

International Conference
of Ombuds Institutions
for the Armed Forces

16ICOAF

2024 Sep 30 - Oct 2

Berlin

16ICOAF

The International Conference of Ombuds
Institutions for the Armed Forces

**The Armed Forces under
Pressure** | **Ombuds Institutions
and the Duty of Care
to Service Members**



Deutscher Bundestag
Die Wehrbeauftragte

DCAF Geneva Centre
for Security Sector
Governance



**The 16th International Conference of Ombuds
Institutions for the Armed Forces**
Compendium of Presentations

Session 1: Understanding Forces – Pressures and Demands on the Military

Presentation of Robert Laimer, Executive Chairman of the Austrian Parliamentary,
Commission for the Federal Armed Forces, Member of the National, Council of Austria,
Austria



Parlament
Österreich

Parlamentarische
Bundesheerkommission

Presidium of the Austrian Parliamentary Commission for the Federal Armed Forces



Chairman

Dr. Reinhard Bösch

Former Member of Parliament
(National Council)



Executive Chairman

Robert Laimer

Member of Parliament
(National Council)



Chairman

Mag. Friedrich Ofenauer

Member of Parliament
(National Council)



Session 1 – Understanding Forces – Pressures and Demands on the Military **Overview**

- Tasks
- Geopolitical tensions
- Impact on
 - Armed Forces
 - Ombuds Institution
 - Soldiers
- Resume



Parlament
Österreich

Parlamentarische
Bundesheerkommission

Inspection visit





Parlament
Österreich

Parlamentarische
Bundesheerkommission

Inspection visit





Parlament
Österreich

Parlamentarische
Bundeswehrkommission

Assistance Operation Austrian Armed Forces





Parlament
Österreich

Parlamentarische
Bundesheerkommission

Assistance Operation Austrian Armed Forces





Parlament
Österreich

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Bundesheerkommission

Assistance Operation Austrian Armed Forces





Parlament
Österreich

Parlamentarische
Bundesheerkommission

Meeting with the Federal President of Austria and Representatives of the Defence Committee



Session 1: Understanding Forces – Pressures and Demands on the Military

Emmanuel Jacob, President, European Organisation of Military Associations and Trade Unions (EUROMIL)



European Organisation of
Military Associations and
Trade Unions

Brussels, Belgium
<http://euromil.org/>

Speech for ICOAF Conference: Understanding Forces – Pressures and Demands on the Military

Ambassador, Ladies and Gentlemen, Dear colleagues and friends,

First, I extend my sincere thanks to ICOAF for the opportunity to address the 16th ICOAF Conference. This platform is invaluable for discussing how to ensure the rights and well-being of military personnel amidst the rising demands placed on them. It is an honour to share insights on these pressing issues.

The world today is more unpredictable than it has been for the past decades, with conflicts like the war in Ukraine reshaping the role and demands on our military forces. Soldiers are facing more complex missions, longer deployments, and often doing so under other conditions than in past years. This growing strain affects individual service members, who must meet heightened expectations on multiple fronts.

Firstly, technological advancements, while improving military capabilities, introduce additional pressures. Service members now require expertise in rapidly evolving fields like AI, cyber warfare, and unmanned systems. Keeping pace with these changes equals continuous training, which adds to the already demanding workload. It is important to ensure that structured and realistic training programs are provided, allowing personnel to adapt to new technologies without being overwhelmed. Furthermore, policies must be in place to support individuals who may struggle with the rapid pace of technological evolution.

Additionally, the increasing role of the military in responding to climate-related crises introduces new responsibilities. Natural disasters such as floods, fires, and hurricanes often call for military intervention. Clear boundaries, along with adequate training, are necessary to ensure service members can respond effectively without overextending themselves or compromising their primary duties. Similarly, the physical impact of climate change on military operations, such as extreme weather conditions, needs to be addressed in defence strategies to ensure operational readiness. Thus, specialised training and proper equipment are essential.

Another challenge that the Armed Forces face worldwide is recruitment and retention which often results from the above challenges, as well as the issues regarding gender equality in the military. Thus, by promoting gender equality and diversity within the Armed Forces it reflects the diversity of society and provides benefits from a wide range of perspectives and skills. It is important to eliminate gender-based barriers and ensure equal opportunities for all service members, regardless of background. Fostering equality strengthens the military and



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prepares it to face the challenges of modern operations, while it also signals the changes in mentality that are required so the Armed Forces are more attractive for the younger generation.

Overall, it is high time for policymakers to step up and ensure our service members get the support they need. That means providing better mental health resources, fair compensation, and reasonable working hours, specialised training, proper equipment and a inclusive workplace. Besides, soldiers are already doing more with less—they should not also bear the weight of these increased demands without proper backing from their governments.

On mental health, we need to underline that it remains a significant concern for service members. High-stress situations often lead to PTSD, anxiety, or depression, yet there is still a stigma around seeking help. Comprehensive mental health care should be readily available, including regular check-ups, easy access to counselling, and initiatives aimed at reducing stigma. Importantly, mental health care must extend beyond active duty, providing continued support for veterans facing ongoing challenges as they transition to civilian life.

Moreover, the alarming rate of suicide among military personnel and veterans is a pressing issue. Combat exposure, extended deployments, and reintegration challenges contribute to a growing mental health crisis. Addressing this requires more than awareness; it demands concrete action. Governments and military institutions need to invest in research, data collection, and prevention programs to understand the root causes, including trauma, family stress, and the pressures of adapting to civilian life.

Prevention is, of course, the ultimate goal. This means creating a culture within the military where seeking help is not seen as a sign of weakness but as an essential step toward healing. It involves training leaders and peers to recognize the early warning signs of mental health struggles and providing access to resources that can intervene before a crisis develops. It is also vital to ensure that support systems for families of service members are strengthened, as they often play a key role in early intervention.

At the policy level, ensuring adequate funding for mental health services, suicide prevention programs, and research into these areas is non-negotiable. Without sustained financial and institutional support, the well-being of those who serve will continue to be at risk.

The physical health of service members is also a critical issue. Soldiers return from service with injuries, both visible and invisible, that require long-term rehabilitation and support. Defence forces and governments must not only prioritize immediate medical care but also ensure continuous attention to chronic conditions such as traumatic brain injuries and chronic pain. This is part of a



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broader duty of care that must be sustained throughout a service member's life, including post-service transitions.

Military life also impacts the families of service members. Frequent relocations and long deployments disrupt home life, affecting spouses, children, and extended family members. Family support programs, including better relocation compensation, counselling for families, and policies that allow for a better balance between personal and professional life, are essential.

The transition to civilian life is a challenging process for many soldiers. The skills developed in the military may not always directly translate to civilian employment. Therefore, job training, education, and other resources are vital to ensure a smooth transition and enable veterans to thrive in their post-service careers. For example, when the conflict in Ukraine is over, the country will have millions of veterans re-entering civilian life, a plan must already be in place to deal with such huge numbers of people.

Military ombuds institutions play a key role in safeguarding the rights and welfare of service members. These institutions provide independent oversight, ensuring transparency and fairness within the military structure. Collaboration with ombuds institutions ensures that the duty of care owed to service members is upheld and that their concerns are addressed without fear of retaliation.

Similarly, military associations and trade unions can significantly contribute. EUROMIL, the European Organisation of Military Associations and Trade Unions, represents about 40 military associations and trade unions across 22 European countries. Our mission is built on a commitment to advocate for the rights and well-being of military personnel and their families. EUROMIL is dedicated to promoting fair working conditions, equality, and social protections for all members of the armed forces, both during and after their service.

Central to our work is the belief that service members, as citizens in uniform, deserve to enjoy the same rights and freedoms as their civilian counterparts. This includes the right to form and join trade unions, to have a voice in their working conditions, and to be protected against discrimination. We tirelessly promote mental and physical health care, fair wages, safe working conditions, and respect for military families. Our advocacy extends to improving social policies that protect service members in areas such as parental leave, retirement benefits, and post-service rehabilitation.

EUROMIL believes that fostering a culture of care and respect within the armed forces is not only a matter of fulfilling legal obligations, but also one of humanity and justice. When military personnel feel valued, supported, and respected, they are better equipped to handle the increasingly complex and dangerous tasks they are called upon to perform.



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Moreover, EUROMIL works to strengthen European defence cooperation by promoting a common military culture that enhances collective security. We advocate for policies that ensure military personnel across Europe share common standards of welfare, training, and protection. By doing so, we ensure that no service member is left behind, no matter where they serve.

In conclusion, the challenges facing military personnel today—geopolitical, technological, environmental, and societal—are evolving. EUROMIL remains committed to advocating for their rights, welfare, and well-being, ensuring that today's challenges are dealt by tomorrow. Our goal is to ensure that the men and women who serve are not only equipped to meet today's demands but are also supported in facing the challenges of tomorrow. By addressing these issues head-on, we can create a future where military personnel are protected, respected, and empowered in their roles, ensuring their resilience and readiness in an ever-changing world.

Thank you for your attention.

Session 2: Support and Care Prior to Deployment

– Families of Service Members

Mr. Yuriy Kovbasa, Representative of the Commissioner for Human Rights in the System of Security and Defense Bodies, Ukrainian Parliament Commissioner for Human Rights,
Ukraine



Омбудсман України
Ombudsman of Ukraine

Russia committed
the crime of aggression
against Ukraine

10 YEARS AGO,

and in 2022 this aggression has acquired

A LARGE SCALE!



An important area of activity
of the Ukrainian Parliament
Commissioner for Human Rights
(Ombudsman of Ukraine) is
**TO PROTECT THE RIGHTS
OF CITIZENS INVOLVED
IN REPELLING AGGRESSION
AND THEIR FAMILIES.**



**The number of appeals
to the Commissioner's
Representative on
issues related to the
system of security and
defence sector bodies
**IS INCREASING
EVERY YEAR.****



Servicemen and their relatives ask questions about the **PROCEDURE FOR MILITARY SERVICE AND DISCHARGE FROM SERVICE, HEALTHCARE AND MEDICAL CARE, CASH PAYMENTS, SOCIAL SECURITY**, etc.



In 2023, **348 LEGAL ACTS** relating to rights in the security and defence sector were processed, and in 2024, **533 LEGAL ACTS** have already been processed.



Among the effective
levers of influence of
the Ombudsman are
MONITORING VISITS.

In 2023-2024,
171 on-site inspections.



The President of Ukraine
has signed the **NATIONAL
VETERANS POLICY STRATEGY**
for the period up to 2030.

The target audience of the policy
on veterans and their families
may range from **10% TO 30%**
of the population of Ukraine.

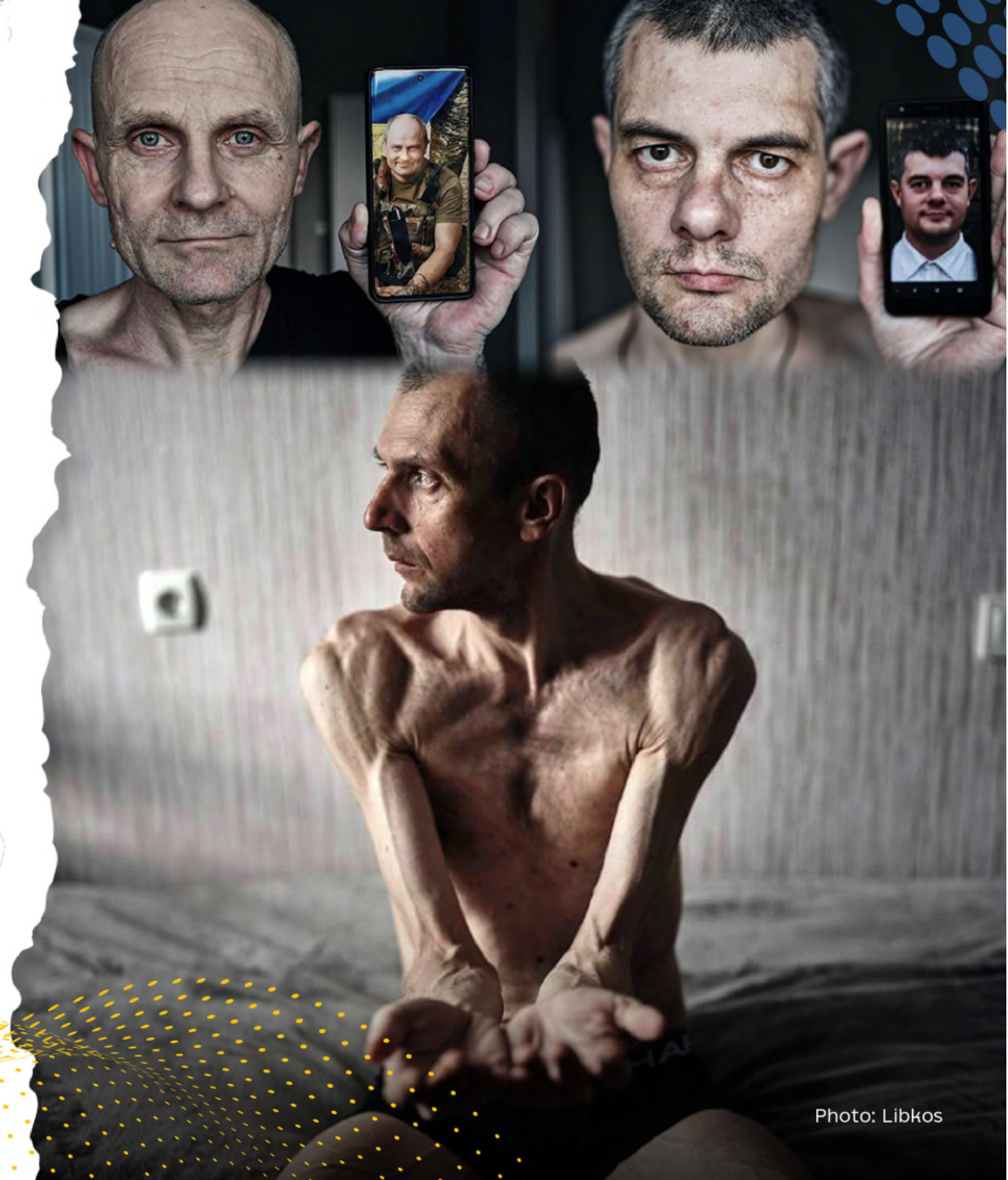


Every week, the
Ombudsman's Office
**ORGANISES MEETINGS
WITH FAMILY MEMBERS
OF SERVICEMEN
AND CIVILIANS.**



Every day we face
**MANIFESTATIONS OF
THE GENOCIDAL POLICY**
of the Russian Federation
towards Ukrainians.

All of this is happening
right now in eastern
Europe, with the tacit
consent of international
organisations **CREATED
TO PREVENT WAR!**



UKRAINE'S PEACE FORMULA

The Commissioner
is responsible for
the implementation of
**POINT 4 OF THE PEACE
FORMULA OF THE
PRESIDENT OF UKRAINE**
(release of all prisoners
and deportees).



3,672 → including
168 civilians

**THE INTERNATIONAL COMMUNITY MUST
PUT PRESSURE ON THE AGGRESSOR
TO ENSURE THAT RUSSIA COMPLIES WITH
THE LAWS AND CUSTOMS OF WAR!**



**Омбудсман України
Ombudsman of Ukraine**

Session 3: Support and Care Prior to Deployment

– Women in the Armed Forces

Roald Linaker, Armed Forces Ombud, The Parliamentary Ombud's Committee for the
Norwegian Armed Forces, Norway



The Parliamentary Ombud's Committee for the Norwegian Armed Forces

Armed Forces Ombud
Roald Linaker

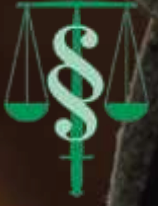


Ombud's Committee 2022-2025



- Gender-neutral conscription
- 2023: 33 % women completed basic training
- Mixed rooms

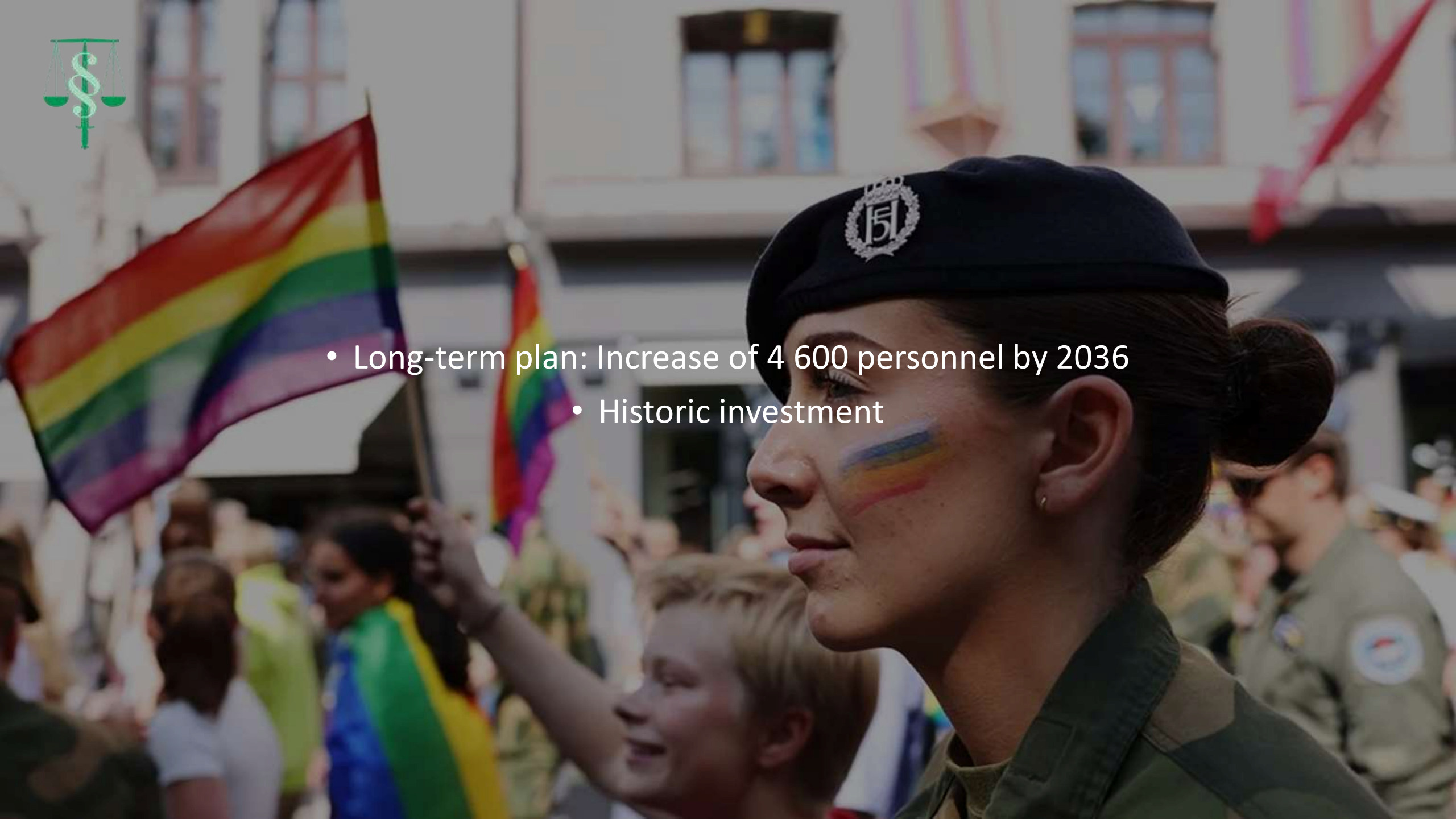




- 15 % women are employed in the Armed Forces after conscription
- Lack of strategies to keep and increase the proportion of women
 - Survey on sexual harassment every two years



- Long-term plan: Increase of 4 600 personnel by 2036
- Historic investment



Session 4: Support and Care Prior to Deployment – Veteran Aftercare

Prof. Dr. Peter Zimmermann, Commissioner of the Federal Ministry of Defence for
Deployment-Related Post-Traumatic Stress Disorders and Deployment Traumatized
Persons, Germany



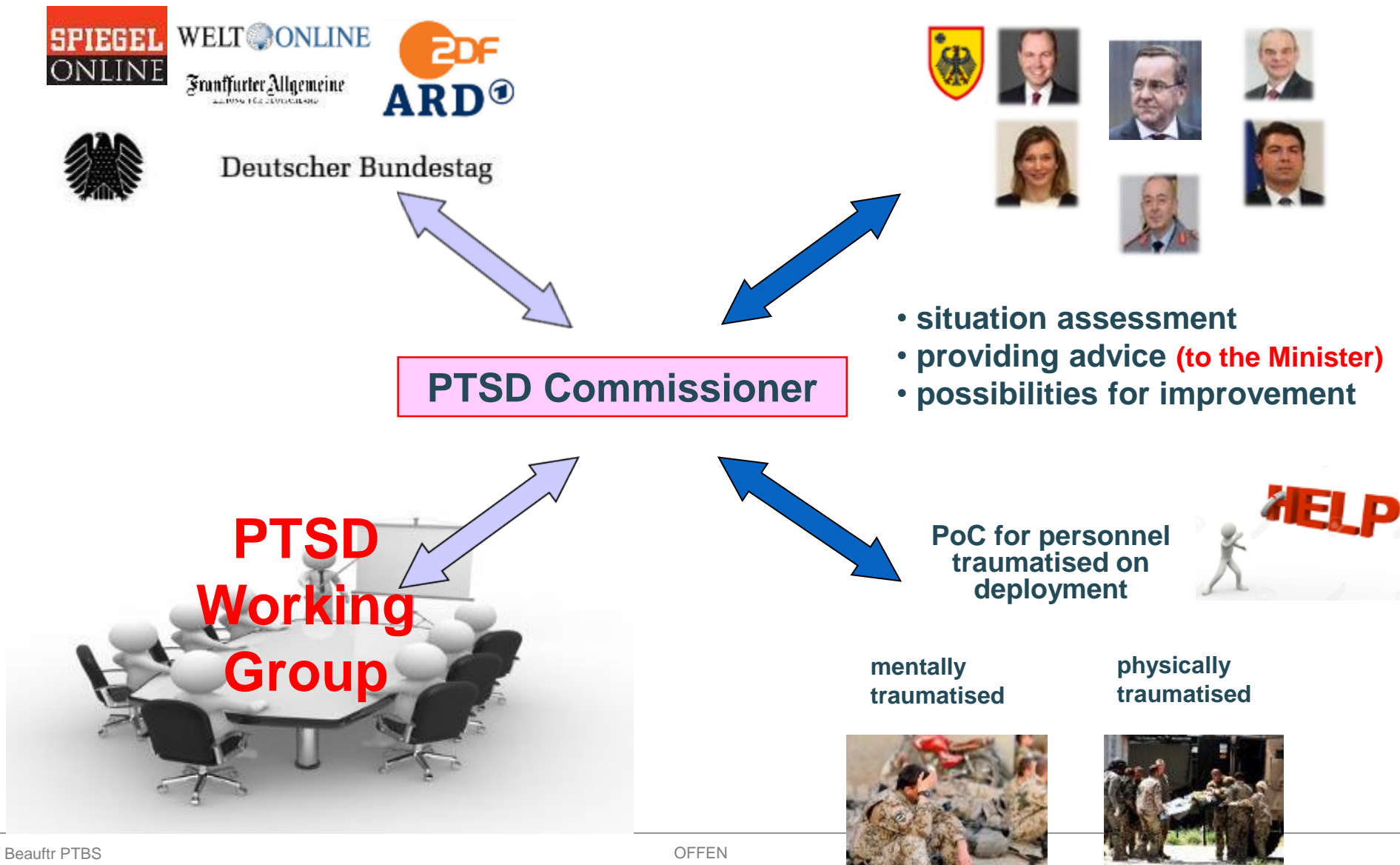
Commissioner of the Federal Ministry of Defence for Deployment-Related Post-Traumatic Stress Disorders and Deployment-Traumatized Persons

COL (MD) Prof. Dr. Peter Zimmermann





PTSD Commissioner's Field of Work



Specific Needs of Veterans Dealing with Trauma

Essentials

- **Psychiatric disorders in the military are frequent and diverse**
- **Primary and secondary prevention is possible and useful**
- **Treatment is effective but needs time and military specific approaches**
- **Value orientations and Moral Injury are the key to healing and suicide prevention**

**„The profession of arms
is fundamentally moral in nature.“
(Thompson / Jetly, 2014)**





Deployment-related psychiatric disorders
Afghanistan 2009/2010
(Wittchen et al., 2012)

12-months-prevalence of:

- **Posttraumatic Stress Disorder: 2,9%**
- **other psychiatric disorders: 20,3%**
 - **Alcohol 3,6%**
 - **Affective disorders 10,8%**
 - **Anxiety disorders 8%**
- **Total: 21,4% (controls: 22,5%)**
- **Most important predictors: fighting and pre-existing psychiatric disorders**
- **only 10-20% in therapy one year after deployment (STIGMA!)**



Associations of Posttraumatic Psychiatric and Physical Disorders

- Hypertension
- Coronary Heart Disease
- Diabetes
- Rheumatological Conditions
- Elevated Morbidity
- **Somatoform Disorders**



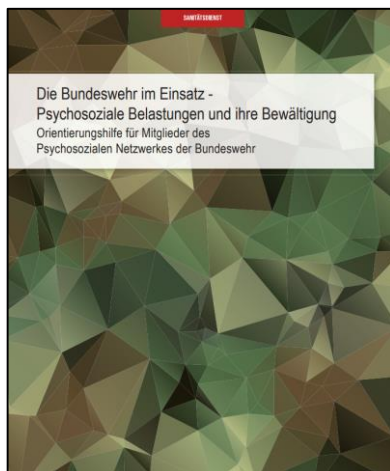
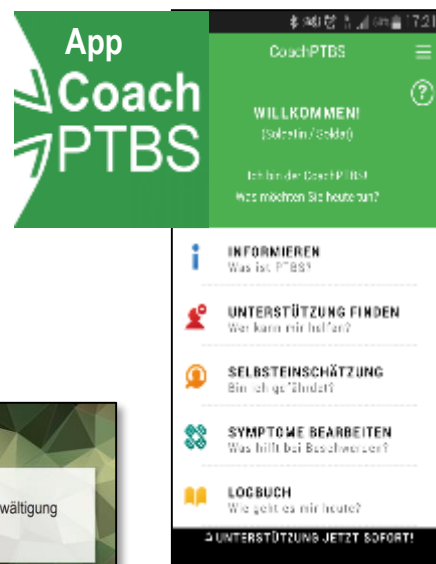
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Prevention



www.berlin.bwkrankenhaus.de
→ Klinik VI (Download)



Prevention



Pre-deployment

- iCOVER/YAHALOM/BESSER
- Moral Fitness

Post-Deployment

- Medical examination
- Aftercare Seminars (3-5 days / 3 weeks)
- App Coach PTBS/ Website
- Mental Health Pilots / Peers
- Psychosocial Networks
- Train Sleep
- Moral Fitness
- Family Programms (ASEM, SVS, Härtefallstiftung etc.)





Specific Needs of Veterans Dealing with Trauma

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Psychiatric Treatment Structures



Berlin



- 92 inpatient beds for psychiatric treatment in four Bundeswehr hospitals, day units in preparation
- i.e. 4.9 beds per 10,000 service members; civilian: 8.9 beds / 10,000 inhabitants



Ulm

Hamburg



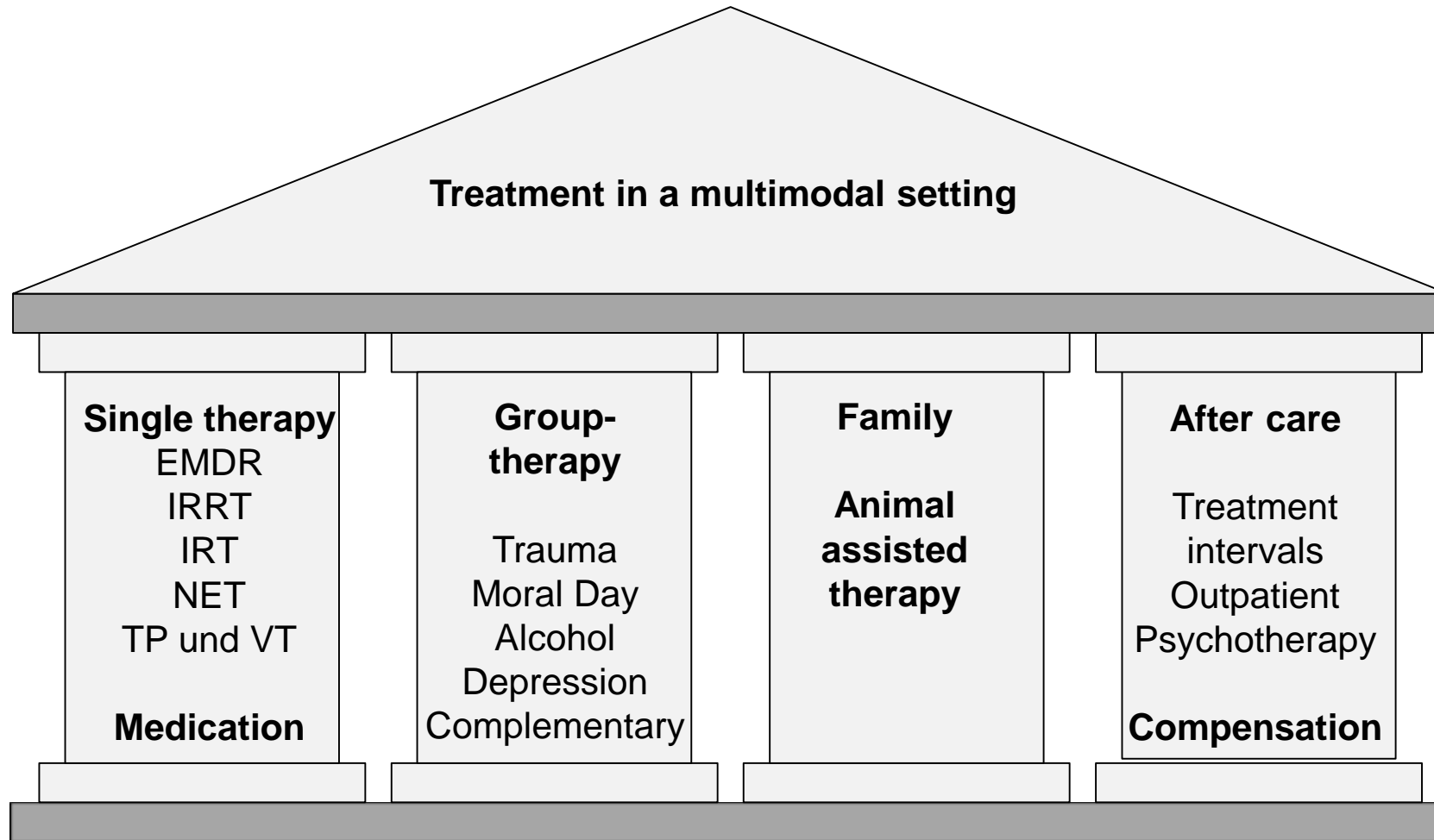
Westerstede



Specialty Clinic 6

Koblenz

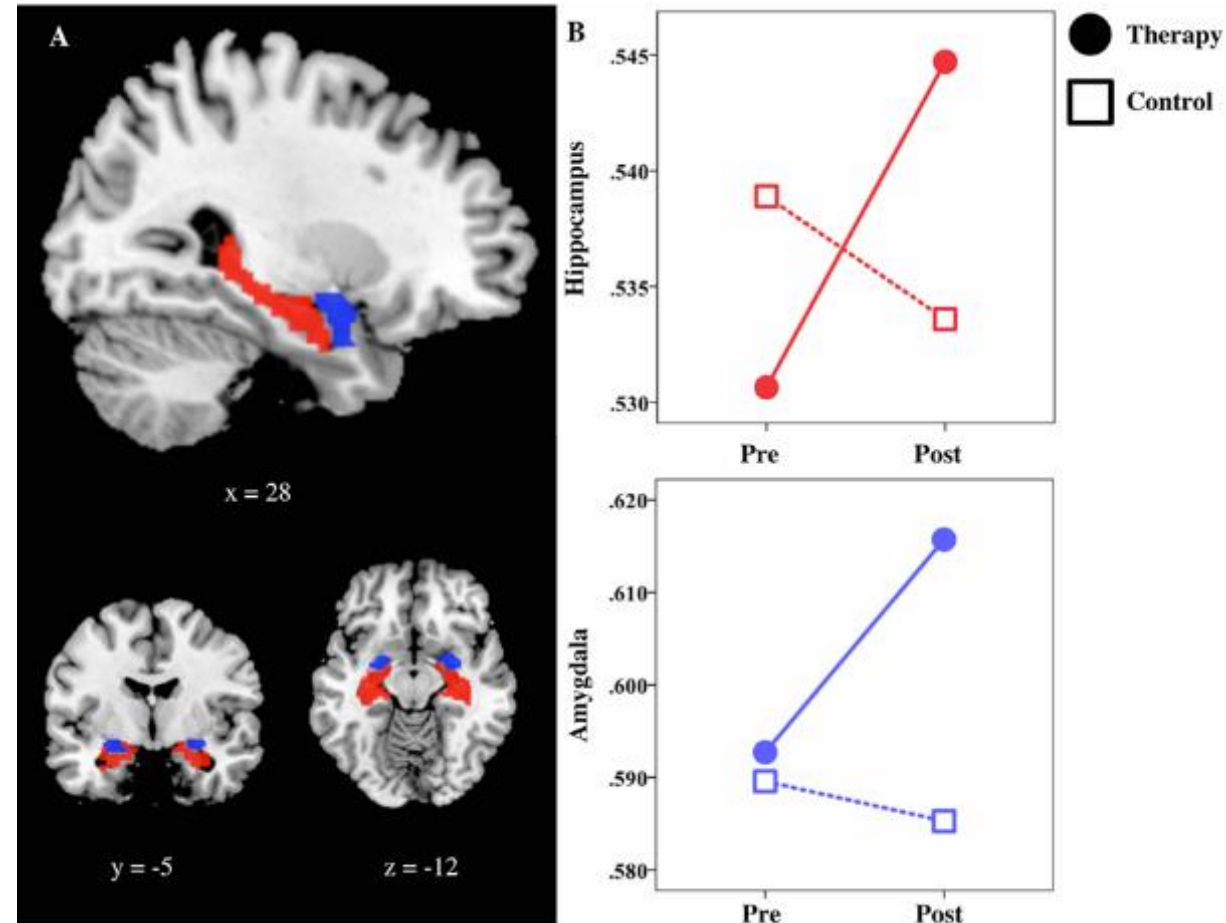






Therapy with EMDR

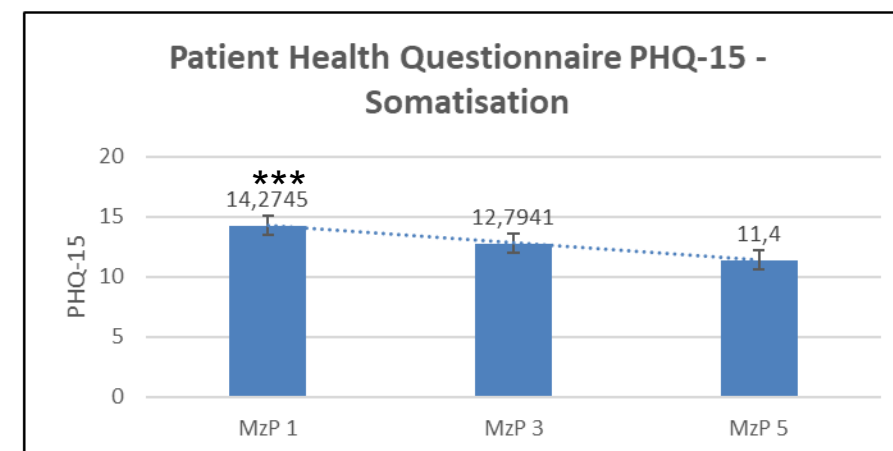
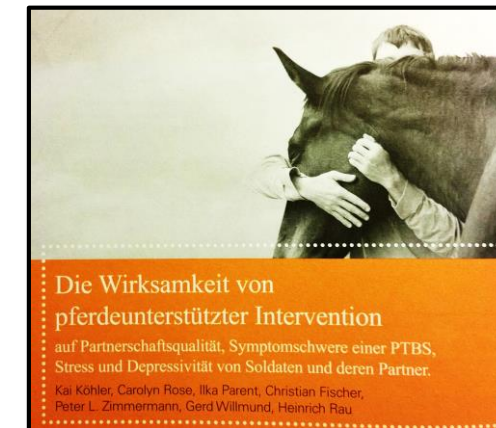
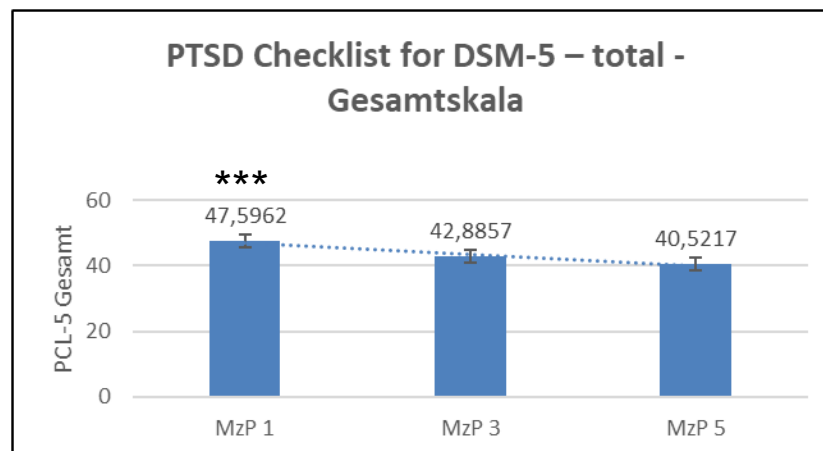
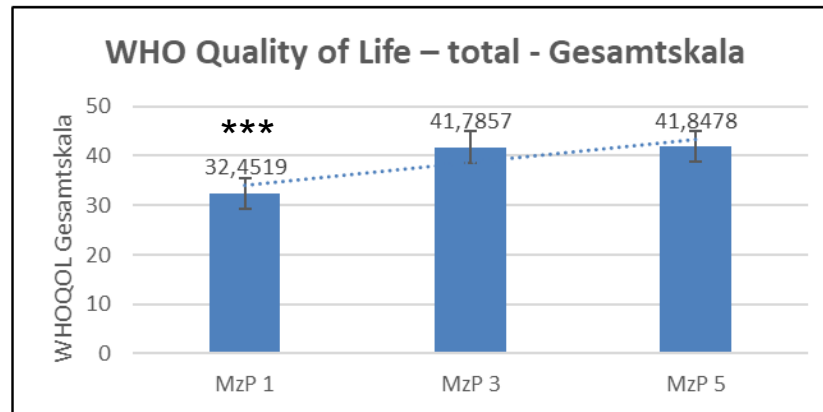
Growth of brain structures after EMDR



Children's book: „Shady Places“



Animal Assisted Psychotherapy





Specific Needs of Veterans Dealing with Trauma

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- **Psychiatric disorders in the military are frequent and diverse**
- **Primary and secondary prevention is possible and useful**
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- **Value orientations and Moral Injury are the key to healing and suicide prevention**

Therapeutic Perspectives

„The US-Navy and Marine Corps now train their personnel to prevent, identify and treat stress injuries in service and family members arising from:

- **Life Threat**
- **Loss**
- **Inner Conflict (Moral Injury)**
- **Wear and Tear“**

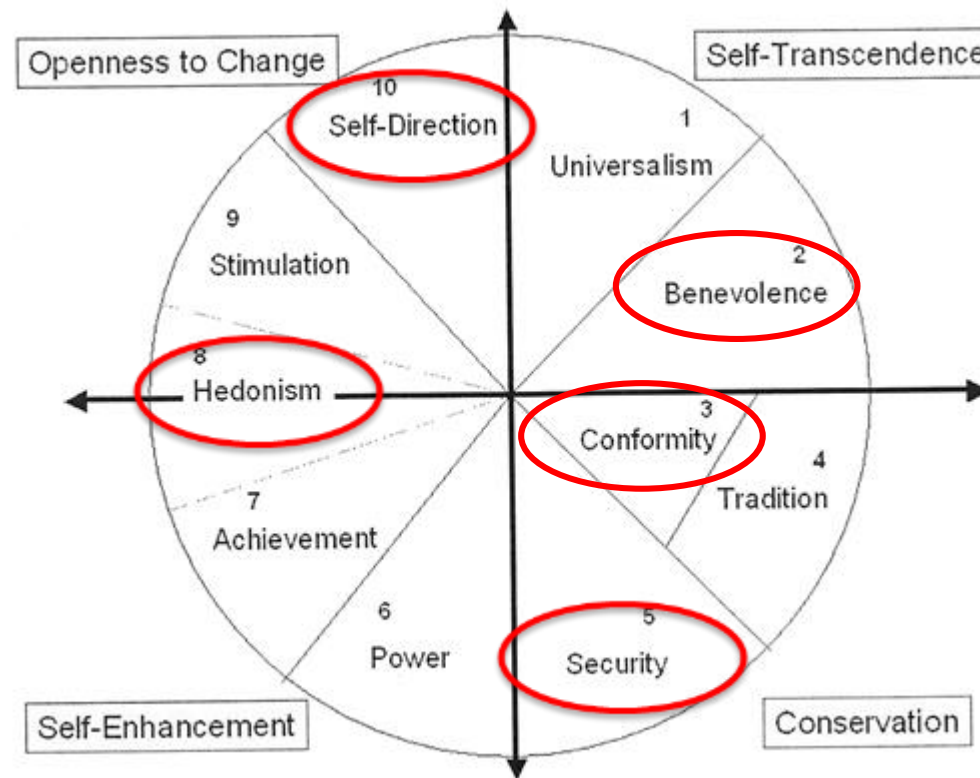
(Nash et al., Military Medicine, 2013)



Moral Injury: “Experiences that contradict deeply held moral and ethical beliefs and expectations”

(Litz 2009)

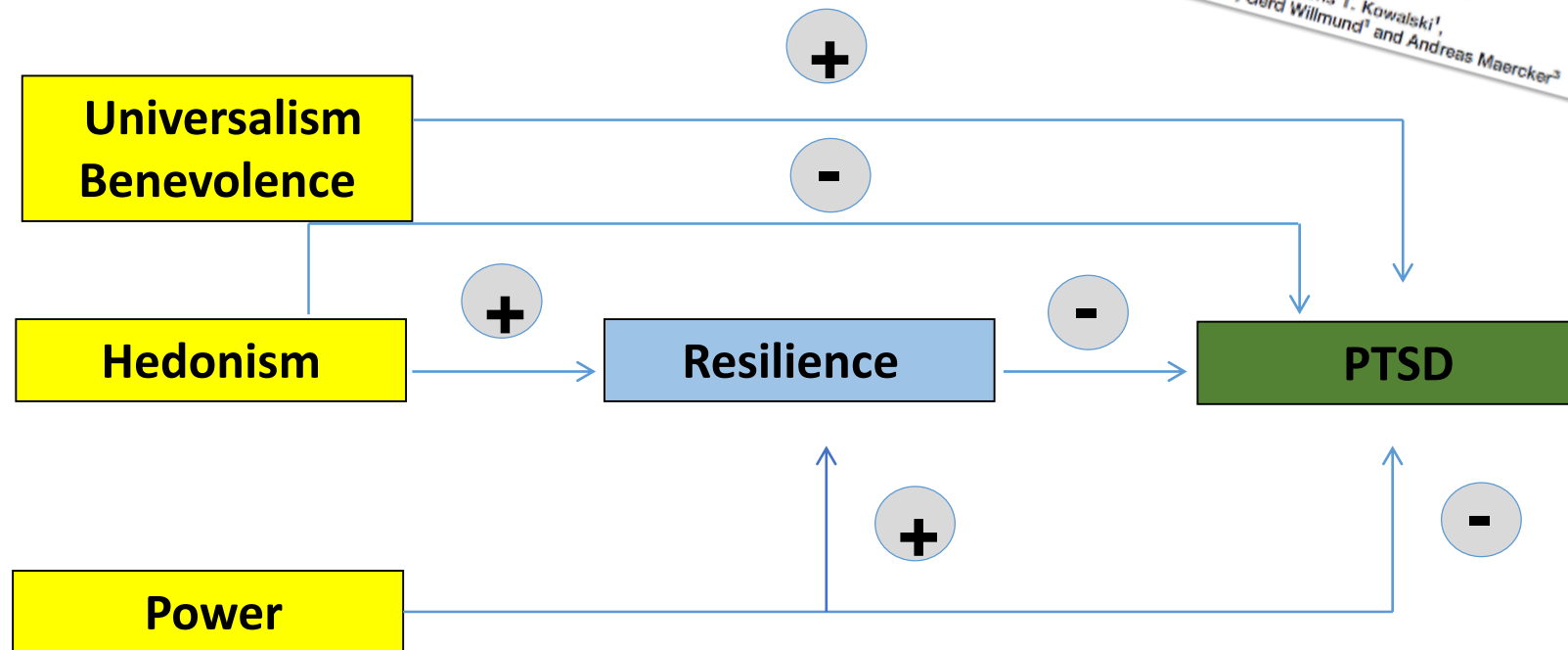
Circumplex structure of personal values



Circumplex structure of value types (Schwartz et al. 2001)

Mediation Model

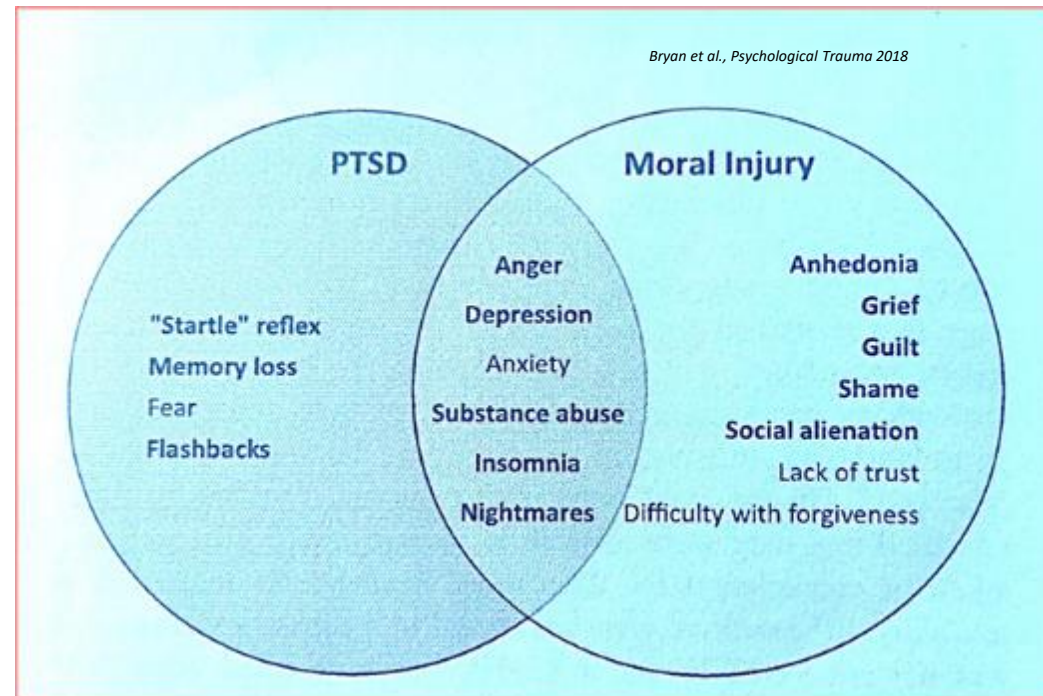
Values – Resilience – Frequency of PTSD



Moral injury, PTSD and suicidality



- Online survey 930 US National Guard soldiers
- Structural Equation Modeling
- PTSD and Moral Injury distinct constructs
- **Higher risk for suicidality when combined**



Value- and moral-based preventive and therapeutic approaches

Prevention

- Moral Prevention Bundeswehr
- Koblenz Decision Check
- Konstanz Method for Moral Dilemma Discussion
- Battlefields Ethics Training

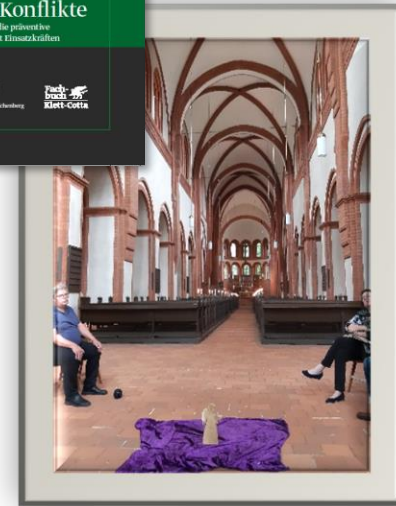
Therapy

- Spiritually-integrated Cognitive Processing Therapy
- Imagery Rescripting and Reprocessing (IRRT)
- Acceptance and Commitment Therapie (ACT)
- Wisdom Therapy
- Trauma Informed Guilt Reduction
- Building Spiritual Strength
- Adaptive Disclosure
- Impact of Killing
- Self Forgiveness / Self Compassion
- Moral Therapy Bundeswehr



Three-weeks group psychotherapy with 5-8 patients

- inter-disciplinary approach (MD, Psychologist, Chaplain, Nursery)
- Value orientations
- Value change due to deployment
- Moral Injury by others (anger)
- Moral Injury by own behaviour (guilt / shame)



	M (t1)	M (t2)	T	Sig (p=)
COSS_AV	18,1 (SD=7,8)	16,8 (SD=7,4)	1,181	0,244
COSS_AS	24,2 (SD=10,5)	20,5 (SD=10,8)	2,593	0,013
COSS_WD	21,4 (SD=11,6)	18,4 (SD=11,1)	2,213	0,032
COSS_AO	13,1 (SD=7,9)	10,6 (SD=7,0)	2,719	0,009
Interventionsgruppe				
Signifikanter Unterschied zwischen MZP1 und MZP2 in den Skalen AS, WD und AO der Interventionsgruppe.				
	M (t1)	M (t2)	T	Sig (p=)
COSS_AV	15,8 (SD=6,9)	16,5 (SD=7,7)	0,731	0,469
COSS_AS	23,2 (SD=8,9)	24,6 (SD=8,7)	0,897	0,375
COSS_WD	22,1 (SD=8,9)	22,5 (SD=9,9)	0,291	0,772
COSS_AO	10,9 (SD=5,9)	10,9 (SD=7,5)	0,116	0,909
Kontrollgruppe				
Keine signifikanten Unterschiede in der Kontrollgruppe zwischen beiden Messzeitpunkten.				

Tabelle Differenz

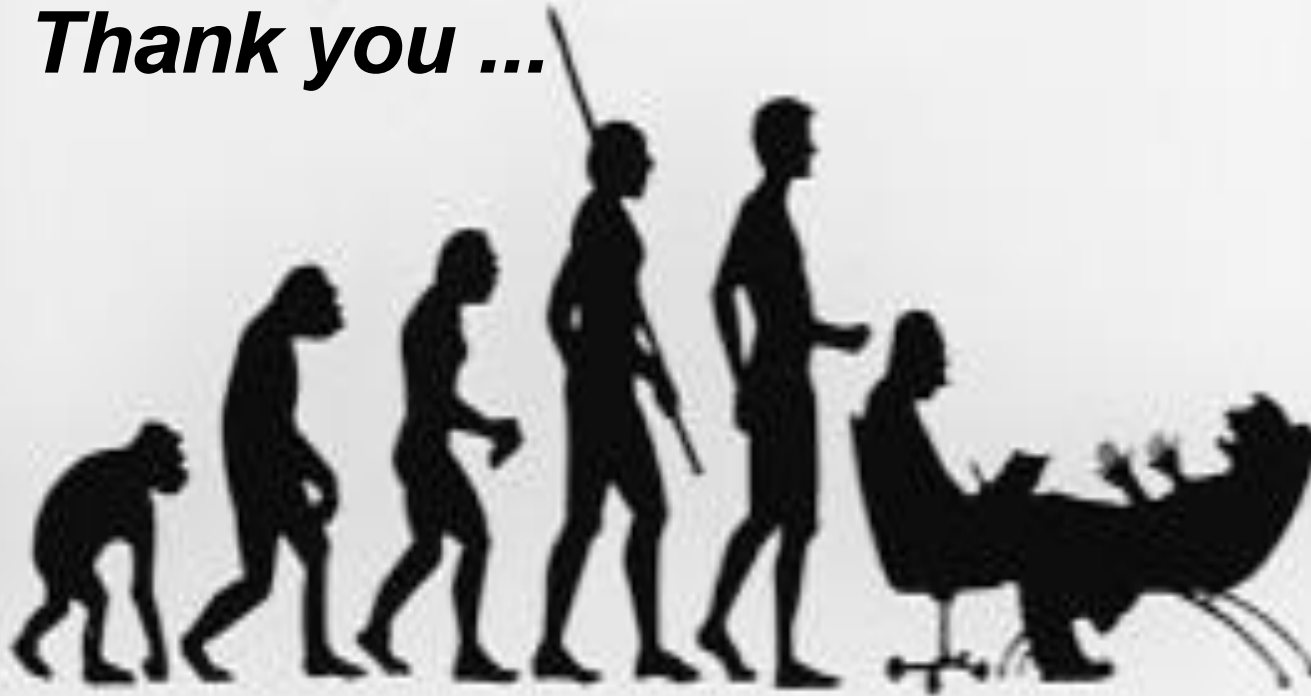
	Diff EG (t1-t2)	Diff KG (t1-t2)	T	Sig (p=)
COSS_AV	1,24 (SD=7,35)	-0,78 (SD=6,70)	1,317	0,191
COSS_AS	3,89 (SD=9,41)	-1,35 (SD=9,25)	2,546	0,013
COSS_WD	3,77 (SD=7,35)	-0,38 (SD=8,15)	2,471	0,016
COSS_AO	3,33 (SD=5,12)	-0,25 (SD=6,88)	2,359	0,021

N=85 (IV=45, KG=40)
Prä/post-Vergleich

Graphic Novel „Land of Stones“



Thank you ...



... for your attention!

Session 4: Support and Care Prior to Deployment – Veteran Aftercare

Gen. (ret.) Vusumuzi Masondo, Ombudsman, South African Military Ombud (SAMO),
South Africa

16ICOAF: SESSION 4 VETERAN AFTERCARE

02 October 2024



Independent and Impartial

**SOUTH AFRICAN MILITARY OMBUD
LT GEN (RET) V.R. MASONDO**



RSA DEMOCRATIC DISPENSATION

- ❑ South Africa celebrates 30 years since first opening democratic elections through the devotion of patriots.
- ❑ The Convention for a Democratic South Africa (CODESA) addressed the various armed forces that existed within the country, during December 1991.
- ❑ A two-fold strategy was agreed upon at the Convention:
 - The merging of the various armed forces for the establishment of the South African National Defence Force (SANDF).
 - The de-mobilisation and reintegration of combatants to civilian life.





THE ESTABLISHMENT OF THE SANDF

- ❑ The SANDF was established on 27 April 1994 and the process of integration and demobilisation began.
- ❑ Parliamentary Integration Oversight Committee concluded integration process in December 2002.
- ❑ The process of demobilisation left thousands of military veterans struggling with re-integrating into civil society and without formal status.
- ❑ Former members of the homeland forces and the South African Defence Force enjoyed more resources based on their prior service than former liberation combatants.
- ❑ This led to these veterans feeling disenfranchised in the promised land of a democratic South Africa.





THE DEFINITION OF A MILITARY VETERAN IN RSA

- ❑ Parliament passed the Military Veterans Act No 18 of 2011.
- ❑ The Act, in defining a Military Veteran, included all South Africans who completed military training and rendered military services to statutory and liberation armies from all sides of the RSA liberation war from 1960 to 1993.



APLA combatants undergoing training exercises in Tanzania during the armed struggle against apartheid.





THE SA MILITARY OMBUD MANDATE

The mandate is to investigate complaints lodged in writing by:

- ☐ A current member or former member regarding his or her conditions of service, for the purposes of this section, conditions of service bear the same meaning assigned to it under section 1 of the Defence Act. 2002 (Act No. 42 of 2002), as amended;
- ☐ A member of the public regarding the official conduct of member of the Defence Force; or
- ☐ A person acting on behalf of a member.





PARTNERSHIPS

- ☐ Surgeon-General.
- ☐ Regular Force Medical Continuation Fund (RFMCF).
- ☐ SANDF's Chief Joint Operations.
- ☐ Health Ombud of South Africa.
- ☐ Local government, Civic entities and public consultation sessions initiated by Office of the President.
- ☐ Border Management Agency.



REGULAR FORCE
MEDICAL CONTINUATION FUND





OUTREACH PROGRAMME

Focus of the Outreach Programme

- ☐ Serving and former members plus the public.
- ☐ Collaborates with Chief Joint Operations during the final preparation phase pre-operational deployment to present office mandate prior and post deployment.
- ☐ Creates awareness of the Ombud's ability to resolve future complaints relating to injuries in the execution of their duty and or deployment benefits.
- ☐ Helps the Ombud to note increase in complaints trends from veterans relating to health services post their careers as soldiers.



EXAMPLES OF CASES

Case 1: Allegation of delayed access to medical benefits

- ☐ The Complainant sought the Ombud to make an unannounced visit inspection at the Unit to observe the state of the facility and to hold those responsible accountable for the failure.
- ☐ The Ombud investigation included an *in loco inspection*, interviews and documentary evidence. It revealed a shortage of medicine at the facility caused by systemic challenges in the procurement process.
- ☐ The staff not found responsible for delays, no evidence of poor work performance or lack of acceptable service delivery.
- ☐ The Office recommended remedial actions and facilitated meeting between the Area Military Health Unit and veterans within Limpopo province.





EXAMPLES OF CASES...

Case 2: Service termination upon retirement

- ☐ Warrant Officer's discontent with the RFMCF who refused to re-imburse her the medical continuation contributions received during her years of service.
- ☐ During the investigation the Office found that the applicable Regulatory Framework did provide that the Board of the Fund may prescribe the circumstances and conditions pertaining to refunds for members as determined by the Fund's Actuary from time to time, to a member or beneficiary.
- ☐ Latest actuarial valuation and report: the Board took a decision prior to receiving the request from complainant, the reimbursements cannot be made to any member who exit the service and elects to join the fund for continuation of medical benefits. I therefore dismissed the complaint.





EXAMPLES OF CASES...

Case 3: Termination RFMCF Membership and refusal to reimburse medical claims

- ☐ The fund administers the provision of health services to former members and their dependents and the complainant exited the SANDF in June 2019 and paid the requisite fee (shortfall for early termination of service) to join the Fund.
- ☐ He continued to receive medical services through the Fund until about 2022 when he was informed that a claim, he had submitted to the Fund was rejected, as his membership to the Fund terminated.
- ☐ Upon enquiry he was informed that he had failed to pay subscription fees.
- ☐ Our investigation revealed prior Communication by the Fund did not reach the complainant, as he had changed cell-phone numbers and no trace of informing the complainant was found.
- ☐ The Fund ultimately reinstated his membership and reimbursed him.





CONCLUSION

- ❑ A great number of military veterans that fought for the liberation of our country are excluded from my mandate in law. A lesson for us involved in furthering the democratic order would be to remember to include all soldiers involved in such a struggle in future veterans dispensations.
- ❑ Veterans that served in the South African National Defence Force since 1994 have access to the necessary physical and mental health care they may require.
- ❑ I found it serving the purpose of the Military Ombud to forge strong and reliable relations with stakeholders impacting the health of veterans, which contribute to knowledge of the Office and it's mandate, expedite resolution of complaints and therefore impacts positively on service delivery.

I thank you, as it is an honour to share the South African experience and trust that you may find value in applying it to your own quests.



Contact Us

SOUTH AFRICAN MILITARY OMBUD



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intake@milombud.org



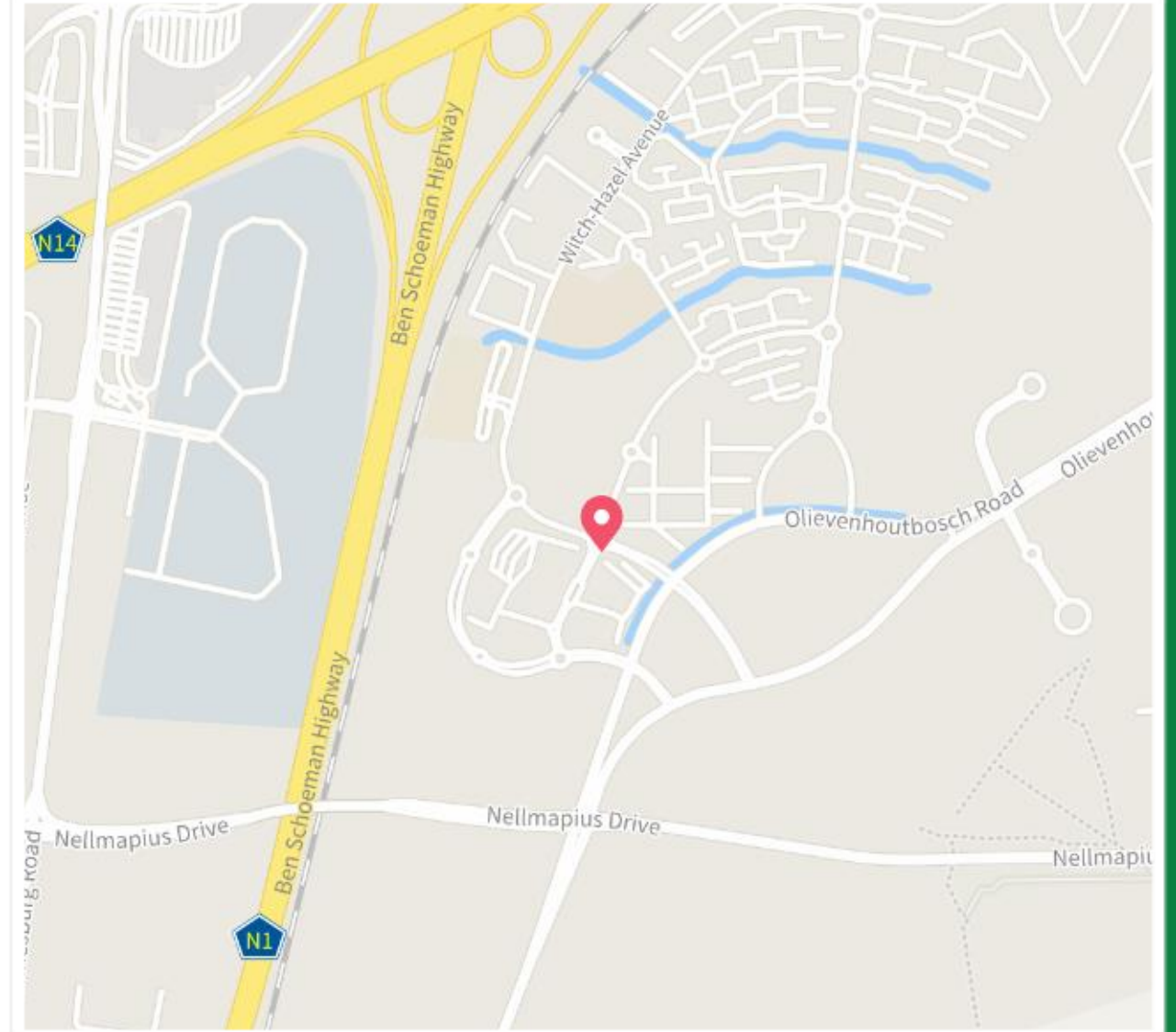
South African Military Ombud



@Mil_OmbudSA



South African Military Ombud





THANK YOU

Session 4: Support and Care Prior to Deployment – Veteran Aftercare

Atty. Beda Angeles Epres, Commissioner of the Commission on Human Rights, The
Philippines



REPUBLIC OF THE PHILIPPINES COMMISSION ON HUMAN RIGHTS



Naglilingkod maging sino ka man

VISION: A just and humane Philippine society of persons equal in opportunity, living a life of dignity, and forever vigilant against abuses and oppression.

MISSION: As conscience of government and the people, we seek truth in human rights issues. As beacon of truth, we make people aware of their rights, and guide government and society towards actions that respect the rights of all, particularly those who cannot defend themselves—the disadvantaged, marginalized, and vulnerable.

EMPOWERING VETERANS:

Comprehensive Support and Care for Mental and Physical Well-Being

HON. BEDA A. EPRES

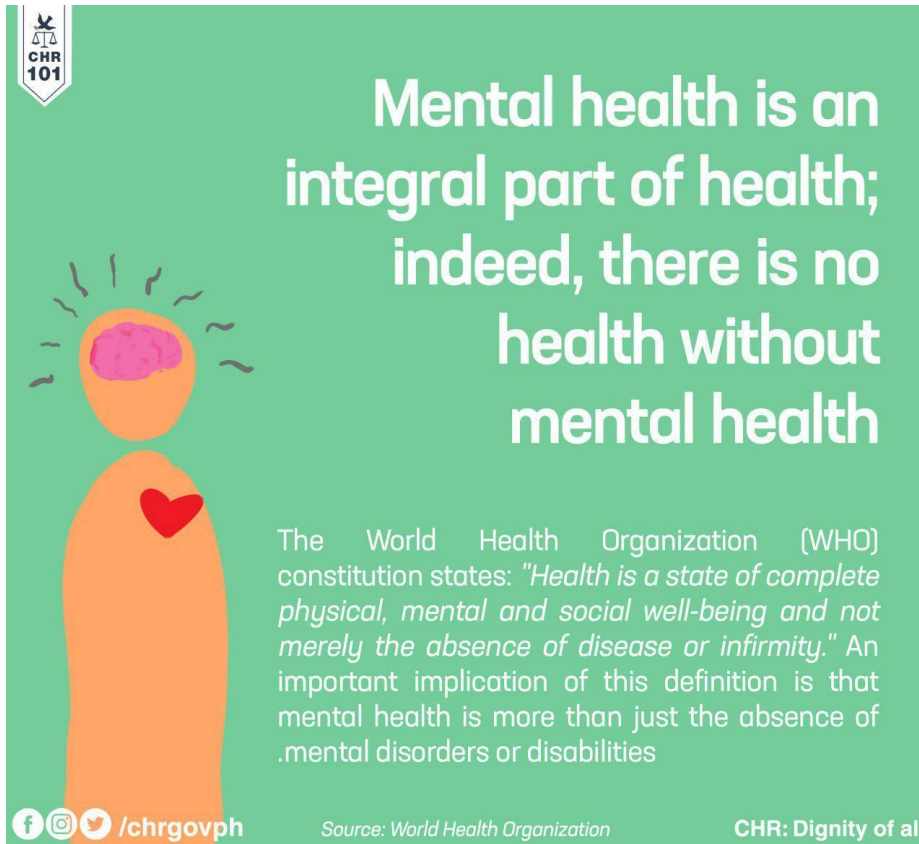
Commissioner

Commission on Human Rights of the Philippines

Outline

- Key facts on Mental Health
- Most Common Physical and Mental Health Concerns among Veterans
- Challenges in Accessing Mental and Physical Health Services
- Available Mechanisms / PVAO
- Legal Mechanism
- CHR on Mental Health and Support to Veterans / Older Persons
Approaches in Enhancing the Physical and Mental Well-Being of Veterans
- Call to Action / Ways Forward

Key Facts on Mental Health




Mental health is an integral part of health; indeed, there is no health without mental health

The World Health Organization (WHO) constitution states: *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."* An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities

Source: World Health Organization

CHR: Dignity of all

 /chrgovph

The UN Human Rights Office (OHCHR) highlights that individuals with mental health conditions and psychosocial disabilities face significantly higher rates of poor physical health and have a shortened life expectancy, with men living 20 years less and women 15 years less, compared to the general population.

Most Common Physical and Mental Health Concerns among Veterans

**Post-traumatic stress disorder
(PTSD)**

Psychotic depression

Bipolar disorders

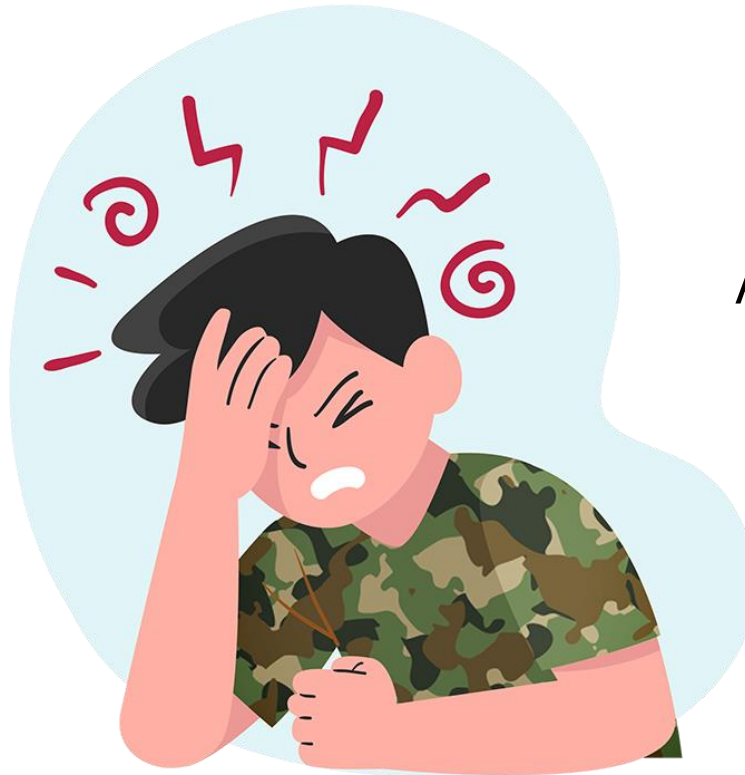
Paranoia

Types of Schizophrenia

Anxiety



Most Common Physical and Mental Health Concerns among Veterans



Chronic pain

Musculoskeletal injuries

Amputation of extremities or limbs

Burns

Deformities

Brain injuries

Challenges in Accessing Mental and Physical Health Services



Photo Credit: Amerigorot

- Limited Availability of Specialized Services
- Insufficient Healthcare Professionals
- Geographic Barriers
- Lack of Awareness of Available Benefits
- Fragmented Care Systems



Philippine Veterans Affairs Office

Section 16. Veterans Memorial Medical Center. – The Veterans Memorial Medical Center shall be the primary medical facility for the hospitalization and medical care of eligible veterans and dependents and, for this purpose, shall be upgraded and expanded to provide two hundred (200) additional beds for a total capacity of seven hundred (700) beds to accommodate all eligible beneficiaries as defined in the preceding section.



Mental Health Act

On June 20, 2018, Republic Act 11036 or the Mental Health Act was signed into law and the right to mental health has finally been recognized in the Philippines.

CHR on Mental Health



We are here today with a common goal: **to deepen our understanding of human rights principles and their practical application in your respective roles as members of the Armed Forces of the Philippines, the Philippine National Police, and Human Rights Action Officers.** Your presence underscores your dedication to promoting justice, dignity, and equality for every Filipino.

Hon. Beda A. Epres

Commissioner, Commission on Human Rights during the MOVEMENT: Moving forward for our Mental Health in Davao City.



“MOVEMENT: MOVING MORE FOR OUR MENTAL HEALTH.”
A Training on Human Rights and Mental Health for the PNP, AFP, and HRAO.

Prepared by the Human Rights Promotion Office



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CHR on Mental Health



“MOVEMENT: MOVING MORE FOR OUR MENTAL HEALTH.”

A Training on Human Rights and Mental Health for the PNP, AFP, and HRAO.
July 3-4, 2024 | World Palace, Davao City



Co-funded by
the European Union



Prepared by the Human Rights Promotion Office



CHR ng Lahat: Naglilingkod maging sino ka man

CHR on Mental Health

**GENERAL
COURSE**

COMMISSION ON HUMAN RIGHTS
HUMAN RIGHTS INSTITUTE

FREE CERTIFICATE COURSE ON
RIGHT TO HEALTH



tinyurl.com/RTHOCT2024

SEPT 30 - OCT 3, 2024

500 Slots

Legis Almazar

Rationalization Session:
OCT 4, 2024
1:00 PM - 5:00 PM via Zoom

COMMISSION ON HUMAN RIGHTS
HUMAN RIGHTS INSTITUTE

TESTIMONY


We can no longer view mental health as secondary. It impacts every aspect of a person's life, from their well-being to their ability to contribute to society. The training has strengthened our call to institutionalize and fully integrate mental health services into the basic health system. The time is now. This means providing equitable access to mental health care and removing stigma. Let's advocate for policies that prioritize mental health and mandate that support is available in schools, workplaces, and healthcare settings. Together, let's build a community where everyone receives the mental health care they deserve. It's a human right and should never be a luxury.

KHENT ROLANCE T. TAMAYO
Course Completer,
Right to Mental Health




”

CHR on Mental Health



Commission on Human Rights

Training Module on the Right to Mental Health for the Security Sector



HUMAN RIGHTS EDUCATION AND PROMOTION OFFICE



COMMISSION
ON HUMAN
RIGHTS

MENTAL HEALTH LAW
(Republic Act No. 11036)

RIGHT TO MENTAL HEALTH FOR THE SECURITY SECTOR

PHILIPPINE MENTAL HEALTH ACT: RA 11036

- Mental health is valued, promoted, and protected.
- Mental health conditions are treated and prevented.
- Persons affected by mental health conditions can exercise the full range of human rights and participate fully in society and at work, free from stigmatization and discrimination.

Most common signs of burnout:

- View their jobs as increasingly stressful and frustrating.
- Increase their alcohol intake.

- Suffer from emotional exhaustion.
- Has reduced performance.
- Experiencing physical symptoms like headaches, gastrointestinal complaints, and sleep disturbances.

The Psychology of Crime Victimization

Most Common Mental Illnesses:

1. Post-Traumatic Stress Disorder/Acute Stress Disorder
2. Anxiety Disorders
3. Depression and Bipolar Disorder
4. Schizophrenia and other psychotic disorders
5. Alcohol and Drug Intoxication
6. Malingering

Recognizing Warning Signs of Impending Violence:

- Disorganized dress and physical appearance
- Tense facial expression or other distressed body language
- Signs of alcohol intoxication/substance abuse or inappropriate use of dark glasses or breath mints to mask said signs
- Severe agitation, verbal argumentativeness, or outright threats, especially to specific persons
- Presence of evidence of weapons

Self-Help Techniques for Dealing with Stress:

Maintain balance with a healthy lifestyle

- Eat healthy
- Reduce caffeine and sugar intake
- Avoid alcohol, cigarettes, and drugs
- Get enough sleep

ANGER MANAGEMENT

Simple Steps You Can Try:

1. Breathe deeply, from your diaphragm.
2. Slowly repeat a calm word or phrase such as "Relax" and "Take it easy."
3. Visualize a relaxing experience from either your memory or your imagination.

Some Techniques To Handle A Violent Episode:

- Body language** - Do not move too close, stare, point, or display provocative facial expressions or postures.
- Communication style** - Keep the distressed individual engaged in conversation about their feelings or about a specific problem, but avoid egging them on.
- Communication content** - Do not argue, give orders, or disagree unless absolutely necessary.

What Crime Victims Say They Need From First Respondents:

- Help regain a sense of safety and control.
- Victims want the responding officer to interview them in a safe, quiet location, preferably away from the immediate scene of the crime.
- Allow to vent.
- Victims want time to talk about their experience. What officers can and should do are to reassure, normalize, and validate the victim's experiences and reactions.
- Provide information on how to access.
- Without further frightening the victim, they should inform them of the possibility that emotional delayed reactions may occur over the next few days and, more importantly, vivid images, forgotten or buried, may resurface.
- Be referred to community services.
- Victims want information on community services and other agencies that are set up for crime victim assistance.

Individuals with mental illness can avail of government protection through the Mental Health Act.

CONTACT CHR

CHR PUBLIC ASSISTANCE AND COMPLAINTS DESK

publicassistance@chr.gov.ph

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LEGAL DIVISION

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(0956) 280 2686 (Globe)

(0961) 450 8590 (Smart)

CONTACT NCMH

National Center for Mental Health

If you need someone to talk to, please contact the NCMH Crisis Hotline:

1553 (Nationwide landline toll-free)

(0966) 351 4518 (Globe)

(0917) 899 8727 (Globe)

(0917) 899 8727 (Globe)

(0908) 639 2672 (Smart)

ncmhcrisis@ncmh.gov.ph

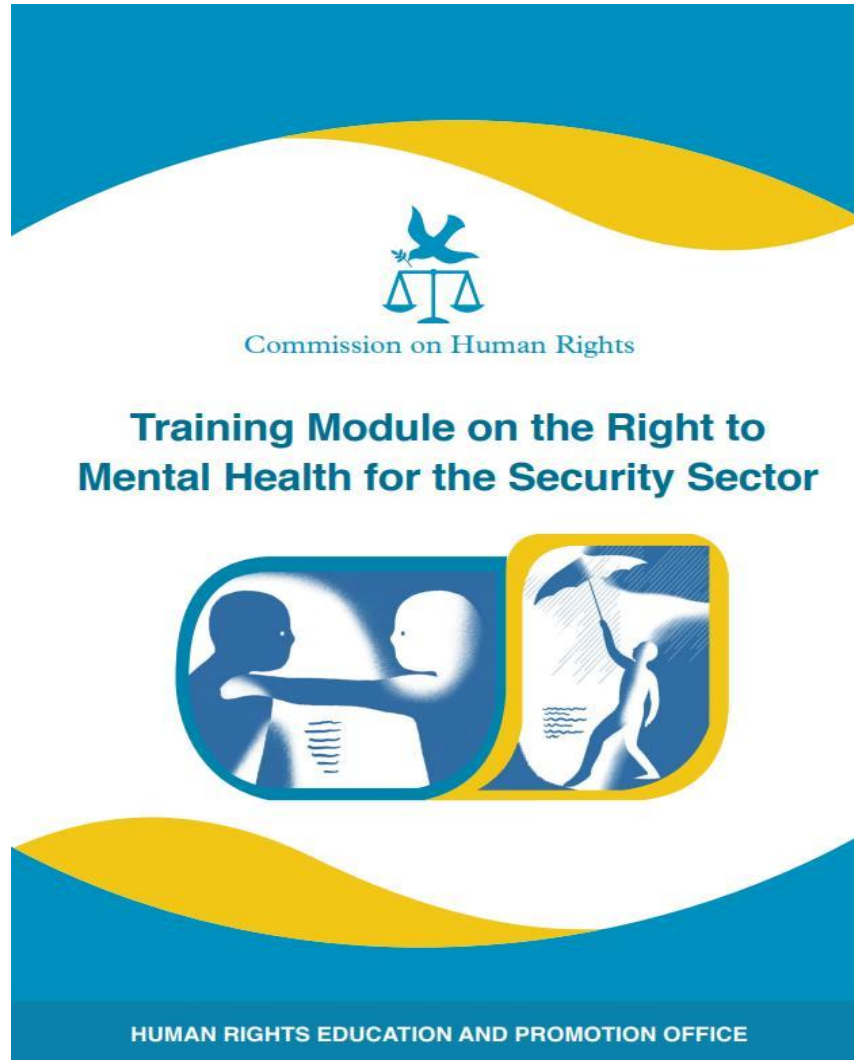
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CHR on Mental Health



TRAINING MODULE ON THE RIGHT TO MENTAL HEALTH FOR THE SECURITY SECTOR

Be part of the promotion of mental health for the security sector! Respect the right to life, liberty, and property as we serve and protect.

Get a free PDF copy of the Training Module on the Right to Mental Health for the Security Sector, which includes a poster (18" x 24"), flyer (A4 size), and PowerPoint presentation.

Please send an email to Ms. Jezzamine Andaquig, Training Specialist of Human Rights Education and Promotion Office (HREPO) – Advocacy and Information Campaign Division (AICD), at advocacydiv@chr.gov.ph.

Produced by the Commission on Human Rights, through its HREPO-AICD.

CHR on the Rights of Older Persons / Veterans



“Recently, there has been a growing call for stronger measures to ensure the full realization of human rights for older persons, both regionally and globally. Reports from the UN Secretary-General, the OHCHR, and the Independent Expert on the enjoyment of human rights by older persons have highlighted existing protection gaps and recommended the **adoption of a legally binding instrument** to effectively address these issues.”

CHR's Initiatives and Collaborations



Call to Action

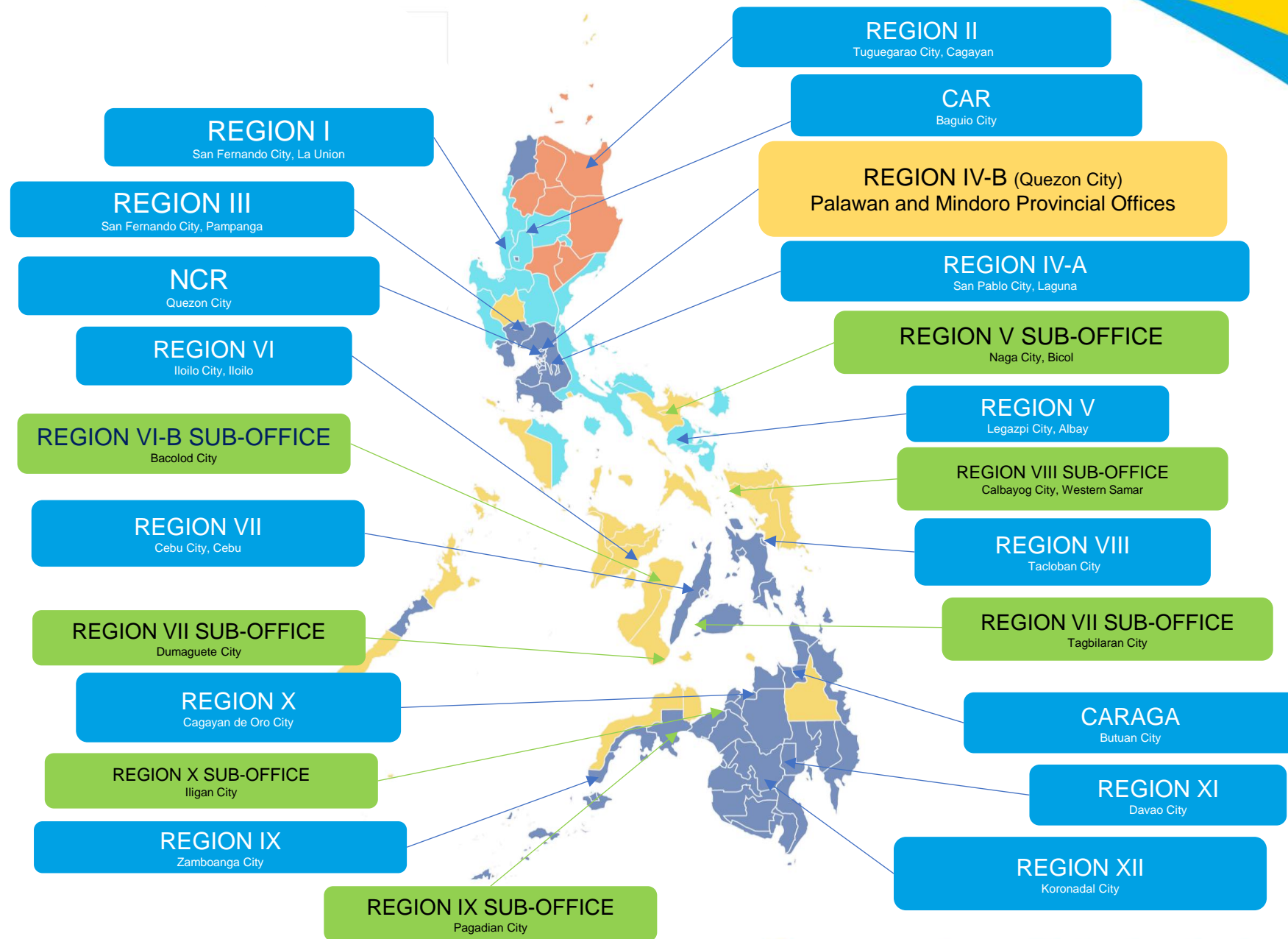
“The role of the Asia Pacific Forum of National Human Rights Institution (APF) and the Global Alliance of National Human Rights Institutions (GANHRI) are crucial in this call to action of NHRIs. We urge GANHRI along with the regional NHRI networks, particularly the APF for further involvement in this advocacy by providing greater support and endorsement of the activities of NHRIs on the rights of older persons, and the GANHRI Working Group on Ageing and the Human Rights of Older Persons.”

“We call on the OEWGA in its leadership role to resolve and recommend to the General Assembly the commencement of drafting a treaty on the human rights of older persons.”

Maraming Salamat!
Thank You Very Much!
Danke Schoen!

CHR OFFICES

Central Office
Regional Offices: 16
Sub-Offices: 6
Provincial Offices: 2





REPUBLIC OF THE PHILIPPINES COMMISSION ON HUMAN RIGHTS

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(02) 294 8704

www.chr.gov.ph

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CHR ng Lahat: Naglilingkod maging sino ka man

Session 5: Beyond the Uniform – Pawing the Pathway to Civilian Life

Col. (Ret.) Nishika Jardine, Veterans Ombud, Office of the Veterans Ombud, Canada



Government
of Canada

Gouvernement
du Canada

Veterans
Ombud

Ombud
des vétérans

For 16ICOAF Berlin

2 Oct 2024

Beyond the Uniform: Perspective on Post-Service Challenges



*Veterans
Ombud
des vétérans*

Col (Ret'd) Nishika Jardine

Canada 

Aim

To share my perspective as Canada's Veterans Ombud on the military to Veteran transition.



Outline

- Mandate
- Impact of Military Service
- Relationship with VAC
- Challenges
- Ombuds role



Mandate

- Established by Order-in-council in 2007 (not a statutory office)
- Veterans Ombudsman is a Special Advisor to the Minister of Veterans Affairs
- Can review any complaint about a decision made by Veterans Affairs Canada (VAC), except:
 - matters in the exclusive jurisdiction of the Canadian Armed Forces (CAF) or the Royal Canadian Mounted Police (RCMP)
 - any decision that can be appealed to the Veterans Review and Appeal Board
- Can review any systemic issue that may be causing a barrier to equitable access to VAC benefits and programs

Impact of Military Service

- Military Basic Training: Civilian to “Soldier”
- Impact can be profound: “direct” communication; acceptable emotion; “one man, one kit”
- Transition program provides a lot of information, but no “Veteran Basic Training” for the Soldier to become a Veteran
- Most Veterans transition successfully in their return to civilian life – including seeking benefits and programs from Veterans Affairs Canada if they have a service-related illness or injury or other barrier to re-entry (employment)

Relationship with VAC

- Veterans Affairs Canada delivers programs and benefits provided by Parliament through legislation for ill and injured Veterans:
 - Disability Claim (pain and suffering compensation + treatment benefits)
 - Rehabilitation Program (can include income replacement)
- *Most* Veterans navigate VAC processes (applications, forms, assessments) successfully and receive the assistance they need
- Veterans' relationship with Veterans Affairs Canada can be ***lifelong and is shaped by trust***
- Trust can be damaged by unfavourable decisions, interactions, inability to navigate (mental health can exacerbate)

Challenges for *Some* Veterans

Asking for help is hard → leads to feelings of vulnerability
Least bit of friction equals betrayal → frustration, anger
Anger expressed → limits on interaction, interferes with treatment



These Veterans may not receive the benefits and services they need – which may in fact be more acute – re-entry to civilian life may not be positive/successful

Ombud's Role

- Aim: to reconnect the Veteran and/or their family to VAC – especially important for Veterans who struggle
- Review individual VAC decisions (within mandate) for fairness and advocate for resolution
- Identify gaps and barriers to equitable access to VAC programs and benefits and make recommendations to the Minister
- Current priority: to better understand why some Veterans struggle in transition and what could/should be done to help them

Summary

Civilian → Basic Training → Soldier, *but*
Soldier → Veteran

Most Veterans transition easily to civilian life.

Some don't – Veterans Ombud assists with reconnection to Veterans Affairs Canada, which can help with transition





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Email: info@ombudsman-veterans.gc.ca

Telephone (toll-free): 1-877-330-4343

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