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Administrative and budgetary aspects of the financing of the United Nations peacekeeping operations

Post-traumatic stress disorder framework for uniformed personnel

Report of the Secretary-General

Summary

The present report is submitted pursuant to General Assembly resolution 74/280 and presents a holistic analysis of the policy, legal, administrative and financial aspects of post-traumatic stress disorder (PTSD) for uniformed personnel deployed to United Nations peace operations, including the procedures for processing claims, medical standards, budgetary methodology for liability estimation and source of funding. The report also presents, pursuant to Assembly resolution 75/293, a proposed PTSD framework as a basis to promote a sustainable and appropriate approach to PTSD by the United Nations.

The actions to be taken by the General Assembly are set out in section VII.

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I. Introduction

1. In accordance with General Assembly resolutions, the United Nations provides compensation for the death and disability of uniformed personnel who were deployed to United Nations peace operations. The claims received from Member States for compensation of such death and disability cases are processed following the established procedures contained in section II of the report of the Secretary-General on death and disability benefits (A/52/369), which was approved by the Assembly in its resolution 52/177. In that resolution, the Assembly requested the Secretary-General to settle death and disability claims as soon as possible but not later than three months from the date of submission of a claim. In his report on a comprehensive review of the compensation of death and disability benefits to military contingents, formed police units, military observers and civilian police officers (A/63/550), submitted pursuant to Assembly resolution 61/276, the Secretary-General presented proposals to simplify, streamline and harmonize the process for the payment of death and disability compensation for all uniformed personnel deployed to field missions, which was approved by the Assembly in its resolution 64/269.

2. The Secretariat has received a significant number of disability claims relating to post-traumatic stress disorder (PTSD) since 2017. Most of these claims relate to closed peace operations and thus resources are not readily available to satisfy the claims. Resources in the amount of $3,545,400 were proposed by the Secretary-General under the budget for the support account for peacekeeping operations for the period 1 July 2020 to 30 June 2021 (see A/74/743) to cover the cost of compensation for the outstanding PTSD claims related to closed peacekeeping missions. However, the General Assembly did not support provision of the requested resources and requested instead that the Secretariat complete a holistic study of PTSD claims for its consideration.

3. The General Assembly, in its resolution 74/280, endorsed the recommendation of the Advisory Committee on Administrative and Budgetary Questions (A/74/809) that the Secretary-General prepare a study providing a holistic analysis of the policy, legal, administrative and financial aspects relating to PTSD claims, including the procedures for processing claims, medical standards, budgetary methodology for liability estimation and source of funding. The Committee recommended that the proposal also contain information on the number of submitted, rejected, closed and pending PTSD claims from active and closed peacekeeping missions in recent years, along with the corresponding compensation amounts and source of funding. In its resolution 75/293, in which it endorsed the recommendation of the Advisory Committee (A/75/849), the Assembly requested the Secretary-General to develop a PTSD framework for the consideration of the Assembly as a basis to promote a sustainable and appropriate approach to the compensation of PTSD claims, and to present a proposal to the Assembly during its seventy-sixth session.

4. Pursuant to General Assembly resolutions 74/280 and 75/293, the Secretariat conducted, in close consultation with Member States, a comprehensive study of PTSD claims relating to uniformed personnel, and herewith presents a proposal for a PTSD framework for consideration by the Assembly, with a view to promoting a sustainable and appropriate approach to the compensation of PTSD claims.

II. Existing procedures for processing disability claims for uniformed personnel approved by the General Assembly

5. Claims for compensation for uniformed personnel (members of military contingents and formed police units, military observers, military staff officers and

civilian police officers) are submitted to the Uniformed Capabilities Support Division of the Department of Operational Support following the guidelines established by the General Assembly in its resolution 52/177 and as detailed in the report of the Secretary-General on death and disability benefits (A/52/369). Troop- and police-contributing countries are notified of injuries through notification of casualty (NOTICAS) forms sent by mission headquarters to permanent missions in New York through the Department of Peace Operations. Upon receipt of the disability claim from a troop- and police-contributing country, the Division requests a notification of casualty confirmation from the field mission confirming whether (a) the injury was mission-related and (b) the post-incident investigation found that there was no evidence of gross negligence or wilful misconduct on the part of the uniformed personnel. After the field mission confirms the above, the Secretariat will proceed to settle the claim, without waiting for the completion of the board of inquiry process. However, if there is prima facie evidence to indicate gross negligence, the field mission and the Division will await the outcome of the board of inquiry report to ascertain, inter alia, the cause of injury and confirm that it was mission-related. After receiving the notification of casualty confirmation from the mission, the claim, including all medical documentation, is submitted by the Uniformed Capabilities Support Division to the Health-Care Management and Occupational Safety and Health Division for review and recommendation as to the percentage of permanent loss of function or disability upon completion of all treatment and where maximum medical improvement is achieved. This is calculated according to the latest edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

6. Upon receipt of all the required information from the Member State, the field mission, the Health-Care Management and Occupational Safety and Health Division and other relevant offices within the Secretariat, the Uniformed Capabilities Support Division will then proceed to process the disability claim within 90 days from the date when the last relevant documentation was received. No compensation is payable if the disability was not mission-related or was due to gross negligence or wilful misconduct on the part of the uniformed personnel, or if it is ascertained that it is due to a pre-existing medical condition or a complication thereof.

7. The General Assembly has set a single standard rate of compensation for a death claim; the latest increase, in resolution 72/285, brought the rate to $77,000. The compensation amount for disability is a percentage of the $77,000 based on the degree of permanent loss of function. Compensation for disability, including PTSD disability claims, is paid from the relevant field mission budget as long as the mission is active.

III. Status of post-traumatic stress disorder claims received

8. There were 383 outstanding PTSD claims as at 1 December 2021, of which 19 related to active missions and 364 related to closed field missions for which resources were not readily available in order to compensate the claimants. (For the status of PTSD claims, see annex.) Based on the study, including interviews and the survey responses received from Member States, as well as the global trend towards a wider recognition of PTSD, it is anticipated that additional PTSD claims will be received in the near future.

IV. Study methodology

9. In order to conduct a comprehensive study to develop a PTSD framework for uniformed personnel, a project working group was established. This working group

was led by the Uniformed Capabilities Support Division and consisted of subject matter experts from across the Secretariat (Health-Care Management and Occupational Safety and Health Division, Office of Military Affairs and Police Division), external researchers and a consultant psychiatrist. A steering committee composed of senior leadership from the Secretariat and project partners was also established to provide strategic guidance to the project.

10. Additionally, a project advisory board was established to provide support and guidance to the project team. The board consisted of representatives from the following 26 Member States: Bangladesh, Brazil, Burkina Faso, Canada, Chad, China, Egypt, Ethiopia, France, Germany, Ghana, India, Indonesia, Japan, Morocco, Nepal, Pakistan, Russian Federation, Rwanda, Senegal, Togo, Uganda, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America and Uruguay. The board member countries were nominated based on the following criteria: the top 10 troop- and police-contributing countries as defined by the number of deployed uniformed personnel, and financial-contributing countries. In addition, several Member States were self-nominated. The board was regularly briefed and consulted throughout the life of the project. The board also provided feedback concerning a survey which was undertaken to obtain national data on current practices related to PTSD matters in all troop- and police-contributing countries. In its report (A/75/849), the Advisory Committee on Administrative and Budgetary Questions, acknowledging the importance of consultations with Member States, welcomed the creation of the board. The Secretariat takes this opportunity to express its deep appreciation to the board and other Member States for their contribution to this important issue.

11. In addition to the consultation with the project advisory board, multiple briefings were conducted with all the troop- and police-contributing countries to provide updates concerning the PTSD study and to seek their feedback. The briefings included an initial meeting on the PTSD survey held in December 2020, a presentation at the meeting of the Military and Police Advisers' Community in March 2021 and a PTSD workshop conducted in September 2021 with all troop- and police-contributing countries.

12. A national data collection exercise on the issue of PTSD was conducted through an online survey distributed to 124 troop- and police-contributing countries in December 2020. The survey contained 28 questions focusing on Member State national frameworks designed to address PTSD for uniformed personnel deployed to United Nations peace operations. The survey questions included ones on current practices in screening and training, data on PTSD prevalence and PTSD claims. The survey achieved a high response rate of 58.6 per cent.

13. For the purposes of supplementing the survey and promoting Member State input into the review, a series of online interviews were conducted with national experts, government officers from relevant Member State offices and experts from relevant global entities on the issue of mental health of uniformed personnel.

14. In order to gather information from the field, a series of additional online interviews were conducted with chiefs of military and police components, as well as with medical officers in high-risk peacekeeping missions.

15. A scientific literature review was also conducted through a database search covering the period from 1990 to March 2021. More than 1,400 articles, books and reports relating to PTSD were identified from multiple scientific databases and other sources, which were then screened and reviewed to identify and analyse the relevant information concerning PTSD as it relates to uniformed personnel deployed to United Nations peace operations.

16. In compliance with Security Council resolution 1325 (2000), the study integrated a gender perspective in all phases of the project, from design to data collection to data analysis to reporting.

17. A study report detailing the methodology, data analysis and outcomes was prepared in consultation with Member States through the project advisory board and informs the present report of the Secretary-General. The study report was endorsed by the steering committee and is available on the website of the Department of Operational Support (https://operationalsupport.un.org/en/uniformed-capabilities).

V. Key findings from the study

A. Liability estimation

18. The General Assembly, in its resolution 74/280, requested the Secretary-General to prepare a study which provided a holistic analysis of the policy, legal, medical, administrative and financial aspects of PTSD claims, including the budgetary methodology for liability estimation and source of funding. In order to identify the estimated liability for the compensation for the volume of anticipated PTSD claims that are to be received in the future, the following data have been collected through the literature study, as well as through the survey and interviews: (a) the prevalence rate of PTSD in uniformed personnel associated with their deployment to United Nations peace operations; (b) the time delay in recognition of PTSD after a traumatic experience; and (c) the estimated number of PTSD claims to be submitted to the United Nations.

1. Prevalence rate of post-traumatic stress disorder

19. Based on the limited literature available concerning the prevalence rate of PTSD for military personnel associated with their deployment to United Nations peace operations, the literature study revealed that the prevalence rate varies from 0 to 11 per cent. Broader research beyond the United Nations operations found two sets of prevalence rates: one was the base rate of PTSD in typical military or police populations (2 to 4 per cent); the other was the higher rate of PTSD identified in populations that have deployed to a peace or combat operation (4 to 8 per cent). Various factors may have an impact on the prevalence rate of PTSD, such as time of measurement, measurement methodology and criteria, study population and nature of the mission.

20. In the survey response provided by troop- and police-contributing countries, one country reported a PTSD prevalence rate of between 11 and 20 per cent, and three countries reported a prevalence rate of between 6 and 10 per cent. More than three quarters of the troop- and police-contributing countries that responded to the survey with available data on PTSD prevalence indicated a fairly low prevalence rate of acquired PTSD, in the range of 0 to 5 per cent. However, it should be noted that the reported prevalence rates are characterized by a number of potential limitations. More than a quarter of the countries that responded to the survey indicated that they did not have prevalence data for PTSD. Furthermore, the survey did not ask how the data were generated; prevalence estimates for PTSD based on clinical diagnosis tend to be more conservative than those based on responses to screening questionnaires.

2. Time delay in recognition of post-traumatic stress disorder

21. PTSD is often first recognized long after the traumatic events that caused the condition took place. Signs of PTSD may not appear until months or even years after the traumatic event was experienced by the individual. Even if symptoms begin soon

after the event, it may take months or years for psychologically injured persons to acknowledge their own PTSD symptoms, and this is very often dependent on the culture as it relates to mental health matters, their surrounding community's understanding of PTSD and the availability of relevant medical and social support systems. Delayed-onset PTSD is more common in certain caretaking occupations such as among military and police personnel, firefighters and other first responders. Although 94 per cent of Member States that responded to the survey reported that they screened military and police personnel for health problems following repatriation, only 63 per cent reported routinely screening for PTSD in the absence of problems reported by the individual. Time delay in the recognition of PTSD may contribute to the late submission of PTSD claims years after the traumatic event and after mission closure.

3. Post-traumatic stress disorder claims to be submitted to the United Nations

22. PTSD is medically evaluated and treated in the injured person's home country. This includes being evaluated for PTSD and initiating a claim for disability due to PTSD resulting from exposure to occupational stressors during a United Nations peace operation. The survey asked troop- and police-contributing countries whether they planned to submit PTSD claims to the United Nations and, if so, how many claims would be submitted. Based on a limited number of countries (12) that answered this particular question, the survey data suggest that the Secretariat could expect to receive between 754 and 1,510 PTSD claims in the near future. However, it is important to note the potential for a substantial increase in the number of claims to occur. The results of the survey and interviews suggest that not all troop- and police-contributing countries currently have formal practices in place to assess PTSD and to process PTSD claims. Once those countries establish a system for the assessment of PTSD and claims processing, there may be a substantial increase on the number of PTSD claims that are submitted to the Secretariat.

B. National approaches to the management of post-traumatic stress disorder

23. With a view to promoting a sustainable and appropriate approach to the compensation of claims for disability due to PTSD in uniformed personnel deployed to peace operations, the study examined national approaches to PTSD management, including prevention and mitigation measures to reduce both the incidence of future disability due to PTSD and its severity.

24. The survey conducted for the study found that most of the 65 responding troop- and police-contributing countries screen personnel for mental health problems such as PTSD both before and after deployment, although a number of these countries only screen for PTSD post-deployment if an individual reports having mental health problems. A little more than half (56 per cent) reported having a national practice for the assessment of claims for disability due to PTSD in uniformed personnel who had deployed to a United Nations peace operation. A majority (84 per cent) reported providing training in the recognition, prevention or mitigation of PTSD for uniformed personnel, and 97 per cent reported providing treatment for PTSD in military and police personnel and veterans.

25. National approaches to PTSD management all employ some combination of the following eight elements: (a) promotion of comprehensive physical and mental health in uniformed personnel, (b) screening of personnel for fitness prior to deployment, (c) training in operational stress management prior to deployment, (d) procedures for managing and mitigating acute stress during deployment, (e) training in managing

mental health post deployment, (f) screening of personnel for mental disorders post deployment, (g) referral of personnel who screen positive for treatment and (h) compensation of personnel for work-related injuries and illnesses.

26. The most widely used practices for the prevention of PTSD are training and screening. Training at various points in the deployment cycle enables uniformed personnel, military and police leaders, and family members, to recognize risk factors associated with PTSD, such as potentially traumatic stressor events, to use practices to manage and recover from traumatic stress and to recognize problems and symptoms so that help can be sought. Screening of high-risk groups, such as contingent units recently repatriated from high-risk missions, helps with early identification, so that potentially serious issues can be mitigated or treated before they worsen and become chronic.

27. It is noted that differences in national policies regarding mental health, insurance systems and the availability of mental health professionals could lead to a significant disparity between Member States in capacities to perform PTSD management.

28. Further details of the study outcomes are included in the study report.

VI. Proposal on post-traumatic stress disorder framework

A. Timely settlement of claims

29. In its resolution 52/177, the General Assembly requested the Secretary-General to settle death and disability claims as soon as possible but not later than three months from the date of submission of a claim. The Advisory Committee, in its reports, also emphasized the need for early settlement of death and disability claims, noting with concern the considerable number of pending PTSD claims and stressing the importance of addressing the backlog in a timely manner.[1] The Secretariat endeavours to settle claims for PTSD compensation received from Member States as expeditiously as possible and within 90 days from the date when all relevant documentation is received. Since the establishment of the Uniformed Capabilities Support Division under the Office of Supply Chain Management in the Department of Operational Support, all the outstanding and newly received PTSD claims have been reviewed. Most of the current outstanding PTSD claims are related to closed peace operations for which resources to settle such claims are not readily available. In order to ensure timely compensation for PTSD claims, a sustainable funding mechanism, such as that proposed below, is necessary.

B. Sustainable and appropriate approach to the compensation of claims

1. Policy

30. PTSD is a mental disorder recognized by the World Health Organization (WHO) and often results in a chronic disability. The claims received from Member States for compensation of PTSD cases are processed in accordance with existing principles for compensation for disability claims agreed by the General Assembly.

[1] See A/74/809, para. 21, and A/75/849, para. 60.

31. The following key elements of existing policies for disability compensation established by the General Assembly also underpin the framework for PTSD compensation for uniformed personnel deployed to United Nations field missions:

(a) General Assembly resolution 52/177 provides for the United Nations to pay compensation for the disability of uniformed personnel in cases in which the injury is "mission related" and not "caused by gross negligence or wilful misconduct" by the personnel concerned;

(b) With compensation limited to mission-related circumstances, compensation is not payable in practice in cases of disability resulting from a pre-existing condition;

(c) Disability is compensated according only to the proportional degree of any permanent loss of function, as measured by reference to the latest edition of the *American Medical Association Guides to the Evaluation of Permanent Impairment*. A specific chapter in the *Guides* gives direction on the calculation of permanent impairment due to mental and behavioural disorders;

(d) The General Assembly has directed, in its resolution 61/276, that the United Nations give sympathetic consideration to claims in cases of doubt;

(e) Compensation is subject to a claim by a Member State. The United Nations disburses funds to the Member State, which is responsible for transferring the money to the beneficiary. The Member State confirms to the United Nations in writing that the amounts payable to beneficiaries for the disability are not less than the amounts received from the United Nations;

(f) Each claim for compensation is assessed on its individual merits;

(g) Eligibility for compensation is determined by the Uniformed Capabilities Support Division, with medical and legal expertise provided by the Division of Healthcare Management and Occupational Safety and Health and the Office of Legal Affairs, respectively.

2. Legal

32. The General Assembly has not placed any time limits for Member States to submit death and disability claims to the United Nations.

3. Administrative aspect

Procedures for processing post-traumatic stress disorder claims for uniformed personnel

33. While cognizance of the specificities relating to PTSD claims is maintained, the review and assessment of eligibility for compensation and the processing of claims by the United Nations Secretariat should be in line with the established procedures for processing disability claims approved by the General Assembly as described above (see sect. II).

34. In accordance with established policy and resolutions, the procedures are based on a guiding principle of simplification and streamlining of administrative arrangements to the extent possible. The Secretariat's assessment of PTSD claims is based on the minimum amount of documentation necessary to ascertain the legitimacy and fairness of the assessment so that the affected individual and Member State are not overly burdened procedurally.

35. Most of the PTSD cases received to date were not recorded in the NOTICAS database, as the current system captures only physical injuries or deaths occurring during deployment. PTSD symptoms may appear many years after deployment. For

active missions, the deployment record of the individual is provided by the mission, while for closed missions records are sought from other sources, such as employment history in the Government.

36. The same process for appeal or review of a United Nations decision on compensation that applies to other disability claims (as set out in A/52/369) shall apply to disability claims related to PTSD.

Standards and elements of proof

37. In accordance with established practice for disability claims, the required standard of proof should be "at least as likely as not" that the claimant's PTSD would not have occurred in the absence of its association with an event or series of events related to his or her deployment to a United Nations mission. "At least as likely as not" equates to a likelihood of 50 per cent or greater, with the benefit of the doubt going to the claimant if the evidence is at equipoise (50/50 chance).

38. To be considered eligible for compensation by the United Nations, instances of PTSD must be characterized by the following elements of proof:

- Existence of PTSD as defined in the Diagnostic and Statistical Manual of Mental Disorders.
- Disability or loss of function of a permanent nature (including determination of an applicable degree or proportion of disability).
- PTSD arose due to mission-related circumstances, with particular attention to an identified or specific traumatic incident (or series of incidents) that are medically assessed to reasonably have had an impact on the concerned individual.
- PTSD is not mostly attributable to (a) pre-existing or subsequent condition(s) or event(s), whether attributable to employment or to personal circumstances.

Supporting documentation and records

39. Documentation for an appropriate assessment of a claim for compensation for disability related to PTSD, depending on the circumstances of the case at hand, includes the following.

- Medical report(s) and records: a detailed psychological medical assessment, demonstrating the aforementioned elements of proof required to demonstrate a disability related to PTSD. The medical assessment should also aim to establish the degree or proportion of permanent disability.
- Documents establishing the factual basis of events related to the claim: a detailed report establishing the injured individual's deployment to the mission (e.g. period, duration, location and terms of appointment) and the incident or other circumstances surrounding the cause of the PTSD.

4. Financial aspect

Budgetary methodology and source of funding

40. The study outcome suggests that it could take months or even years to recognize PTSD after traumatic events experienced during deployment. More PTSD cases are found at a later stage than in the near term after deployment. Claims for PTSD cases could continue to be submitted years after deployment and after the related missions have closed. The study also suggests that a significant number of PTSD cases associated with United Nations deployment have been recognized by troop- and police-contributing countries and could be submitted to the United Nations in due

course. Compensation for PTSD claims related to active missions are disbursed from the relevant mission budgets. PTSD claims related to closed missions remain unpaid, as resources are not readily available. In order to secure resources for compensation related to PTSD claims associated with closed missions and to effect payment to the relevant Member States and affected individuals within the time frame mandated by the General Assembly, it is proposed to establish a reserve fund to pay compensation for PTSD claims related to closed missions. It is also proposed that the funds cover compensation for death and other disability claims (physical disability) related to closed missions. Compensation for claims for death and disability, including PTSD, related to active missions will continue to be paid from the relevant mission's budget.

41. The study findings on the PTSD prevalence rate and on the estimated scale of PTSD claims to be submitted to the United Nations suggest a liability to the Organization that could be quite significant. Due to the uncertainty with respect to future increase in the number of PTSD claims, as well as the time delay in recognition of PTSD and thus in submission of claims from Member States, it is proposed to adopt a funding methodology for the proposed reserve fund which is similar to the existing mechanism under appendix D to the Staff Regulations and Rules for the payment of compensation for death and disability claims from civilian staff. The fund related to appendix D for compensation payments for civilian staff derives its revenue from a charge of 0.5 per cent of net base salary, including post adjustment. In line with this existing reserve fund methodology for civilian staff, it is proposed that the reserve fund for uniformed personnel derive its revenue from a charge of 0.5 per cent of total troop and police personnel reimbursement cost to be charged against each peacekeeping and special political mission budget.[2] The fund balance will be regularly monitored against the necessary amount needed for compensation based on the number and status of outstanding claims, as well as operational circumstances such as closure of a mission. Adjustments to the reserve fund and/or funding rate will be proposed to the General Assembly, if necessary. It is proposed that the Secretariat report to the Assembly on the status of the fund and the claims processed on an annual basis.

42. Upon approval by the General Assembly of the establishment of a reserve fund for uniformed personnel for death and disability claims related to closed missions, the fund will start deriving its revenue from each peacekeeping and special political mission budget for the following budget cycle. Compensation of claims for death and disability, including PTSD, for uniformed personnel related to any closed missions will be paid from the fund. This would include the currently outstanding 364 PTSD claims related to closed missions with an estimated total compensation amount of $3.9 million.

5. Prevention and mitigation of post-traumatic stress disorder in uniformed personnel

43. It is proposed that a sustainable and appropriate approach to the compensation of claims for disability due to PTSD in uniformed personnel deployed to peace operations include measures to prevent and mitigate PTSD, in order to reduce both the incidence of future disability due to PTSD and its severity. The study found ample evidence that PTSD is a serious health problem affecting a significant number of uniformed personnel who had formerly deployed to a United Nations peace operation. Most troop- and police-contributing countries that participated in the study recognize PTSD among their personnel, and many countries invest resources to manage the risk for PTSD before, during and after deployment. Among the most consistent findings

[2] For example, 0.5 per cent of the total personnel cost for the period from 1 July 2019 to 30 June 2020 (approximately $1.3 billion) would have been around $6.6 million.

of global PTSD research has been that PTSD is always the direct result of exposure to one or more potentially traumatic events. These events are experiences that by their nature damage one's ability to trust others and feel safe in the world. This direct causal link between occupational stressor experiences and subsequent disability from PTSD is the reason nations and international organizations bear a responsibility to prevent or limit the severity of PTSD in veterans of military and police operations (as well as civilian staff) to the extent possible, in addition to compensating disability resulting from it. Even if the most powerful risk factors for PTSD, such as precipitating stressor events themselves, cannot be prevented from occurring, the incidence and severity of subsequent PTSD can be lessened by reducing other risk factors and implementing and enhancing protective factors to the extent possible.

44. Based on the findings on preventive interventions that Member States employ and in keeping with global best practices and prevention science, the study addresses the several prevention and mitigation measures, including training for various personnel groups at various phases of deployment cycles delivered in the language of the deploying Member State and in a culturally appropriate manner. For predeployment training, it is noted that the responsibility for the delivery of such training rests with the deploying Member State (General Assembly resolution 49/37). Other measures include the following: training for leaders; gender-sensitive methods of screening before and after deployment; continuous education campaigns to raise awareness concerning stigma; unified systems containing records of the uniformed personnel deployed to United Nations peace operations, as well as the major stressor events; a coordination network among the Secretariat, field missions and Member States; support for troop- and police-contributing countries with insufficient professional capacity related to organic mental health through bilateral assistance and partnership; and the development of guidelines and procedural manuals. Gender-specific data on PTSD is also included in the study report.

45. It should be noted that a global shortage of mental health professionals currently exists, and that those available to provide direct clinical care are not equally distributed around the world. In its 2017 study of global mental health capabilities, WHO reported a 10-fold difference in the number of mental health facilities, and a 40-fold difference in the number of per capita outpatient mental health visits, between low- and high-income nations. The same study found that one in four nations did not have a published national mental health policy, and two in four did not have a national law addressing mental health. It is noted that troop- and police-contributing countries include both low- and high-income nations.

Implementation of the post-traumatic stress disorder framework

46. Upon the approval of the General Assembly of the proposed PTSD framework, the Secretariat will further develop action plans and implement the framework in consultation and cooperation with Member States. Progress on the implementation will be monitored, evaluated and reviewed for further improvement or revision, as necessary.

VII. Actions to be taken by the General Assembly

47. The action proposed to be taken by the General Assembly is as follows:

(a) **To take note of the processing of PTSD claims as per the established procedures for processing disability claims approved by the General Assembly;**

(b) **To approve the establishment of a reserve fund for compensation for death and disability claims, including PTSD disability claims, related to closed missions;**

(c) **To approve a recurring amount representing 0.5 per cent of the troop and police personnel reimbursement cost in the budgets of the individual active peacekeeping and special political missions, to meet the financing requirements of the reserve fund for compensation related to closed missions;**

(d) **To continue the payment related to the compensation of PTSD claims from the budgets of the individual active peacekeeping and special political missions.**

Annex

Status of post-traumatic stress disorder claims

		Claims paid			*Claims rejected*	*Claims pending*	
Mission	*Entity*	*Number*	*Amount (thousands of United States dollars)*	*Source of funding*	*Number*	*Number*	*Amount (thousands of United States dollars)*
Active missions							
United Nations Assistance Mission in Afghanistan	Special political mission	–	–	–	–	1	25
United Nations Assistance Mission for Iraq	Special political mission	–	–	–	–	1	9
United Nations Military Observer Group in India and Pakistan	Peacekeeping operation/ regular budget	–	–	–	–	1	15
United Nations Truce Supervision Organization	Peacekeeping operation/ regular budget	1	10	Mission	–	–	–
United Nations Multidimensional Integrated Stabilization Mission in Mali	Peacekeeping operation	1	18	Mission	–	–	–
United Nations Peacekeeping Force in Cyprus	Peacekeeping operation	1	12	Mission	–	9	105
United Nations Interim Force in Lebanon	Peacekeeping operation	12	130	Mission	–	7	168
United Nations Interim Administration Mission in Kosovo	Peacekeeping operation	4	40	Mission	–	–	–
Subtotal		**19**	**210**		–	**19**	**322**
Closed missions							
United Nations Confidence Restoration Operation in Croatia	Peacekeeping operation	–	–	–	–	2	25
United Nations Iran-Iraq Military Observer Group	Peacekeeping operation	–	–	–	–	1	8
United Nations Iraq-Kuwait Observation Mission	Peacekeeping operation	–	–	–	–	8	83
United Nations Mission in Ethiopia and Eritrea	Peacekeeping operation	–	–	–	–	4	44
United Nations Mission in the Sudan	Peacekeeping operation	–	–	–	–	1	10
United Nations Operation in Côte d’Ivoire	Peacekeeping operation	1	15	Mission[a]	–	–	–
United Nations Preventive Deployment Force	Peacekeeping operation	–	–	–	–	3	35
United Nations Protection Force	Peacekeeping operation	2	25	Mission	4	333	3 620
Subtotal		**3**	**40**		**4**	**352**	**3 824**

Mission	Entity	Claims paid			Claims rejected	Claims pending	
		Number	*Amount (thousands of United States dollars)*	*Source of funding*	*Number*	*Number*	*Amount (thousands of United States dollars)*
Others							
United Nations Guards Contingent in Iraq	Other	1	7	UNAMI	1	12	123
Subtotal, closed missions		**4**	**47**		**5**	**364**	**3 947**
Total		**23**	**257**		**5**	**383**	**4 269**

[a] The United Nations Operation in Côte d'Ivoire was an active mission at the time of compensation.