

St Catherine's British School Model United Nations

Forum: Youth Assembly

Topic: Action paper on measures towards treating PTSD cases of post-war societies.

Student Officer: Yannis Sakellariou

Position: Deputy President

PERSONAL INTRODUCTION

Esteemed Delegates,

My name is Yannis Sakellariou. As a Year Nine pupil of Champion School I possess the utmost honour to be serving as a Deputy President in this year's conference. This, by the conference's time, being my second experience as a Student Officer and sixteenth MUN conference means that I will be guiding you throughout the topic of "Action paper on measures towards treating PTSD cases of post-war soldiers".

As a Student Officer, I will, tirelessly, strive to assist you, subsequently ensuring your time is enjoyable, entertaining, and fruitful, yet educational as well as interesting. I sincerely hope that you will gain not only satisfaction and friendship, but primarily, public speaking, courage, critical thinking, skills of debating, and a healthy appreciation for the Model United Nations.

In this study guide, I will attempt to provide a brief, simple, and basic insight of the topic. The topic at stake, namely PTSD and its immense correlation to soldiers affecting substantial numbers of people, and thus constituting a key part of our lives, means it is essential that you read, every and all, sections of the guide. However, entirely grasping the topic requires far more extensive research, something I strongly encourage.

I fervently look forward to seeing you, and emphasise that should you have any potential doubts or questions you can contact me via the electronic address below.

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Best Regards,

Yannis Sakellariou

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TOPIC INTRODUCTION

“Life is difficult, and can be filled with loss, suffering, regret, and painful memories. The pain inflicted by nature, the loss of loved ones, economic disasters, and medical illnesses are part of the journey and seldom can the individual change these outcomes.”¹ stated Dr. Anita Ghadia-Smith in the very first lines of her informative text, *How To Heal Emotional Trauma*. Highlighting the devastating nature of PTSD as a whole, a substantial amount of people have been affected by it, for the duration of time. In fact, notable examples include but are not limited to : Prince Harry, Audie Murphy, a decorated American combat soldier from the Second World War, Simon Biles, an American Olympic Gymnast who also served in the marine core, and even renowned tennis player, Serena Williams. “The thing that haunts me the most are all the guys I could not save”² , in turn, is an infamous quote regarding the devastating effects of PTSD, or post traumatic stress disorder. Enunciated by Chris Kyle, following his return from the United States war in Iran, he was a renowned American sniper and an individual representing PTSD. This psychological issue has been manifesting in various forms throughout the duration of time.

The psychological toll of war is shown by extremely high PTSD rates in military personnel, with this disease first named "shell shock" or "combat neurosis" in the early 1900s and The First

¹ Stosny, Steven, and DR. Anita Ghadia Smith. “Chapter 1 : Coming Out Of Denial.” *Living & Loving after Betrayal: How to Heal from Emotional Abuse, Deceit, Infidelity, and Chronic Resentment*, New Harbinger Publications, Inc., Oakland, CA, 2013.

² Chris Kyle, American Sniper, Kyle, Chris. “Top 28 Chris Kyle Quotes (AMERICAN SNIPER).” *Chris Kyle | Famous Quote*, 25 Feb. 2021, graciousquotes.com/chris-kyle/. Accessed 16 Oct. 2023.

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World War. Our understanding of this chronic disease has grown, demonstrating the complex link between trauma and mental health. In trench combat and continual artillery bombardment, soldiers experienced "shell shock" psychologically and emotionally. Combat stress caused physical and psychological damage to soldiers. Early recognition that war has effects beyond physical pain was vital. Post-traumatic stress disorder (PTSD) has become more complex as psychology research and treatment have advanced. PTSD can appear in unexpected ways and affect civilians long after its military roots. Understanding the complex relationship between triggers, re-experiencing, avoidance, and hyperarousal symptoms is essential to managing afflicted persons. This dissertation examines military PTSD using relevant vocabulary, historical viewpoints, and modern notions. By examining the history and contemporary symptoms of this illness, we want to better understand the problems experienced by military members and veterans. We will also examine possible treatments and emphasise the need for a holistic plan that addresses the affected individual's physical and mental health. In the following pages, we explore psychiatric research and military history to illuminate a worldwide illness. Our group uses education, empathy, and informed action to help victims of violence have a better future.

DEFINITION OF KEY TERMS

Post-traumatic stress disorder (PTSD): is a disorder of the mind that may appear in those who have gone through or seen a traumatic incident. Flashbacks, excruciating anxiety, and irrational thoughts about the incident are possible symptoms.

Shell Trauma : a word from World War I used to characterise the psychological damage that front-line troops suffered from constant and severe bombardment.

Combat Neurosis : An additional word from the early 20th century used to characterise mental illnesses brought on by fighting stress.

The DSM III- : Diagnostic and Statistical Manual of Mental Disorders, is a generally accepted guidebook used by specialists in mental health to identify and categorise mental illnesses, such as PTSD.

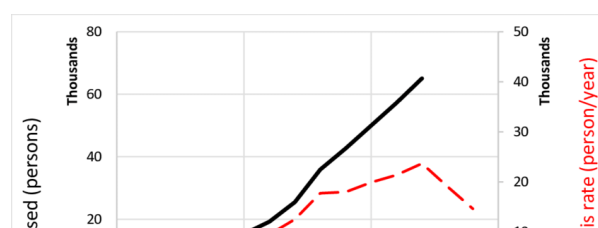
BACKGROUND INFORMATION

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Attempts to treat PTSD in soldiers have a history that is interspersed with attempts to address the disorder in different ways, which often mirror the geopolitical alliances and global activities of the moment. Early post-World War I remedies focused on seclusion and rest, believing that troops would heal better after some time away from the front lines. However, since it did not sufficiently treat the underlying psychological trauma and its long-term ramifications, this strategy proved to be mainly ineffectual. Developments in psychiatric knowledge during World War II and other wars resulted in the creation of treatment methods and drugs intended to lessen PTSD symptoms. Even while these therapies were a big step forward, they often failed to provide afflicted troops with complete and long-lasting comfort. Furthermore, the stigma associated with mental health problems in military culture has made it difficult for these therapies to be widely accepted and used.

National allegiances and PTSD treatment philosophies differed greatly. For instance, the US and its NATO partners were pioneers in the study and treatment of PTSD among military personnel. Conversely, the Soviet Union often took a stoic stance when it came to acknowledging that psychological trauma existed among its armed men. The wider ideological and cultural divisions of the Cold War period were mirrored in this divergence of viewpoints and actions. When it comes to helping troops impacted by combat with their mental health, the United Nations has been important. Around the globe, a number of resolutions and initiatives have been proposed to help military personnel's mental health. Remarkably, UN Resolution 38/161 acknowledged the need to address the effects of armed war on mental health, stressing the significance of providing sufficient treatment and support for those afflicted.

Nonetheless, despite these global initiatives, there are still difficulties in putting comprehensive mental health programs into place and keeping them enforced in areas affected by violence. Thus, the complicated history of PTSD in soldiers is entwined with the rise and fall of international alliances, reflecting changing knowledge about mental health issues associated with trauma. Although previous methods have yielded useful insights, they have also underscored the need for more nuanced, comprehensive strategies that take into account the distinct experiences and requirements of individuals impacted by the lasting legacy of combat.



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Figure One : The Diagnosed Cases Of PTSD And Their Specific Correlation To Military Operations³

TIMELINE OF EVENTS

Date of the Event	Event
May 24 th 1844 to 2023 ⁴	The American Psychiatric Association (APA) is established. Being the oldest psychiatric organisation globally, it has taken revolutionary approaches in addressing various psychological abnormalities, in general. For PTSD, specifically, it has set specific diagnostic criteria, preventative mechanisms, training, and clinical practice guidelines.

³ Data Visualisation, PTSD In Soldiers | [Hill & Ponton Statistics](#)

⁴ Encyclopedia Britannica, <https://www.britannica.com/science/post-traumatic-stress-disorder>, PTSD Events

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<p style="text-align: center;">Early 20th century</p>	<p>Known as "shell shock" or "combat neurosis," soldiers in World War I suffered from severe psychological discomfort brought on by the harsh circumstances of trench warfare and constant bombardment. This was the first time that soldiers' mental health problems associated with trauma were acknowledged.</p>
<p style="text-align: center;">1970's</p>	<p>The 1970's saw an immense societal shift in regards to mental awareness, its advocacy, and subsequent destigmatisation. This, primarily, was a direct result from the influx of traumatised American personnel, following the conclusion of the Vietnam war. Its widespread nature throughout the globe and the considerable effects thereof, led to further research with specific examples being Lee Robbins' and Davis Shenk's research on combat and mental damages.</p>
<p style="text-align: center;">1972</p>	<p>Ann Burgess and Lynda Holmstrom published works on sexual assault.</p>
<p style="text-align: center;">1980</p>	<p>Following the groundbreaking work of the 1970's, PTSD, or DMS-III first, formally, recognised as a psychiatric disorder</p>
<p style="text-align: center;">1980's</p>	<p>The Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) was the first to officially recognize the diagnosis of "Posttraumatic Stress Disorder" (PTSD). This was a crucial turning point in the official diagnosis and categorization of PTSD as a separate mental health illness. By offering</p>

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	uniform standards for diagnosing and rating the illness, it transformed the area of trauma psychology and psychiatry.
1990's	Growing awareness of the long-term impacts of trauma on military members emerged in the 1990s. More specialised therapy and interventions have been developed for those suffering from PTSD as a result of advancements in clinical practice and research. In order to promote a more accepting atmosphere for asking for assistance, efforts were undertaken to lessen the stigma associated with mental health in military culture.
Early 21 st century	As PTSD in soldiers became more widely recognized, efforts were made to enhance the support networks available to both active-duty military people and veterans. Many nations, the United States among them, have launched extensive mental health initiatives inside their armed services with the goal of addressing the particular difficulties that military personnel have while adjusting to post-conflict recovery.
2020's	Further studies and technological developments have improved our comprehension of PTSD. New ways to help people with trauma-related mental health disorders have arisen, including telemedicine services, customised treatment techniques,

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	<p>and virtual reality therapy. The significance of providing mental health assistance for troops and veterans is also being emphasised globally, with an emphasis on putting in place comprehensive, easily accessible, and culturally appropriate services.</p>
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Figure Two : The American Psychiatric Association (APA) summit for PTSD. Leading psychiatrists discussing with the Central Intelligence Agency the potential mental consequences upon soldiers caused from recent operations in Iraq and Afghanistan respectively. This occurred on the twenty-fifth of March, 2003.⁵

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

United States

When it comes to improving our knowledge of and approach to treating posttraumatic stress disorder (PTSD), the United States has led the way. The enormous work that went into creating the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) in

⁵ Education On The APA, History Of Summit | <https://www.apa.org/ed/precollege/topss/high-school-summit>

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1980 was at the centre of this contribution. The American Psychiatric Association supported this groundbreaking book, which revolutionised the disciplines of psychology and psychiatry. Before this significant event, PTSD was referred to by a number of terms, including "shell shock" and "combat neurosis," but there were no established diagnostic standards⁶.

A thorough set of criteria for the recognition and diagnosis of PTSD was added to the DSM-III. It outlined certain symptoms, such as avoidance, hyperarousal, and reliving past experiences, giving medical professionals a uniform framework for evaluation. This important development made it possible to approach comprehending and treating the complex nature of PTSD more systematically. In addition, the US has made impressive strides in expanding the range of therapeutic options available to those suffering from PTSD. Comprehensive care has benefited greatly from the use of medication-assisted treatments, exposure therapies, and cognitive-behavioural therapy. Furthermore, the diversity of therapeutic procedures that are offered has been greatly expanded by the incorporation of state-of-the-art technology, such as virtual reality therapy. The dynamic nature of treating PTSD and the continuous attempts to enhance outcomes for those afflicted are reflected in this integration.

World Health Organization (WHO) :

As the leading global health organisation, the World Health Organization (WHO) has had a significant impact on how mental health issues are understood and treated globally. Its impact flows easily into the field of PTSD, where it offers invaluable direction and assistance. The WHO has made significant contributions to mental health that go beyond PTSD and include a broad range of disorders that impact people all around the world. Providing thorough information, recommendations, and evidence-based therapies for mental health illnesses are some of its endeavours. The World Health Organization (WHO) cultivates a worldwide community of mental health care providers and researchers by sharing knowledge and promoting optimal approaches.

⁶ Awuah, W. A., Adebusoye, F. T., Tan, J. K., Ferreira, T., & Abdul-Rahman, T. (2023). The silent war: PTSD in Ukraine: insights from other war-affected nations for treating intergenerational PTSD. *International Journal of Surgery*.

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The World Health Organization provides a standardised approach for PTSD diagnosis and treatment that is in line with global best practices. The WHO guarantees that physicians and healthcare providers across varied geographies and healthcare settings have access to the most recent research results and therapy techniques by offering a global perspective on mental health⁷. This standardised method fosters global professional cooperation in addition to increasing uniformity and quality of service.

United Kingdom:

The UK has been crucial in the study and treatment of PTSD among military people due to its long military history. Various veterans' groups and the Ministry of Defence have spearheaded efforts to provide specialised treatment to impacted persons⁸. Advances in PTSD treatment in the UK may be attributed in large part to programs and efforts designed to assist veterans with this condition.

Canada:

Proactively creating programs and activities aimed at assisting people with PTSD, Canada has a significant military presence and a strong commitment to the welfare of veterans. Historically participating in joint Commonwealth and later NATO operations, whereby, for instance, it assisted in the 'DoomsDay' Allied Normandy Landing of 1944, Canada has acted as leader in this field; the Operational Stress Injury Clinic network is one such example. These clinics understand the value of focused assistance and provide specialist therapy catered to the particular requirements of military members suffering from PTSD.

Each operational stress injury (OSI) , specifically, ensures the thorough provision of either in-person and virtual assessment, treatment, and support to address mental health issues related to service, especially the widespread PTSD. Entailing designated and specifically appointed psychiatrists, psychologists, social workers, mental health nurses, and other specialised clinicians who understand the experience and needs of Veterans, collectively

⁷ Bryant, Richard A. "Strategies for treating PTSD in first responders." (2021). <https://doi.org/10.1037/0000255-009>

⁸ Finley, Erin P. "War and dislocation: a neuroanthropological model of trauma among American veterans with combat PTSD." *The encultured brain: an introduction to neuroanthropology* (2012): 263-290. <https://doi.org/10.7551/mitpress/9219.003.0014>

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work, and subsequent collaboration thereof identify therapeutic activities and individual goals to improve the quality of life, for particularly affected veterans, or even active soldiers.⁹

The International Society for the Study of Traumatic Stress:

Intended particularly for academics, medical professionals, and activists committed to the investigation and management of traumatic stress, this prestigious association acts as a central point. By means of conferences, publications, and joint efforts, ISTSS promotes progress in trauma psychology. The organisation's efforts promote innovation in PTSD diagnosis and treatment in addition to facilitating information sharing.

The requirements of military personnel in terms of mental health are handled by the North Atlantic Treaty Organization (NATO) and its member nations collectively. They work together on research projects, exchange best practices, and carry out initiatives to assist those impacted by the psychological effects of military service. This cooperative strategy demonstrates a dedication to giving military personnel's mental health and general wellbeing a priority among participating countries.

RELEVANT UN TREATIES CONVENTIONS AND RESOLUTIONS

Convention on the Rights of Persons with Disabilities (CRPD)

Adopted by the UN General Assembly in 2006, the Convention on the Rights of Persons with Disabilities (CRPD) represents a turning point in the struggle for the rights and dignity of people with disabilities. This includes those coping with mental health issues such as Posttraumatic Stress Disorder (PTSD). The fundamental principles of the CRPD emphasise the

⁹ The Canadian OPI, Information, Facts, And History | <https://www.veterans.gc.ca/eng/health-support/mental-health-and-wellness/assessment-treatment/osi-clinics>, Veterans Affairs. "OSI Clinics - Veterans Affairs Canada." www.veterans.gc.ca, 17 Feb. 2022, www.veterans.gc.ca/eng/health-support/mental-health-and-wellness/assessment-treatment/osi-clinics. Accessed 27 Oct. 2023.

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inherent autonomy and dignity of people with disabilities, as well as their right to full and meaningful participation in society¹⁰.

Particular importance is attached to Article 25 of the Convention on the Rights of Persons with Disabilities. It highlights the critical need for suitable and accessible healthcare services catering to the special requirements of people with disabilities by specifically addressing the right to health, which includes mental health.

In relation to PTSD, the CRPD promotes the adoption of comprehensive, community-based mental health treatments that give people autonomy and agency priority. This strategy not only respects the values of empowerment and inclusion but also acknowledges that people with PTSD can actively participate in all aspects of society if they are given the right support networks.

World Health Organization's Mental Health Action Plan

Global mental health activities have been greatly influenced by the World Health Organization (WHO), a vital UN institution. The WHO's Mental Health Action Plan is a comprehensive guide that lays out key ideas and tactics for the creation of mental health policies and services on a worldwide basis, even if it isn't a formal treaty or Convention. The Action Plan places a strong emphasis on implementing evidence-based procedures, raising public awareness of mental health issues, and skillfully integrating mental health services into larger healthcare systems.

The WHO fervently supports the development of policies and practices that are especially suited to meet the mental health requirements of traumatised populations, including those suffering from PTSD, within the terms of this action plan. It advocates for the implementation of treatments that support recovery and increase resilience, making it easier for people dealing with the fallout from traumatic events to reintegrate into the community¹¹.

¹⁰ Kuhn, Annegret. "Large-scale land acquisitions and violence in post-war societies." *Third World Thematics: A TWQ Journal* 3.1 (2018): 98-115. <https://doi.org/10.4324/9780429260940-7>

¹¹ Porter, S. (2018). Recommended evidence-based approaches for treating PTSD. *Treating PTSD*, 47-52. <https://doi.org/10.4324/9781315123066-6>

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The WHO highlights the significance of complete and holistic treatment for patients with PTSD by highlighting several approaches.

UN General Assembly Resolutions on Mental Health

A number of resolutions adopted by the UN General Assembly highlight the importance of mental health as a crucial element of overall well being. With their emphasis on increased awareness, mental health literacy, and the availability of readily available mental health treatments, these resolutions are effective lobbying tools. Regarding PTSD, these resolves are especially pertinent. They fervently support funding for mental health initiatives as well as lowering the stigma attached to mental illnesses. By supporting these resolutions, member states demonstrate their commitment to putting mental health assistance first and recognizing the significant effects that disorders like PTSD may have on people as individuals, families, and communities.

Guiding Principles on Internal Displacement

Although not specifically addressing mental health, the Guiding Principles on Internal Displacement are very relevant when people are forced to relocate because of war, natural disasters, or other emergency circumstances that are often linked to the onset of posttraumatic stress disorder (PTSD). The UN General Assembly has acknowledged these ideas, which provide a crucial foundation for the support and safety of internally displaced people. These guidelines emphasise how crucial it is to make sure displaced people have access to sufficient mental health care in the setting of PTSD¹². They emphasise the need for treatments that are tailored to the psychological health of those impacted by displacement, taking into account the possible trauma and pressures that come with such circumstances. This emphasises how important mental health care is to the general resilience and well-being of displaced people.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

¹² Porter, S. (2018). Clinical foundations for working with clients suffering from PTSD. *Treating PTSD*, 53-71. <https://doi.org/10.4324/9781315123066-7>

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Treating troops with posttraumatic stress Disorder (PTSD) has proven to be an intricate task that has changed through time. The stigma and lack of knowledge about mental health concerns sometimes hampered early efforts to lessen the impacts of trauma associated with battle. Despite their good intentions, these initiatives were severely constrained and eventually failed to provide complete answers.

Early Approaches:

After World War I, troops exhibiting signs of psychological anguish were often labelled as having "shell shock" or "combat neurosis." The consensus was that solitude and recuperation would help troops heal from the psychological toll of combat¹³. This strategy, meanwhile, turned out to be mostly useless. Many troops were left suffering since it did not treat the underlying psychological trauma and its long-term ramifications.

Limited Understanding:

A lack of knowledge about the complexity of trauma-related mental health issues was one of the main causes of the failure of early efforts to treat PTSD. The words employed, such as "shell shock," demonstrated a naive comprehension of the fundamental origins and workings of these illnesses. Treatment plans that lacked clarity and were often generic were the result of a vague diagnostic framework.

The Culture of Military Stigma:

One major obstacle to finding effective treatments was the stigma associated with mental health concerns, especially in the context of military culture. They were afraid of being seen as weak or unfit for duty if they asked for help. It was more difficult to identify and treat PTSD in its early phases because of the societal stigma attached to it, which stems from concepts of toughness and fortitude.

Ability to Diagnose and Treat

¹³ Rothbaum, B. O., & Rauch, S. A. (2020). What are the treatments for PTSD? *PTSD*. <https://doi.org/10.1093/wentk/9780190930370.003.0005>

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PTSD over the years has advanced on how they conduct therapy and diagnosis through psychiatric science. It was not until 1980, with the publication of the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III), that this process began to change. This study marked a turning point in the fields of trauma psychiatry and psychology with the publication of a standardised framework for identifying and diagnosing PTSD. It is key to note that one of the experienced challenges identifying trauma-related illnesses like PTSD before the publication of the DSM-III since there were no clear diagnostic guidelines. The illness that most of the veterans suffered from such as shell shock lacked specificity and depth. This paradigm shifted with the DSM-III. Medical practitioners were given objective criteria, such as avoidance, hyperarousal, and re-experiencing, with which to assess and diagnose PTSD. Since the publication of the DSM-III, research and diagnostic methods for PTSD have advanced. Improved and expanded criteria were included in subsequent editions of the DSM (DSM-IV and DSM-5) to more accurately reflect the complexities of the disorder. In addition, advancements in the fields of psychology and neuroscience have enabled the development of more targeted and effective treatment options for post-traumatic stress disorder (PTSD). The whole process has been a success through commitments and supporting individuals with PTSD.

Behaviour-Cognitive Therapies:

One of the breakthroughs of PTSD treatment can be pointed out to be development of cognitive-behavioural therapy. Mental health practitioners' approach to treating trauma-related problems has changed significantly as a result of this therapeutic method. Among the several approaches, cognitive restructuring and exposure treatment have shown to be very successful methods, giving PTSD sufferers strong skills to take back control of their lives and manage their symptoms.

Cognitive Reorganisation:

A key component of CBT for PTSD is cognitive restructuring. It is based on the idea that our ideas and thoughts influence our emotional reactions and actions. This might include widespread unfavourable ideas about oneself, other people, or the outside environment for those suffering from PTSD. A therapist uses cognitive restructuring to assist the patient in

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recognizing and questioning these unfavourable thinking patterns and swapping them out for more realistic and adaptive beliefs.

A person with posttraumatic stress disorder (PTSD) may, for instance, believe that their events have permanently ruined them. By means of cognitive restructuring, individuals might acquire the ability to identify this notion as a distortion and substitute it with a more precise and affirmative comprehension of their resilience and capacity for recovery. Through the process, people are able to reframe their traumatic experiences, which eventually lessens the emotional impact of the memories and triggers that are connected to them.

Exposure Counselling:

Another essential component of CBT is exposure treatment, which has been shown to be very successful in treating PTSD. It functions on the tenet of methodically facing up to memories, ideas, or circumstances associated with the traumatic incident that one fears or avoids. The ultimate objective is to lessen the person's emotional charge by desensitising them to these triggers.

There are other variations of exposure treatment, such as imaginal exposure, in which the patient recollects the traumatic incident in great detail, and in vivo exposure, in which they are confronted with circumstances related to the trauma in real life. People eventually learn to accept and digest their painful experiences via a series of controlled, repeated exposures. This eventually results in less anguish and anxiety when these memories are recalled.

When treating PTSD, exposure therapy and cognitive restructuring are both effective methods. People may reclaim agency and control over their lives by addressing the underlying thinking patterns and offering an organised way to tackle painful experiences¹⁴. These methods have demonstrated a great deal of promise in clinical settings, proving that successful therapies may significantly improve the lives of PTSD sufferers.

Treatments With Medication Assistance:

¹⁴ Rothbaum, B. O., & Rauch, S. A. (2020). What are the treatments for PTSD? *PTSD*. <https://doi.org/10.1093/wentk/9780190930370.003.0005>

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The development of drugs, like selective serotonin reuptake inhibitors (SSRIs), gave PTSD patients another option for therapy. By regulating neurotransmitters linked to mood and anxiety, these drugs can alleviate some of the disorder's crippling symptoms.

Technology Integration:

The treatment of PTSD has also benefited from a wide range of emerging technologies, that entails both artificial intelligence and virtual reality. Most important, however, is virtual reality therapy ; offering a safe and therapeutic setting for exposure-based therapies, it enables users to interact with simulated surroundings that imitate triggering events. Thus, the use of virtual reality therapy in the treatment of PTSD marks a significant advancement in mental health care. Dating back to the early 2000s, pioneering researchers such as Dr. Albert "Skip" Rizzo began exploring the potential of virtual environments to simulate and address traumatic experiences. This innovative approach allows individuals to confront and process their traumas in a controlled and supportive setting. Notably, virtual reality therapy possesses the ability to recreate specific and personalised scenarios tailored to each patient's experience. This individualised approach enhances the effectiveness of exposure-based therapies, enabling hence users to engage with simulated surroundings that closely mimic their triggering events. This targeted exposure helps desensitise individuals to their traumatic memories, fostering gradual emotional healing. However, similarly to any new technological implication and subsequent intervention, virtual reality therapy raises the concern for potential over-reliance. Certain critics, including but not limited to certain preeminent members of the American Psychological Association (APA), argue that the human connection is essential for therapeutic progress and may be compromised. Additionally, the accessibility and affordability of virtual reality equipment pose challenges for widespread implementation, limiting its reach to those with the financial means to access such technology and imposing crucial challenges to developing LEDCs. In turn, this can result in a geopolitical and military inequality and gap between monetarily enabled MEDCs and potentially struggling LEDCs. In simple terms, the technological approach constitutes a fundamental aspect as to the matter at stake, that, with astute and cerebral elaboration may substantially contribute to its resolution.

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All-inclusive Assistance Plans:

Several nations, including the United States, have integrated extensive mental health initiatives within their military forces. These initiatives seek to provide a variety of treatments that are specifically designed to address the special needs of military people, ranging from early detection and prevention through therapy and rehabilitation.

International Cooperation and Research:

The World Health Organization and the United Nations, among other international institutions, have been instrumental in advancing PTSD research and increasing public awareness of the disorder. They have promoted mental health services for military personnel and veterans across the world, stressing the value of programs that are accessible and sensitive to cultural differences.

Obstacles

Even though PTSD in soldiers has been treated with great success, problems still exist. Obstacles still include the diversity of traumatic events, the stigma associated with mental health, and the lack of access to professional treatment¹⁵. To further advance solutions for those impacted by PTSD, ongoing research and innovation are crucial, as are ongoing initiatives to lower stigma and enhance access to treatment.

POSSIBLE SOLUTIONS

In order to effectively treat troops suffering from post-traumatic stress Disorder (PTSD), a comprehensive strategy that includes early intervention, prevention, and effective treatment methods must be implemented. Preventive measures are critical for reducing the likelihood of PTSD. Strong training regimens that get troops ready for any obstacles they could

¹⁵ Sabic, D., and A. Sabic. "Embitterment in war veterans with posttraumatic stress disorder (PTSD)." *European Psychiatry* 41.S1 (2017): S359-S360.<https://doi.org/10.26226/morressier.58a41cf4d462b8028d892f0b>

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face in high-stress situations are essential. Furthermore, developing a strong sense of unity and camaraderie inside the unit may provide a framework of support that enhances mental resilience. Preventing the development of posttraumatic stress disorder (PTSD) may also be achieved by the implementation of safety standards and the use of modern technologies that limit exposure to stressful situations.

An essential component of reducing the effects of trauma is early intervention. Knowing the telltale signs and symptoms of PTSD enables troops to identify possible problems before they become serious ones. Within military units, promoting an open discussion about mental health helps to create a culture where asking for assistance is accepted and encouraged. For those facing trauma-related difficulties, this proactive approach greatly improves the prognosis by facilitating early detection and management.

For an intervention to be successful, access to evidence-based therapies and mental health specialists is essential. Providing counselling and treatment, including techniques like Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive-Behavioral treatment (CBT), may provide troops with vital resources to manage their trauma. By addressing the underlying emotional and cognitive processes linked to PTSD, these treatments help people integrate and process their experiences healthily.

Medication may be an essential part of therapy in certain circumstances. Under the supervision of licensed healthcare providers, using antidepressants or anxiety medications may help manage severe symptoms and speed up the healing process¹⁶. Medication must, however, be used sparingly and in accordance with a thorough treatment strategy.

Support groups provide troops a forum to talk about their experiences and get empathy from other soldiers who have gone through comparable struggles, making them a special kind of intervention. By fostering a sense of solidarity and belonging, these organisations lessen feelings of loneliness and provide emotional support.

¹⁶ Sebastián-Aparicio, Sofia. "Post-War Statebuilding in Divided Societies: A Conceptual Framework." *Post-War Statebuilding and Constitutional Reform: Beyond Dayton in Bosnia*. London: Palgrave Macmillan UK, 2014. 24-42.https://doi.org/10.1057/9781137336880_2

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Giving troops coping mechanisms, stress management methods, and resilience training is a proactive way to lower their chance of acquiring PTSD. Programs for building resilience provide participants with useful skills to help them deal with difficult circumstances and improve their mental toughness and ability to overcome hardship.

It is imperative to de-stigmatize mental health concerns in the military to foster a culture where troops are at ease in seeking assistance. All levels of command must work together to implement this cultural transformation, which emphasises that asking for help is a show of strength and an essential component of being prepared overall.

Comprehensive rehabilitation programs are essential for troops suffering from severe PTSD. These programs include a mix of social assistance, career training, and therapy with the goal of promoting rehabilitation and a smooth transition back into society. Rehabilitation programs are essential in helping people with severe PTSD regain their well-being and quality of life because they address their requirements holistically.

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