the Home Base all deployed personnel are to be reminded of the format and benefits of TLD.
- b. **Families.** Families should be appraised of the operational environment endured by the family member and be exposed to some of the signs and symptoms of operational stress⁶. Further to this they should be advised on where to go for support if required⁷. This responsibility lies in the main with the donor unit. For Reservists responsibility lies with the Host Unit and for IRs their Support Unit.

7. **Manning.** In order that Decompression is effective it is vital that it is facilitated with appropriate and capable manpower. Whilst Op HERRICK endures the manpower is provided in the following manner:

- a. **Op HERRICK TFH Main RiP Period.** The TFH Bde ROG will provide a Decompression Support Team whose manpower will cover the full range of activities at BHC for the 2 month period of the RiP. The precise requirement will be identified by the PJHQ.
- b. **Op HERRICK Non-Main RiP Period.** A permanent Support Team will be in place at BHC for the 4 month period between Op HERRICK main RiPs. FLCs have a responsibility to man specific posts on an enduring basis.
- c. **Unit LOs.** Units may, following consultation with the Decompression Support Team, deploy an LO forward from the Home Base to meet those returning from the operational theatre, at the TLD location.

8. **Format of Decompression.** The current TLD package can be broken down into a series of packages that provide particular benefits. Further detail will be disseminated during J1 Force Preparation packages but in summary:

- a. **Pre-Departure from the Operational Theatre.** All personnel are to be shown the Coming Home DVD and advised as to how they might seek support upon return to the Home Base. Additionally activities such as Drumhead services are often incorporated where time and settings permit.
- b. **Briefings.** A short series of briefings are provided to all personnel attending TLD; these will include:
 - (1) Driving awareness: the Grim Reaper DVD.
 - (2) A padre's Home Coming brief concerning the management of expectations with regard to personal relationships.

⁶ They may wish to consider written and or web based information in order to capture all

⁷ The families Homecoming presentation can be found at:

<http://www.defence.gov.uk/operations/returning-soldiers/families/returning-soldiers-families-coming-home-presentation>

(3) A Mental Health brief from a CPN.

c. **Activities.** In order to provide the opportunity to rationalise their experiences and place them in context, alongside those who experienced similar incidents, a series of social activities are the main focal point of TLD. Activities are seasonally dependent but when the temperature and weather permit they are focused around the Tunnel Beach leisure and watersports facilities.

9. **Command Duty of Care.** 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. Following clinical advice where appropriate, if it is deemed that an individual is particularly at risk his details are to be recorded in accordance with the Suicide Vulnerability Risk Management Policy¹⁸. Case conferences involving the chain of command, welfare (UWO and AWS personal support) and medical representatives may supplement this activity.

10. **Those Not Attending TLD.** A number of circumstances may conspire that prevent some personnel from attending TLD. These may include individuals in the following categories, who subsequently do not return to theatre and thus do not conduct TLD as originally planned:

- a. Personnel evacuated from the operational theatre by aero-medical evacuation directly to UK hospitals.
- b. Individuals who depart theatre under Compassionate arrangements.
- c. Those for whom a waiver from TLD has been granted.
- d. Those experiencing airbridge delays of more than 72 hours.

In all circumstances individuals who depart theatre after more than 31 days service, but do not attend TLD, must have a comprehensive Decompression package designed for them and implemented at the Home Base. Most normally their Decompression will be incorporated into their POSM Stage 2 Normalisation package¹⁹.

11. **Tracking.** It is vital that Decompression, alongside all POSM serials, is recorded accurately on JPA. This is particularly important when personnel will move away from the unit or chain of command with whom they deployed. Individual plans must be tailored for all circumstances to ensure that the chain of command and individuals are left clear as to who will be responsible for delivering each stage of POSM.

¹⁸ Refer to AOW Vol 3 Chapter 110

¹⁹ The Gun Reaper (2V01504207) Padres 'home coming' brief and CPN's Mental Health brief are provided during DoN. Coming Home and Gun Reaper DVDs are both available from BDFL 01494 878252; dfc@dfc.com. The homecoming and Mental Health brief are available at:

<http://dfc.com/dfc/pubs/DFC%20Public%20Library/Srny/dfcasset/dfc/ent/dfcleg/dfc/Personnel/ComingHomeandGunReaperDVDs>

POSM STAGE 2 – NORMALISATION

1. The normalisation stage of POSM is mandatory for all Army personnel on return from operations. Post Operational Leave (POL) is not to be modified in any form, unless exceptional circumstances have been approved by HQ LFC²¹.
2. As with other elements of the POSM process, some individuals may need tailored arrangements to ensure their Normalisation requirements are met. However, common to all must be the receipt of FMed 1019²¹, FMed 1020 and the list of contact details for support organisations (Appendix 1 to this Annex). SJC (Med) is to provide normalisation for all in-patients at Role 4 facilities in accordance with the IRP. It is essential that this stage is recorded on JPA (Annex H) and hard copy (Annex I), as this provides the tracking mechanisms to ensure personnel receive all stages of POSM.

REGULAR FORCES

3. **Formed Units.** Formed units will return to their home bases to conduct normalisation; typically 2-5 days in barracks conducting post operational administration. The exact duration is at the CO's discretion but it must be long enough to permit non operational activity and reintegration of all personnel (those deployed, those on the ROG and the families of all involved). COs may extend the period following consultation with the higher Chain of Command. For personnel returning early from the tour there must be a rolling normalisation programme organised by the ROG in order to permit individuals to undergo this stage of the process.
4. **IRs.** IRs may return to their parent unit or be posted to a new unit. The in theatre unit must contact the receiving unit to appraise the commander of the individual's time in theatre, drawing attention to potentially stress-inducing activities. Normalisation for all personnel (including POL) is the responsibility of the individuals' CO on return from operations.
5. **POL.** Twenty days POL accrues from a 6 month tour or on a pro rata basis for shorter tours (one working day POL for every 9 days in theatre). POL should usually be taken with the deployed unit. Commanders may also consider adding a period of annual leave in order to address the outstanding entitlement created by the deployment.

TA AND RESERVISTS

6. **TA Formed Unit (2-5 days in barracks).** A TA unit should conduct its own normalisation period to supplement the demobilisation package. Early engagement with RTMC and the in-theatre unit will be essential to ensuring the most appropriate programme, which ideally will take place before the demobilisation package at RTMC.
7. **TA/Reservists (2-5 days in barracks).** Regular units should include TA and Reservists in their normalisation programme where practicable. Care must be taken to ensure they are

²¹ POL is to be taken within one month of return. Acceptable reasons for delay include attendance on career courses.

²² FMed 1019 'Coming Home' and 1020 'Dealing with Traumatic Experiences' dated 13 Mar 03. Available at <http://www.army.mod.uk/infocentre/infocentre.nsf/00000000-0000-0000-0000-000000000000?open&document=00000000-0000-0000-0000-000000000000>

The psychiatric team that is supporting a specific operational deployment is permitted to change the emphasis of the FMed if they wish to take account of the environment and tempo of the operation the troops are involved in.

included in day to day activity and are provided with suitable accommodation. Prior agreement must be sought from donor units in order that they have the opportunity to assess the impact on the families of those soldiers delayed from returning home. Where both the Regular recipient unit and TA donor unit wish to conduct Normalisation for TA personnel, Normalisation in the Regular unit takes priority, but the preference of the individual may be taken into account.

8. **Reserves Training and Mounting Centre (RTMC).** Following normalisation TA and Reservists will move directly to the RTMC for their demobilisation package, which lasts one day. It should be noted that:

- a. The package is designed to enable reintegration in the same way as the in-barracks package for Regular personnel, but over a shortened timeframe. It comprises:
 - (1) Post-operational administration.
 - (2) A run up to PULHEEMS medical appointment.
 - (3) Briefings on:
 - (a) Stress.
 - (b) Return to Work (given by Directorate Reserve Forces and Cadets) (DRFC).
 - (c) Aftercare and Welfare.
 - (4) Establishing communications between the Army, the individual and the employer. Individuals will be asked if they wish a formal letter to be sent to their employer and if there are any specific issues that they wish to resolve in their reintegration to civilian life.
- b. The Reservists outstanding POSM requirements are to be captured on the Release Certificate, this is to be copied to the Reservists RF Bde. The soldier is to be directed to contact their RF Bde in order to complete their POSM requirements (ie 6-12 week brief). The RF Bde are also to contact the RR in order to co-ordinate the POSM brief.
- c. The aspirations of TA and Reservists are to get home as soon as possible. In the event that further support is required, the individual will be directed to the appropriate agencies in order that assistance can be provided.

9. RTMC will arrange onward movement from the point of demobilisation at Chilwell to unit or individual destinations as required.

10. Following the RTMC package, TA and Reservists go on POL and may take annual leave accrued during mobilisation.

11. **Letter of Thanks.** A letter of thanks and congratulations must be sent by the in-theatre Army chain of command to each individual TA and Reservists soldier (which should include advice on POSM) timed to coincide with the end of the individual's POL. The default responsibility for this lies with the individual's in-theatre sub-unit commander and an outline template is at Appendix 2 to this Annex. Commanders are to note that numerous TA and Reservists will have completed multiple tours so the text is not to be slavishly followed.

AEROMED AND OTHER PERSONNEL

12. Those personnel subject to aeromed and other personnel returning from theatre present the greatest challenge at Stage 2. Such personnel will need to be treated on a case by case basis. It is important to consider family support, unit COs are to ensure that unit plans address family needs.

13. **Aeromed Personnel.** Those returning by aeromed fall into 2 categories:

a. **Aeromed to Role 4.** SJC(Med) are requested to ensure that the mandatory requirements of Stage 2 are met and that further support is provided by the on-site agencies. Patients may be at Role 4 for long periods, which will extend the Normalisation stage. Conversely some personnel will only remain at Role 4 for a very short period of time and on discharge to Hospital Sick Leave ROGs are to ensure that Stage 2 has been delivered. Units are to note that POL will need to be taken following discharge from hospital and missed elements of the POSM plan are to be incorporated into the Individual Recovery Plan.

b. **Aeromed other than to Role 4.** Personnel who do not proceed to Role 4 are to conduct Normalisation in the same way as other personnel returning early from the operational tour. The POSM plan should be incorporated into the Individual Recovery Plan.

14. **Aeromed Correspondence.** A letter of thanks must be sent by the in theatre commander to each aeromed soldier who will not return to theatre, the timing will depend on the nature of the injury²² and a template is at Appendix 3 to this Annex. A senior officer from the chain of command will visit all personnel in Role 4 each month; this is to be supplemented by Regimental visits at an appropriate level.

15. **Other Personnel.** Individuals returning to face disciplinary action, on extended compassionate leave or returning for any other reason also need Normalisation. The CO of the parent unit is to ensure this takes place.

Appendices:

1. Contact Details for Support Agencies.
2. Template Letter to TA and Reservists from In Theatre Chain of Command.
3. Template Letter to Aeromed Soldier from In Theatre Chain of Command

²² Commanders are to exercise judgement regarding letters to those aeromed as a result of deliberate self-harm or injuries resulting from unendorsed activities; they are to seek appropriate medical advice if necessary.

CONTACT DETAILS FOR SUPPORT AGENCIES

1. For those who have been discharged, in the first instance they should seek the advice of their GP who will also be able to advise or refer them for further treatment or help.

2. The following organisations are able to offer support or advice whatever an individual's circumstances.

a. **Forcesline (formally Confidential Support Line).** A confidential and impartial phone service providing listening and sympathetic advice offered by specially trained civilians who will discuss any issue causing worry. The line is open from 1030-2030 hrs (UK local time) every day, including Christmas Day. Free phone lines operate from Germany, Cyprus and the UK.

From the UK (Main Line):	0800 731 4880
From operational theatres:	Use the Paradigm "Homelink" service and enter "201" at the pin prompt - call time is unlimited
From Germany:	0800 1827 395
From Cyprus:	800 91065
From the Falkland Islands:	#6111
From anywhere in the World (call-back)	+44 (0) 1980 630854
Website:	http://www.forcesline.org.uk

b. **The Army Welfare Service.** AWS provide community and personal support to regular Soldiers, TA, Reservists and their families.

Call:

E-mail: ArmyWelfareInformationService@mod.uk

Website: www.army.mod.uk/welfare_sap/01

c. **Combat Stress (Ex-Servicemen's Mental Welfare Society).**

Head Office, Tyrwhitt House, Oaklawn Road, Leatherhead, Surrey, KT2 0BX.

Call: 01372 587000

E-mail: contactus@combatstress.org.uk

Website: <http://www.combatstress.org.uk>

d. **SSAFA Forces Help.**

SSAFA Forces Help, 19 Queen Elizabeth Street, London, SE1 2LP.

Call: 0845 1300 975 / 020 7403 8783

E-mail: info@ssafa.org.uk

Website: <http://www.ssafa.org.uk>

e. **The Royal British Legion.**

The Royal British Legion, 48 Pall Mall, London SW1Y 5JY.

Call: 08457 725 725 (1000–1600 hrs Monday to Friday)

Website: <http://www.rbl.org.uk>

f. **Service Personnel and Veterans' Agency (MOD) (Veterans' Helpline)**

Call: 0800 1692277

E-Mail: veterans.help@spva.gsi.gov.uk

Website: www.veterans-uk.info

g. **The Reservist's Mental Health Programme.**

This programme provides an assessment and treatment service for all Reserve personnel who have served on operations since 2003 and who have since been demobilised.

Call: 0800 0326258

Website: <http://www.army.mha.gov.uk/operations.htm>

h. **Samaritans.**

The Samaritans provide confidential non-judgemental support, 24 hours a day for people experiencing feelings of distress or despair.

Call: 0845 7909090

Website: www.samaritans.org.uk

i. **Community Veterans Mental Health Team (CVMHT).**

Community Veterans Mental Health Service, Trevillis House, Lodge Hill, Liskeard, Cornwall, PL14 4NE.

Call: 01579 335226

Website: www.veterans-uk.info/mental_health/cvmht.html

j. **The Medical Assessment Programme.**

The Baird Medical Centre, Gassiot House, St Thomas' Hospital, London SE1 7EH.

Call: 020 7202 8323 or 0800 169 5401

E-mail: mgp@st1.nhs.uk.

Website: www.armybenfund.org/mhp.htm

x. **Army Benevolent Fund – The Soldiers' Charity.**

Army Benevolent Fund, Mountbarrow House, 6-20 Elizabeth Street, London, SW1 9RB.

Call: 0845 241 4820

E-Mail: enquires@armybenfund.org.

TEMPLATE LETTER TO TA AND RESERVISTS FROM IN THEATRE CHAIN OF COMMAND

From: Maj A N Other²³

2nd Battalion
The Blankshire Regiment
Waterloo Barracks
Tidworth
SP1 0TI

Mr B Smith
23 Gaza Close²³
TWICKENHAM
London W1

1 January 2011

Dear Corporal Smith

On behalf of the Regiment, and A Company in particular, I am writing to thank you for your contribution whilst deployed with 2 BLANKS on Op SOMEWHERE between January and December 1999.

Next paragraph should pick out the highlights of the tour and any particular events that the individual participated in.

As you know, everyone is exposed to stressful events in their life, and you will have had your fair share recently. It is extremely important that you are aware of the many ways that you can react to stressful events and what you as an individual can do to prevent such incidents having a bad influence over your life. The majority of personnel will have no long term psychological problems, however if, in the process of demobilisation and in returning to civilian life, you feel the need to talk about your experiences, please do not hesitate to contact [*unit POC*].

Once again, thank you for all your efforts. We wish you good luck following demobilisation

Yours sincerely,

A N Other

Copy to:

CO TA unit – for TA personnel
MS Reserves – for Reservists personnel

²³ To be written at the appropriate level, normally 2 up

²⁴ To home address wherever possible

TEMPLATE LETTER TO AEROMED SOLDIER FROM IN THEATRE CHAIN OF COMMAND

From: Lt Col A N Other^{2*}

2nd Battalion
The Blankshire Regiment
Op SOMEWHERE
BFPO 999

24681234 Corporal P Smith BLANKS
c/o Royal Centre for Defence Medicine^{2*}
Selly Oak Hospital,
Raddlebarn Road,
Birmingham
B29 6JD

1 January 20011

Dear Corporal Smith

I do hope that things are progressing^{2*} as well as can be expected. I have now been briefed that you will not return to the Battalion before the end of the current operational tour because of your illness/injury*.

We all wish you a speedy recovery. While I am certain that many people will visit you throughout your treatment, if there is anything specific that we can help you with, please contact me or the RCG OC.

Yours sincerely,

A N Other

Copy to:

1. RCG or RF Div (for those reassigned under PRU) for Regular personnel; TA unit – for TA personnel; MS Reserves – for Reservist personnel.
2. RCDM – for personnel at RCDM.

* Delete as appropriate

² To be written by the CO – Text for guidance only

address may be home address if on long term sick leave

Appropriate sensitivity **must** be used to reflect the extent of the individual's injuries and the prospects of making a full recovery

POSM STAGE 3 – IN-SERVICE SUPPORT

1. This stage of POSM underpins psychological resilience and the ability to retain individuals at combat readiness. In-Service Support refers to the period of time after the return from post operational leave rather than the initial weeks following return from operations. The chain of command is responsible for In-Service Support which continues until the individual (whether Regular or Reserve) is discharged from Service; it may therefore continue for decades.
2. During their remaining service, there remains a military and moral imperative to protect the health of personnel. Future service is likely to include further operational deployments and In-Service Support may therefore be concurrent with subsequent post-deployment Decompression or Normalisation. COs are responsible for all POSM In-Service Support. Reservists may proceed direct to Stage 4 (Aftercare) and therefore do not feature in Stage 3, albeit the opportunities to include them in unit briefings should be taken wherever practicable (see below).
3. Commanders RF Brigades must remain open to families and employers concerns as they may be the first to recognise mental health issues and they may have no-where else to turn to.

MANDATORY ACTIVITIES

4. **Brief.** Between 6 and 12 weeks following the return from operations, all Regular and TA units²⁸ are to conduct a stress briefing. A standard presentation has been developed²⁹. Where possible the presentation is to be delivered either by a Mental Health professional or a TRiM trained individual. Where this is not possible, the presentation may be given by a Padre/UWO/ROSO³⁰. Attendance at this briefing is to be recorded on JPA and hard copy by HR staff. On the rare occasion that the individual resides abroad (Reservists) the brief may be posted recorded delivery to the individual (this action should be annotated on the record).
5. **Interview.** Routine Chain of Command interviews should occur during which the interviewee must be mindful of the SPs experiences. If concerns are raised then they should be signposted to, for example the Medical Officer, Padre or a TRiM trained individual (as appropriate).
6. **TA Recuperation Day.** TA units including those only providing IRs are to include a recuperation training day in their programme for all demobilised personnel. A maximum of 2 non-Bounty earning Man Training Days can be allocated from within existing unit ceilings. As many members of the unit as possible are to be encouraged to attend and the aim is to ensure that an individual's deployment has been properly recognised by the wider Army, and to assist with identifying any welfare needs.³¹ This training period is the ideal time for the 6 - 12 week briefing to be delivered.
7. TA units are to inform the local RF Brigade of proposed recuperation training periods. Although Reservists do not pass through Stage 3, the opportunity to attend the briefing, perhaps

²⁸ CVHQs for Specialist TA.

²⁹ This presentation can be found at <http://www.army.mod.uk/infocentre/infocentre.nsf/00000000-0000-0000-0000-000000000000?open> and is available to all personnel with a valid email address.

³⁰ They must have confirmed any queries with the presentation with a Mental Health professional or TRiM trained individual.

³¹ Further details were promulgated in LAND/PERS/1308 dated 30 Dec 03

combined with a social event at a local TA unit, represents an opportunity for the Reservists to share experiences and reflect on the deployment. TA units are to be prepared to accept that Reservists may wish to attend such briefings. Attendance is to be coordinated by the RF Brigades. Reservists may claim 1 days pay and T&S costs against NACMO, this is to be co-ordinated by the Reservists RF Bde with MS Reserves. The application for NACMO, recording of Stage 3 and closing of the OSM record will be conducted MS Reserves.

8. **Padres.** Commanders should be aware that Padres will attend a 5 day Spiritual Retreat at approximately the 12 week point. This is essential to their own POSM process.

9. **Part 1 Orders.** All units are to remind personnel to consider POSM on a Part 1 Order notice to be published 6 months after return from operations and at quarterly intervals thereafter. The suggested form of words is as follows:

“(Unit name) returned from Op (Op Name) in (Date: month, year). All personnel who deployed on this operation are reminded of the common reactions to traumatic events and some do’s and don’ts following the return from the operation as follows:

- *Don’t bottle things up. Try to discuss them as they come up.*
- *Don’t try to avoid thinking and talking about experiences from the tour. Your family and friends will almost certainly want to listen.*
- *Don’t isolate yourself. Try to be with people when possible, but also reserve some private time for yourself.*
- *Don’t use alcohol to help you sleep, cope or forget. Small amounts are OK, but frequent heavy drinking is destructive in the end and risks additional accidents and medical and social problems.*
- *Do take time to be with your family and friends. Plan events together even if you do not feel like it now: they are a good source of support.*
- *Do look after yourself by eating and sleeping well and try to maintain a reasonable level of fitness.*

If you are concerned about problems that you may be experiencing contact the Unit MO UWO or AWS in the first instance (**relevant telephone numbers**). Contact details are available from (**relevant location in unit**).”

10. For groups who deploy regularly under a sustained roulement, careful Stage 3 management will be especially crucial to maintaining unit resilience for operations. Commanding Officers will need to determine how their unit’s procedures are developed to achieve the necessary effect.

11. Individuals who have experienced a traumatic event whilst deployed are at most risk of adjustment difficulty: it follows that these personnel, and those considered to be a longer-term risk, should be kept under strict command review: further follow-up interviews and specialist advice should be sought from medical staff as necessary. On referral for treatment, the medical pathway and system of medical categorisation will track those suffering from psychological problems.

POSM STAGE 4 – IMMEDIATE AFTERCARE

1. Formal responsibility for medical care passes from MOD to the National Health Service on discharge/retirement from the Service. Defence Medical Services are responsible for overseeing the transition to civilian mental health care of Service personnel exiting whilst still receiving clinical treatment for psychiatric problems. Mental Health Social Workers in Departments of Community Mental Health will provide follow-up contact with such individuals for 12 months post discharge to ensure a smooth transition. In addition, advice can be sought on benefits, war pensions, employment, resettlement and accommodation to aid this process. All this information is available in the Service Leavers Guide provided by the SPVA. Another useful source of information is the Transition to Civilian Life: A Welfare Guide, which should be provided to all individuals leaving the Service.

2. UK Volunteer and Reservists who have been demobilised since 1 Jan 03 following deployment overseas, and who believe that their deployment as a Reservist may have affected their mental health are entitled mental health care from MOD under the terms of the Reserves Mental Health Programme (RMHP). The programme is open to all current or former members of the Army. Any Reservist who believes they are eligible should approach their GP who will refer them to the programme; in some cases Reservists can approach the programme direct. If eligible, they will be offered a mental health assessment at RTMC Chilwell by members of the Defence Medical Services. If they have developed an operationally related mental health problem as a result of mobilisation, they may be offered out-patient treatment at one of the Regional Departments of Community Mental Health.

3. The Service Personnel and Veterans Agency (SPVA)¹² acts as a point of contact to provide advice for serving military personnel, ex-service personnel and their dependents. The SPVA is responsible for the War Pensions Scheme and Armed Forces Compensation Scheme. These schemes provide compensation to personnel for illness that arises as a result of service prior to 6 Apr 05 and on/after 6 Apr 05 respectively. Outside the NHS, the charity Combat Stress³⁵ provides specialist advice and inpatient and outpatient mental health care for veterans.

4. Should a Service Leaver have an enduring welfare requirement³⁴ then the Veterans Welfare Agency (VWS) can give advice, guidance and practical help. It will also assist with any welfare related problem their family or dependants may have. The problem does not have to be directly related to disablement or service in HM Armed Forces.

5. For individuals with a Transitional Welfare Requirement referrals should ideally be made to the Veterans Welfare Service 8 weeks prior to discharge. Referrals could be made for any type of discharge including Administrative, Medical or on normal discharge. Further information regarding this and how to refer SP can be found at: <http://www.vet.gov.uk/info/welfare/trans.htm>

6. For those seriously injured, referral may be made to the VWS from Service Welfare staff which addresses the Welfare needs of Seriously Injured Leavers. Further information may be found at: http://www.vet.gov.uk/info/welfare/seriously_injured.html

¹² 0800 169 2277

³⁴ 01372 587000

³⁵ This may be debt, drug or alcohol issues or that they are in care.

7. The Medical Assessment Programme (MAP)³⁵ at St Thomas's Hospital in London will also provide both physical and psychological health assessments for any Veteran who has deployed on operations since 1982. Although the MAP does not provide treatment it will send the results of any assessment to an individual's General Practitioner which can be of considerable help.

8. Outside the MOD's responsibilities, the Army Regimental families and Service charities can greatly assist in Stage 4.

TRANSITION INTO AFTERCARE

9. For Regulars on discharge/retirement, a similar recorded chain of command advice interview is to be conducted. A POSM advice leaflet is included in the Officers' and Soldiers' Leavers Pack. In the short term Resettlement Officers, UWOs and Regimental Operations and Support Officers, Regimental Recruiting Retention and Welfare Officers should be briefed on POSM advice and make it available to those leaving the service or demobilizing.

10. For TA, on termination of permanent service, the CO of the SPs final unit is responsible for ensuring an interview takes place to explain that should the individual experience difficulties associated with operational service, he should contact his/her nominated focal point – this must be agreed prior to termination and may be a local TA or Regular unit or the local Reserve Forces and Cadet Association (RFCA). If relocating, the Reservists should be directed to contact the nearest RF Brigade HQ.

ACTIVITIES

11. As well as the Department of Health, there is a key role for Regimental Associations, the Directorate of Reserve Forces and Cadets (DRFC), Service Personnel and Veterans Agency (SPVA), the Soldiers, Sailors, Airmen and Families Association Forces Help (SSAFA-FH), Combat Stress and the wider body of Service charitable organisations in addressing individual cases. A regimental association, headquarters or charity might be the most suitable point of contact for ex-Service personnel, to provide moral or material support and direct individuals to the most appropriate support agency to address their needs.

³⁵ For more information on the Medical Assessment Programme (MAP) at St Thomas's Hospital in London, call 020 7 927 3373 or 0800 169 540.

GUIDANCE ON USING JPA FOR THE RECORDING OF POSM ACTIVITY

1. POSM activity is to be captured on the JPA OSM record as soon after the event as possible. The following table illustrates POSM activities that are to be recorded.
2. The right of the table shows existing OSM headings on JPA which POSM activity is to be recorded against and where responsibility lies.

POSM	JPA – Operational Stress Management (OSM)			Responsibility for Input		
	Regular	Reservist	TA	IR (OCE)		
Open Record	Unit	Host Unit	Unit/Host Unit	Host Unit		
Stage 0 – Pre-Deployment Briefing during OPTAG*	Unit	Host Unit	Unit/Host Unit	Host Unit		
Stage 1 - Decompression	Unit	Host Unit	Host Unit	Host Unit		
Stage 2 – Normalisation – 2-5 days in barracks	Unit	Host Unit	Host Unit	Host Unit		
Stage 3 – In Service Support – 6-12 week brief	Unit	Host Unit	Host Unit	Host Unit		
Close Record	Unit	Reserves	TA Unit	New Unit		

* Units/RTMC will undoubtedly give their own brief. The OPTAG brief will ensure that all individuals have been briefed on the POSM process.

3. A guide to inputting data onto the OSM record is at: [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361119/OSM-Recording-Guide-2016.pdf](#)
4. Handy tips on how to raise the OSM report are at: [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361120/OSM-Recording-Guide-2016.pdf](#)

RESTRICTED STAFF WHEN COMPLETE

Annex I to
LFSO 3209
(SECOND REVISE)

RECORD OF OPERATIONAL STRESS MANAGEMENT (OSM)
SUPPORT RECEIVED

Personal Details		
Name:	Rank:	Service Number:
Details of Operation		
Name of Op:	Start/Arrival Date:	Completion/Departure Date:
Unit:	Donor Unit ³⁶ :	Receiving Unit ⁴⁶ :
Duties Held:	Details of In-Theatre Activity ²⁷ :	
Confirmation Signature:		
Name:	Rank:	Appointment:
Date:		
Stage 0 – Pre-Deployment		
Briefing Undertaken: Yes <input type="checkbox"/> No ³⁶ <input type="checkbox"/>	Location Where Conducted:	Dates (From/To):
Confirmation Signature:		
Name:	Rank:	Appointment:
Date:		
Stage 1 – Decompression		
Coming Home Brief Undertaken: Yes <input type="checkbox"/> No ³⁶ <input type="checkbox"/>	Location Where Conducted:	Dates (From/To):
Confirmation Signature:		
Name:	Rank:	Appointment:
Date:		
Stage 2 – Normalisation		
Decompression Undertaken: Yes <input type="checkbox"/> No ³⁶ <input type="checkbox"/>	Location Where Conducted:	Dates (From/To):
Confirmation Signature:		
Name:	Rank:	Appointment:
Date:		
Stage 3 – In-Service Support		
In Receipt of FMED 1019 and 1020:	Location Where Conducted:	Dates (From/To):
Confirmation Signature:		
Name:	Rank:	Appointment:
Date:		
Stage 4 – Aftercare		
Post-deployment briefing (6 - 12 weeks after deployment):	Date Conducted:	Unit:
Confirmation Signature:		
Name:	Rank:	Appointment:
Date:		
Stage 5 – JPA Entries Input		
JPA OSM Event Finalised on Date:		

This record is to be raised locally by the unit and retained in the Service Persons' AF B9999.

Work applicable

Standard operating procedure, environment and any potentially stress inducing activity undertaken, exposure to risk and injury

Do not include the name of FPO/Officer

Do not return this form to the reverse of the sheet