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**LEGON CENTRE FOR INTERNATIONAL AFFAIRS AND**  
**DIPLOMACY**  
**(LECIAD)**



**UNIVERSITY OF GHANA**

**AN EXAMINATION OF THE MENTAL HEALTH**  
**EXPERIENCES OF PEACEKEEPING OPERATION**  
**(PKO) OFFICERS: A CASE STUDY OF THE GHANA**  
**ARMED FORCES**

**BY**  
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**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY**  
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**DECLARATION**

I, **GEORGE KOFI TSAKPO** hereby declare that this dissertation is the result of my original research, under the supervision of **DR. KENNEDY EMMANUEL AHORSU**. Except where specifically acknowledged, all references, data, analyses, and interpretations presented in this study are entirely my own.

This work has not been submitted in whole or in part for the award of any other degree or diploma at this or any other institution. All sources of information, including books, journal articles, reports, internet resources, and personal communications, have been appropriately cited and listed in the references section in accordance with academic standards.

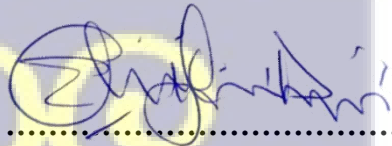


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## DEDICATION

This work is dedicated to God Almighty for His unwavering guidance, strength, and wisdom that enabled me to complete this dissertation. His boundless grace provided me with resilience and hope through every step of the way.

To my wife (Victoria), for her continuous support and encouragement when I started this journey at LECIAD and to my children (Sylvester, Georgina, Sylvia and Godfred), I am most grateful that you believed in my potential.

My friends, loved ones, and mentors, for your guidance and constant motivation, your contributions have been invaluable. And finally, to all those who strive to make meaningful contributions to the field of peacekeeping mission around the world, may this work inspire continued examination of the experiences of the mental health of peacekeeping officers.



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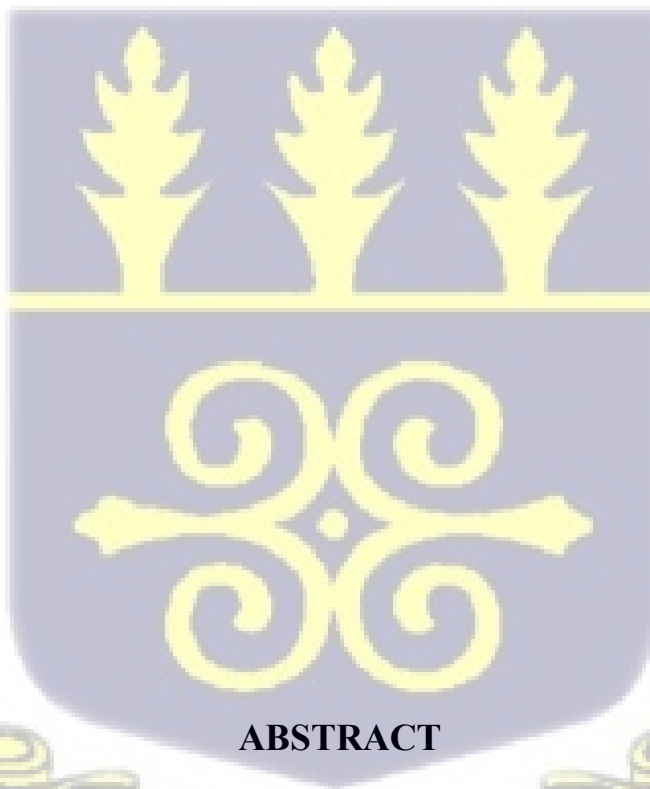


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Globally, peacekeeping operations (PKOs) has contributed towards the stability of conflict prone states and nations. Ghana as a member of the United Nations has played crucial roles towards promoting peacekeeping and peace enforcement initiatives. However, peacekeeping officers encounter several challenges and prominent amongst them are mental health issues which affects predominantly the quality of health of the military. The study sought to underscore the importance of providing mental health services to peacekeeping officers by examining the mental health experiences of peacekeeping officers from the Ghana Armed Forces. The study was guided by the

transactional model of stress and coping theory and bio-psychosocial theory. The research study employed a qualitative methodological approach utilizing a personal in-depth interview technique. Using a purposive sample of twenty-five (25) selected peacekeeping officers from the Ghana Armed Forces, the study findings revealed a moderate knowledge of peacekeeping officers on the issue of mental health. The study found out that at the pre-deployment phase, orientations are organized for selected officers taking part in the PKOs. The orientations do cover all issues relating to specific rules and expectation, rules of engagement, cultural awareness, responsivity to protect, conflict dynamics, coordination of operations and effective community engagements. In addition, the study found out that some of the conditions or situations that give rise to stress include volatile situations, prolonged exposure to combat warfare, excessive workload and isolation. In terms of the mental health issues experienced by some of the peacekeepers, stress, anxiety, fear, chronic depression and trauma, substance abuse, sleep disruptions and suicidal tendencies were amongst the list. The findings further reveal that some of the coping strategies or mechanisms adopted by peacekeeping officers in order to navigate complexity of mental health include confiding in their peers, relaxation, sleeping, taking short breaks, spiritual coping or faith-based affirmations, therapeutic mechanisms, reduction of workload and engaging in physical exercises. Moreover, the study found out that some mental health services available to peacekeeping officers were largely centred on referral to the health team and counselling services. The study findings further reveal deep sited barriers that peacekeeping officers encounter in their efforts to receive treatment which include discrimination, loss of one's job, labelled as mentally unfit and stigmatization. The study recommends awareness campaigns of mental health support systems at the pre-deployment stage, routine psychological surveillance, welfare, enhancing health services, organizing campaigns against stigma and evaluation of mental health following a mission. By implementing these recommendations, the Ghana Armed Forces would be better placed to cater for the mental health of its peacekeeping officers whilst ensuring that they fulfill their mission of peacekeeping successfully.



# CHAPTER ONE

## RESEARCH DESIGN

### 1.0 Background of the Study

Out of conflict arose the formation of nation states, which caused people to mobilize war resources in order to educate others on how to fight and the push for wars and conflicts was made stronger by the discovery of new weapons. Eventually, some towns began to form armies and recognize the establishment of different states in order to defend and preserve their territory against the boundaries of their rivals' jurisdictions. This has greatly aided the creation or existence of the international states. The military structure is thus a vital component of International Relations (IR). In many cases, nationalism, selflessness, and bravery are the foundation of the military structure. As a result, soldiers are frequently conscious from the start that they have sacrificed their lives in defense of their country, and at any moment or time, they may be summoned to defend their state or be murdered.

Nevertheless, in today's or modern parlance, war has generally been reduced. With the exception of their military training, the only real-world experience the majority of soldiers have is peacekeeping. Peacekeeping comes in a variety of forms. As a result, much has been written on the victories and failures of peacekeeping activities. The reasons behind peacekeeping operations have been discussed by other writers. The strategies of peacekeeping operations, the clash of cultures, and other topics have been covered by some authors. The psychological impact that peacekeeping in stressful environments has on peacekeeping soldiers is not often discussed.

As a result, the psychological impact of demanding environments on the military has been extensively covered. The Gulf War Syndrome, as it has come to be known, only demonstrated the effects of American involvement in Iraq. The severe negative impact of military activities, be it in

the form of war or peacekeeping, on the soldiers involved. There is a north-south divide when it comes to military resources and organizations. The developed nations have medical facilities and frequently clinical psychologists to identify and treat the negative psychological consequences of soldiers' exposure to demanding environments. The essential vital resources and logistics for their troops to perform effectively are often lacking in developing nations. In most developing nations, such as Ghana, there are no psychologists to care for soldiers serving in harsh conditions.

As a result, it is important to highlight that the problem of mental health has received far more attention in recent years as a result of the increase in cases of mental illness and has prompted several stakeholders in the health industry to demand a more concerted effort to combat mental health stigma. As a result, the World Health Organization (WHO, 2002) describes mental health as the "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual capacity." including emotional potential, and other factors. The WHO also claims that the realization of one's talents and capacity to deal with life's challenges are all aspects of one's well-being, i.e., the daily demands of life, productive employment, and giving back to their community.

The U.K. Surgeon General (1999) defines mental health as the effective operation of cognitive processes, which leads to productive endeavours, satisfying interpersonal relationships, and the capacity to cope with life's challenges, as well as the capacity for flexibility and resilience. In contrast, the word mental illness encompasses all diagnosable mental illnesses that are defined by changes in mood, thought, or emotion, or behaviour linked to misery or diminished function. To put it another way, our emotional, psychological, and social well-being are all part of our mental health. It has an impact on our thoughts, feelings, and actions. Additionally, it helps us figure out how we deal with stress, interact with people, and make decisions.

As a result, military culture may be described as having a masculine-warrior mindset that prioritizes combat and self-reliance (Dunivin, 1994). Adopting the ideological stance that men should be strong, aggressive, and emotionally inexpressive can be detrimental to health behaviours and the state of a man's physical and mental health (Courtenay, W. H. 2000). Men in the military profession must be able to overcome their emotions and project courage and competence in the battlefield as well as in other areas. This is why the majority of males tend to keep their suffering or trauma, brought on by exposure to heinous events, under wraps and scenes of combat fatalities. The widespread incidence of post-traumatic stress disorder, severe depression, and substance abuse is highlighted by numerous research (Hom et al., 2017).

Additionally, several studies emphasize the high rate of sleep disruptions, suicide attempts, and suicidal ideations among military personnel and veterans (Hom et al., 2017). Additionally, numerous studies have shown that military members with mental health issues are more likely to use the resources at hand. According to Hom et al., in general, there is a stigma associated with both mental health illnesses and seeking treatment, and this stigma is especially prevalent in the military culture (Hom, et. al., 2017). Addis and Mahalik's research came to the conclusion that help-seeking behaviour is frequently determined by the extent to which the military culture promotes it. This refers to a person who follows these specific male gender role standards, which are frequently inconsistent with obtaining expert help (Addis, et. al., 2003).

Acosta et al. also noted in another study that men are more stigmatized for seeking treatment than women are. Men sometimes believe that there is an expectation that they should be stoic, self-controlled, and self-sufficient, and that seeking help is a last resort (Acosta, et. al. 2014). In recent years, there has been more study on the mental health issues faced by active-duty military members and service members returning from deployment (Hoge, C.W. et. Al), the sheer number

of mental health cases reported to several health facilities in 2002 (Zinzow et al., 2013; Sareen et al., 2007) raised a number of questions. The nature of combat exposure, which is still one of the major causes of post-traumatic stress disorder (PTSD) and depression, contributes to this, (Ramchand et al., 2015; Tanielian et al., 2016) between military peacekeepers.

As a result, the research will attempt to understand the nature of mental health stigma among peacekeeping officers stationed in the Ghana Armed Forces, serving in a variety of combat roles in crucial battle zones like Sudan - United Nations Mission in South Sudan (UNMISS), Mali - United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA), Liberia - United Nations Mission in Liberia (UNMIL), Sierra Leone - United Nations Mission in Sierra Leone (UNAMSIL), and D. R. Congo - United Nations Organization and Stabilization Mission in the D. R. Congo (MONUSCO). As a result, the function of peacekeeping forces continues to be a huge undertaking that necessitates the provision of therapeutic support services in order to lower the incidence of any kind of mental illness. Against this backdrop, my research would focus on the psychological impact of a demanding peacekeeping environment on the soldiers involved in the Burma Camp of Ghana's Armed Forces and Veterans Administration, Ghana.

## **1.2 Statement of the Problem**

The rise in mental health problems affect not only the general population but also other stakeholders worldwide has garnered the attention of the mental health discussion. Not only the workforce but the entire community or society. As previously mentioned, military people often give up their rights to freedom, right to life, and other things in exchange for the selfless service of defending the country and know that it is a potential and unavoidable outcome. There is, nevertheless, some research on soldiers' involvement in high-stress war, peacekeeping, and other emergency scenarios in which the military is engaged. As a result, depending on the situation,

soldiers are quickly mobilized, trained, and provided with resources to begin peacekeeping operations (PKOs) while they are on peacekeeping duty. The majority of military members, regardless of gender, have families, and PKOs frequently result in a temporary, transient, or prolonged separation of the soldiers from their wives and children.

The military, for the most part, focuses on and directs its allegiance to the defense or service of its nation, but during peacekeeping operations, they have emotional bonds with their spouses and children. As a result, they are unable to carry out their parental duties, much less their marital obligations to their wives and partners. As previously mentioned, a great deal has been written in the current literature about the successes, failures, expenses, and tactical considerations of peacekeeping. The psychological repercussions of soldiers' participation in stressful peacekeeping situations, though, have received little attention. Consequently, it's important to point out that there is some research on the psychological impact of military involvement in demanding environments in developed nations.

As mentioned previously, though, they lack the essential tools and resources in developing nations like Africa, not to mention the psychological human resources, to attend to the psychological effects of their participation in demanding situations like peacekeeping. However, in modern or contemporary terms, the scale of war has been greatly reduced. Most military personnel have peacekeeping as their only practical experience outside of their military training. Peacekeeping takes a variety of forms. As a result, there has been a great deal of literature on the subject of PKOs' success and failure. The reasons for PKOs have also been covered by other authors. The tactics of PKOs, the clash of cultures, and other topics have been discussed by some. The psychological impact of peacekeeping in a stressful environment on the peacekeeping forces is something that is rarely discussed.

Consequently, the psychological impact of a demanding environment on the military has received little coverage. The 'Gulf War Syndrome,' as it has come to be known, only showed its symptoms with the arrival of US involvement in Iraq. Severe negative consequences of military operations, regardless of whether they are conducted in combat or in peacekeeping missions, on the soldiers involved. There is a north-south divide when it comes to military resources and structure. The developed nations have medical facilities and, in many cases, clinical psychologists to diagnose and treat the negative psychological consequences of soldiers working in stressful circumstances, but in the poor nations, the logistics and critical gear needed for soldiers to perform effectively are scarce. In most developing nations, such as Ghana, there are no psychologists to care for their soldiers serving in high-stress environments.

Recent studies on the mental health of peacekeepers have thus found that a sizable proportion of soldiers may experience psychological distress, i.e., in distress, exhibiting signs of stress, anxiety, depression, and other mental health issues (Darkwah, 2023). Brouneus (2014) highlighted that peace support operations (PSOs) have been linked to higher rates of suicide, behavioural issues among soldiers caused by stress, hostilities in the military/civil connection, and worse mental health among members of the armed forces. Unsurprisingly, military personnels and some of their relatives consider PSOs to be "one of, if not the most stressful aspect of military life," and the unexpected events like pandemics, natural disasters, unexpected assaults, or changes in operational plans can cause the situation to get worse if the surgery is postponed (Omand, 2014).

As a result, PSOs are intended to provide financial help and assistance to the needy, as well as provide incentives and allowances for soldiers. Their own difficulties may be a "blessing or a curse," according to Rujala & Rustard (2012). For example, as a result of crimes committed during the mission, some soldiers have lost their ranks and given up advancements, while others have

come back with criminal-service charges. Additionally, some soldiers were repatriated back to their home country and then discharged from the Ghana Armed Forces for service offenses they committed throughout the operations. These problems have been linked to soldiers' psychological anguish (Dohrenwend, 2000), even though the underlying cause is not always clear.

Although some soldiers have come back in bad health, others have had issues at home with their families, which has had an impact on their well-being and the operation's effectiveness. According to a study of American sailors, concerns for spouses and children rose significantly during and after deployments as compared to before. Initially expressed (Lester et al., 2005). A comparative analysis conducted by Kwame et al. (2018) to determine the psychological anguish experienced by Ghanaian peacekeepers as compared to their foreign counterparts discovered that the psychological distress of Ghanaian peacekeepers was comparable to that of the foreign forces. Consequently, using the veterans and soldiers at the Burma Camp as my case study, my research aims to investigate the psychological impact of Ghanaian military personnel serving in demanding peacekeeping situations.

### **1.3 Research Questions**

This study seeks to address the following research questions in relation to mental health:

1. What are some of the trainings or orientations organized for peacekeeping officers in their sending states before they embark on their PKOs?
2. What are some of the mental health issues that peace keeping officers encounter during their deployment in host states and how does this impact PKOs psychologically?
3. How do peacekeeping officers cope with mental health issues that arise during their deployment in host states?

4. What are some of the support systems or coping strategies or interventions put in place to ameliorate the negative impacts of mental health on PKOs?

#### **1.4 Research Objectives**

The objectives of this research study in relation to mental health are to:

1. Identify some of the educational trainings or orientations organized for peacekeeping officers in their sending states before they embark on their trips.
2. Ascertain some of the mental health issues that peace keeping officers encounter during their deployment in host states and how does this impact PKOs psychologically.
3. Investigate how peacekeeping officers cope with mental health issues that arise during their deployment in host states.
4. Examine some of the support systems or coping strategies or interventions put in place to ameliorate the negative impacts of PKOs on mental health of troops.

#### **1.5 Rationale of the Study**

Military peacekeeping officers who experience combat in the field and kill, adversaries plainly come back from their peacekeeping assignments traumatized by the negative images that were recorded in their memory, resulting in a variety of mental and emotional breakdowns. Because of the utter brevity that some of these military peacekeeping officers must demonstrate, they are able to suppress pain, which in turn impairs their cognitive functioning by preventing any emotional expression. These events frequently have a negative impact on their mental health, which is mostly brought on by their exposure to protracted warfare or conflicts in their host nation.

Because of this, some of these peacekeeping officers experience a relapse of their mental illness upon their return, which tends to impair their productivity and lead them to be marginalized. Due to the persistent stigma associated with mental illness, therapy is not accessible within the military environment. For this reason, it is imperative that these peacekeeping troops have access to mental health therapy help or intervention upon their return home in order to facilitate their complete recovery from post-traumatic ailments while on military peacekeeping missions. As it would contribute to the development of a practical intervention strategy for peacekeeping officers upon their arrival. The research is thus justified to be conducted to help return them to rejoin the civil and retired military communities in a functional capacity.

### **1.6 Scope of the Study**

The parameters under which a research study operates, or the issue to be studied within a defined boundary/domain, make up the scope of the research (Simon & Goes, 2011). The military officers who were sent on peacekeeping operations in Burma Camp, in particular, will be selected using purposeful sampling from the Ghana Armed Forces. The missions include Sudan (UNMISS), Mali (MINUSMA), Liberia (UNMIL), Sierra Leone (UNAMSIL), and the Democratic Republic of the Congo (MONUSCO). The study would concentrate on the years 2000 through 2022 since this time frame is more recent in terms of the individual. respondents' shared memory, experiences, and viewpoints. As a result, the sampling would account for the gender balance of respondents, both men and women, in order to get a far more representative sample. Additionally, the study would place greater emphasis on the positions and duties assigned to each military officer in relation to operations. The number of years a soldier served as a peacekeeping officer and their field experience would also be taken into account. which would dictate the study's goals.

### 1.7.0 Literature Review

Woodhouse and Ramsbotham (2005) link peace support operations (PSOs) to the beginning of the 20th century, claiming that their development and evolution were impacted by a number of international events and wars. Following World War I and the establishment of the League of Nations, modern PSOs started to emerge in the early 20th century. Through agreements on collective security and diplomatic initiatives, the League's primary goal was to foster peace and security. In the aftermath of World War II, the United Nations (UN) was established in 1945 and has since been instrumental in the development of PSOs.

The UN Charter gave the group the authority to use force, if necessary, to maintain or restore world peace, security, and stability, which the founding document of the group. As the United Nations Truce, the initial UN peacekeeping mission was dispatched to monitor the truce between Israel and its neighbouring nations. United Nations Truce Supervision Organization (UNTSO) by 1948 (Myers & Dorn, 2022). As a result, following the UN, regional organizations in Africa like the African Union (AU) started to assume the leadership role in PSOs (Boutellis & Williams, 2013). The AU's initiatives encompassed operations in Mali, Somalia, Darfur, and other places.

These operations tackled issues and conflicts that were unique to each continent. In reaction to the shifting dynamics of global security, PSOs continue to develop. They have been involved in conflicts in Afghanistan, South Sudan, the Central African Republic, and other countries. The UN, along with regional organizations like PSOs (Boutellis & William, 2013; De Coning, 2019). There are more and more PSOs, notably in Africa. Due to the fact that national defense forces are deploying a large number of soldiers to countries that are going through conflicts, this may be the case.

In accordance with Demir et al. (2012), a PSO is a structured worldwide assistance program that, among other things, promotes the sustainability, monitoring, and integration of peace. with a return to the prevention of fierce conflicts. Peacekeeping and peace enforcement are the two categories of peace support missions. PKOs are frequently performed within the parameters of a peace agreement, promote and oversee the creation of peace rather than peace enforcement, which permits the use of force and sets the conditions for peace (Johnston, 2004). By a resolution, the majority of PSO can be enforced by the UN Charter, the AU, and NATO as organs (Born & Urscheler, 2017).

Ghana, a nation that has never waged a war on its own territory, has been involved in the United Nations operation Congo (UNOC) since 1960. has consistently been a large contributor of troops to the UN. With a long history of deploying peacekeepers to areas suffering from conflict and humanitarian catastrophes, Ghana is a major player in international peace support operations. Ghana has previously sent soldiers to Rwanda, Lebanon, Liberia, the Democratic Republic of the Congo, Cambodia, Sierra Leone, Cote D'Ivoire, and other nations for UN Protection Force operations. Nowadays, Ghanaian soldiers participate in peacekeeping operations all over the globe. Consequently, in these PSOs, soldiers encounter a distinct set of challenges, regardless of whether the mission is peacekeeping or peace enforcement (Litz, 1996).

Even inside the purview of PSO, which covers everything from domestic catastrophe relief to humanitarian and peacekeeping operations, soldiers face a number of challenges. The nature of the processes is the main factor here. In Ghana, soldiers do not volunteer for PKOs. They are sent out during their active-duty service. Furthermore, unlike many Ghanaian friends, Ghanaian soldiers are not individually evaluated for placement in PSOs (Biswal, 1992). Sometimes, PSOs are used in place of them. The term "deployment" may also imply a lengthy separation from a

loved one and uncertainty about whether or not the loved one is in an unfamiliar place or region (Jett, 2000).

Because of this scenario, it is possible that deployed soldiers could experience significant emotional difficulties while they are on assignment. In contrast, soldiers who are subjected to intense pressure at home and in the military are at risk of experiencing detrimental mental health consequences. MacLean, Glen, and Elder (2007) assert that the consensus is that soldiers who are sent are at risk of suffering possibly traumatic events. This potential is unpredictable because the dangers associated with such missions vary depending on their nature, severity, and frequency (Mulligan et al., 2012). For example, Lanteigne (2019) stated that missions in South Sudan, Mali, the Gambia, and certain African nations are at high risk, in contrast to missions in the Middle East.

This is because in some African nations, PSO's that were originally intended for peacekeeping have turned to peace enforcement. The psychological health of deployed troops can be negatively impacted by such quick shifts or escalations in military deployments (Buckman et al., 2011). Additionally, several soldiers experience psychological distress as a result of severe pain or suffering (Grossman, Niemann, Schmidt, & Walach, 2004). It is a condition of mental tension, unease, or emotional distress that might have an impact on a person's general well-being and ability to function. This encompasses psychological suffering brought on by a variety of causes, including life events, stressors, trauma, mental health issues, and external influences like work pressure and financial hardships.

As a result, psychological suffering can originate from a wide range of causes, both within and outside oneself. High stress levels, which might be brought on by work, relationships, or other life occurrences, are some typical causes of psychological discomfort. Chronic stress can lead to an increase in anxiety disorders as well as other emotional illnesses. Experiencing a traumatic

event, like physical or sexual assault, a natural catastrophe, or war, might cause significant psychological suffering (Javidi & Yadollahie, 2012).

Psychological discomfort, therefore, might impair one's capacity to function well in school or at work. Common results include reduced focus, motivation, and absence. Low self-esteem is common among those suffering from psychological pain. Their emotional challenges may be made worse by a negative self-image and self-criticism (Puckett, Levitt, Horne, & Hayes-Skelton, 2015). Additionally, studies on depressions and PSOs have looked at the psychological health issues experienced by military members and peacekeepers. A few significant results include a high incidence of depression. Compared to the general public, military troops and peacekeepers have consistently been found to have higher levels of depression in studies.

The authors of Hoge et al. (2007) and Sareen et al. (2007) revealed that prolonged deployments, stressful and traumatic experiences, and the difficulties of working might all contribute to the symptoms. Increased vulnerability to depression may result from conflict situations. Furthermore, PSOs frequently include exposure to violence, death, and other traumatic events that may lead to depression and other psychological and emotional problems. These circumstances might have a big impact on someone's psychological health, whether they are observed or lived through. The problem of extended deployments is another important advancement. Therefore, longer deployments have been linked to a greater risk of cognitive health problems, such as depression (Eibner, Ringel, Kilmer, Pacula, & Diaz, 2008).

This is brought about by the rigors of the assignment combined with prolonged time spent away from family and friends and may last for a while, a toll on a person's mental well-being. Due to perceived stigma or fears about how it could affect one's career, employees might be reluctant to get help for depression. As a result, therapy may be delayed and underreported, which might

make mental health issues worse (Clement et al., 2015). In response to stress or impending danger, humans naturally and frequently feel anxiety. The emotion may be mild or intense, and it may be one of uneasiness, worry, or trepidation (Puglisi & Ackerman, 2019).

Although occasional anxiety is a normal part of life and may even be beneficial in some cases by increasing awareness and preparing the body for action, it is still a natural occurrence. Excessive or ongoing worry may be harmful since it prepares one for action. When anxiety interferes with everyday life, causing misery and impairing a person's ability to perform routine tasks, it becomes a disorder. There are many different kinds of anxiety disorders, and each has its own set of symptoms. They encompass a variety of disorders, such as post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), generalized anxiety disorder (GAD), panic disorder, social anxiety disorder, specific phobias, genetic predispositions, and many more. The causes of anxiety disorders include, but are not limited to, environmental stresses, traumatic events, and chemical imbalances (Fedoce et al., 2018).

Comparatively, there have been more initiatives undertaken to look at the connection between anxiety and peacekeeping. As a result, anxiety is a typical reaction that peacekeepers may have when they are deployed to PSOs. In addition, peacekeeping operations frequently involve hardship and risk, exposing peacekeepers to a range of stressors that can induce anxiety. The High-risk settings are one example of such considerations. Due to the high risk of violence and danger, peacekeepers are frequently deployed in places where there are ongoing or recent conflicts (Beardsley & Gleditsch, 2015). Increased anxiety can result from this ongoing risk to personal safety. Other factors that might contribute to peacekeepers' anxiety include ambiguity and uncertainty. As a result, peacekeeping operations are often complicated, unpredictable, and involve

dynamic circumstances. Troops may readily feel anxious due to the absence of specific outcomes or defined responsibilities (Darkwah, 2023).

Furthermore, peacekeepers may witness or experience horrible events, such as violence, human misery, and loss of life, which might cause significant emotional distress and increase anxiety. Once more, spending a lot of time apart or in solitude, far from friends, family, and well-known support systems, can exacerbate anxiety and cause feelings of loneliness and homesickness. Due to resource limitations and a lack of sufficient assistance, peacekeeping operations may be difficult for staff to handle the demands of their tasks, which might result in a lack of knowledge or intelligence, or insufficient information about the local environment and possible hazards, leading to increased worry and stress (Bellamy, William, & Griffin, 2010). This can raise anxiety since peacekeepers must make choices in the face of uncertainty (Smith, 2013).

Lastly, peacekeepers may find it extremely challenging and stressful to negotiate with the opposing sides involved in the conflict zones. Identifying and addressing these issues is essential to promoting the mental health of peacekeepers and increasing the efficacy of their missions. Ongoing care, debriefing sessions, access to mental health support, and adequate training are all critical components of reducing anxiety during PSOs. As a result, it is imperative that military leaders and organizations make the psychological and emotional health of military peacekeepers a priority by giving them access to resources and help in dealing with emotional suffering. This may involve offering training and education on coping mechanisms, guaranteeing access to mental health services, and fostering a welcoming and inclusive workplace where that puts the needs of military personnel first (Darkwah, 2023).

## 1.8.0 Theoretical Framework

### 1.8.1 Bio-Psychosocial Theory

The biopsychosocial theory is an interdisciplinary concept that holds that a person's health and well-being are greatly influenced by social, psychological, and biological factors. (Blascovich & Tomaka 1996). In his critique of the traditional biomedical model, which saw biological factors as the sole basis for understanding and treating illness, George Engel argued for a more holistic approach. This theory emerged in the 1970s. This model attributes the cause of human health and disease to complex interactions between biological, psychological, and social elements. These variables are viewed as interdependent and impacting one another as opposed to functioning separately. It begins with the disintegration of the three elements.

The biological elements make up the first element. Physiological processes, genetic predispositions, and the way that body systems operate are examples of these. Biological factors can have an impact on a person's vulnerability to particular illnesses or diseases as well as their reaction to therapy (Henderson & Baum, 2004). Therefore, psychological pain can have a strong correlation with biological variables. The brain's chemical balance is, for instance, crucial in regulating mood and emotions. Conditions like depression, anxiety, or bipolar disorder can result from imbalances in neurotransmitters like serotonin, dopamine, and norepinephrine. Furthermore, a person's genetic makeup can predispose them to some mental health issues. It's possible that heredity is at play if there is a history of mental illness in the family. Once more, psychological misery can be exacerbated by hormonal imbalances or fluctuations, particularly in males.

Psychological anguish may also result from pain, chronic illnesses, or physical impairments. It is also known as psychosomatic disease (mind-body illness). Anxiety or depression

can result from the strain of caring for a chronic illness. Some drugs might have psychological adverse effects, which might make you feel anxious. In contrast, psychological distress symptoms are treated using psychiatric drugs by addressing biological components (Gureje et al., 2006). The psychological aspects are the next component. These include a person's thoughts, feelings, opinions, attitudes, and actions. Psychological variables can impact health outcomes by impacting stress levels, coping strategies, and compliance to medical recommendations (Wiese-Bjornstal, 2010).

Psychological tension, for instance, can make some medical illnesses worse. Psychological distress can be brought on by high levels of stress, regardless of its source, be it work, relationships, or life events. Conditions like worry and sadness can be caused by prolonged exposure stressors. Psychological misery may result from bad thought patterns such as ruminating, catastrophizing, and persistent self-criticism. Feelings of sorrow, anxiety, or dread can be amplified by these cognitive biases. Additionally, PTSD or other types of psychological distress can result from past terrible experiences or combat exhaustion. Once more, certain personality traits, like perfectionism, neuroticism, or excessive self-criticism, might increase a person's susceptibility to mental suffering. Conflicts, breakups, social isolation, and other relationship issues can lead to psychological distress. On the other hand, psychological suffering may be mitigated by strong relationships and social support.

Additionally, a person's social interactions are heavily influenced by the Social Factors component. These include a person's financial situation, culture, family, community, and access to resources (Ungar, 2011). They also take into consideration the surroundings in which they live. Through a variety of channels, including education, housing, healthcare access, and social support networks, social variables can have an impact on health, psychological suffering is strongly related

to social variables. Loneliness and social isolation are important risk factors for mental anguish. A lack of social connections can lead to emotions of despair and worry. Psychological distress may be brought about by significant life events such as divorce, the death of a loved one, or job loss, all of which are social variables. During this period, one's ability to cope can be greatly affected by the availability of social support. In addition, how people see themselves and others might be impacted by social and cultural standards and expectations.

Particularly in situations involving body image dissatisfaction, adhering to unrealistic or unhealthy expectations might cause misery. The biopsychosocial model highlights the importance of taking these into account when evaluating and addressing a person's health issues, by consider all three aspects (Suls & Rothman, 2004). It acknowledges that biological factors alone are frequently inadequate to account for the intricacies of health and disease. Healthcare practitioners may develop a more comprehensive understanding of a person's illness and provide more holistic and individualized treatment by taking into account psychological and social variables. The biopsychosocial model has had a profound influence on a wide range of disciplines, including medicine, psychology, and social work. It has promoted increased recognition of the significance of interdisciplinary cooperation in healthcare environments (Evans, Baker, Berta, & Jan 2014) and has had an impact on the evolution of integrated healthcare approaches.

### **1.8.2 Transactional Model of Stress and Coping Theory**

The Transactional Model of Stress and Coping Theory is another supporting concept. The Transactional Model of Stress and Coping Theory explains the psychological framework that governs how individuals experience and respond to stressful situations. Richard Lazarus and Susan Folkman are the brains behind it (Goldberger & Breznitz, 2010). According to this method, stress is not solely caused by external circumstances but is rather a dynamic interaction between a person

and their environment. The model places a significant emphasis on the cognitive evaluation process and the coping mechanisms that people use to deal with stress. The Transactional Process is described as stress, which is seen as a transaction between a person and their surroundings.

It entails ongoing interaction and communication between the individual and the outside world (Aldwin, 2009). This entails the person's assessment and interpretation of a potentially challenging scenario in light of the cognitive appraisal. There are two categories of cognitive appraisal or evaluation, according to Folkman and Lazarus. The first category concerns the initial assessment. The initial evaluation focuses on determining if a situation is stressful, beneficial, or trivial. The problem can be further classified as an injury/loss (damage already done), danger (possible future harm), or challenge (possible future growth or gain) if it is determined to be stressful. The second group is related to the secondary assessment.

Secondary appraisal involves evaluating a person's ability to cope with the stress, available coping resources, and potential courses of action after identifying a situation as stressful. This involves assessing one's own talents, available support systems, and ways one can use to cope with the situation. Furthermore, coping mechanisms are the measures people use to manage the challenges of a terrible situation. Certain categories of coping mechanisms were identified by Lazarus and Folkman.

(a) **Problem-Focused Coping:** This sort of coping entails making an attempt to immediately change or control the stressful circumstance. Its objective is to either alter the source of stress or lessen its effects. Problem-solving, information-seeking, and taking action to address the problem are a few examples.

(b) Emotion-focused Coping: This strategy aims to deal with the emotional misery brought on by the stressor. It seeks to manage emotional reactions and lessen the detrimental consequences of stress. As a result, examples include seeking social support, utilizing relaxation methods, or participating in activities that divert attention away from the stressor.

(c) Avoidance Coping: People sometimes cope by avoiding or distancing themselves from the stressor, which may be adaptive (taking a short break to recharge). or maladaptive (completely avoiding the subject, which might result in long-term difficulties).

(d) Adaptive Coping Strategies: These include accepting the circumstances and making positive changes to one's mind and behaviour. They encourage resilience and practical coping mechanisms for stress. Seeking support and positive reframing are two examples.

(e) Ineffective Coping: It relates to these strategies, which tend to produce bad outcomes over the long term and may even make stress worse or lead to new difficulties. Some examples are denial, substance misuse, and harmful behaviour.

(f) Social Coping: A typical coping mechanism, it entails depending on social ties and relationships for emotional support and comfort. This may include just hanging out with loved ones, talking to friends or family, or seeking advice.

(g) Spiritual Coping: Some people seek solace and support during trying times through their religion, beliefs, or spirituality. Prayer, meditation, or participation in religious rites may be included in this. Humour coping, which often entails using humour to brighten the mood and discover enjoyment in challenging circumstances, is one approach that could be employed. This may be a beneficial coping strategy. It may offer a brief respite from stress.

(h) Self-Care Coping: These methods are also beneficial. This includes the participant participating in activities that improve their physical and mental well-being, such as exercise, a balanced diet, and relaxation techniques. This may help people cope with stress and develop resilience.

(g) Cognitive Coping: Using these methods, one may alter one's mindset and convictions in order to deal with stress. This includes strategies like cognitive reframing, positive self-talk, and questioning negative thoughts.

Furthermore, the method of developing coping mechanisms that entails expressing oneself via artistic channels like writing, music, art, or other interests can be therapeutic. method for dealing with stress and feelings. Professional help is one important coping mechanism for dealing with difficult or persistent stressors. Other equally beneficial tactics or environments include seeking assistance. from professionals in the field of mental health, such as counsellors or therapists. The coping mechanisms are adaptable and may evolve depending on the observed efficacy of the methods used and the input from the surroundings.

The transactional model of stress and coping strategies theory recognizes that stress is a subjective experience, and individuals vary in their appraisal of events and coping responses. It highlights the involving nature of stress and coping, emphasizing the importance of the individual's interpretation and evaluation of stressors in determining their emotional and behavioral outcomes (Carver et al., 1986). To better understand the experiences of peacekeeping officers in relation to their mental health experiences, the study would seek to utilize the Bio-Psychosocial Theory and Transactional Model of Stress and Coping Theory as complementary theories in comprehensively examining the experiences of peacekeeping officers.

According to the transactional model of stress and coping mechanisms theory, stress is a subjective experience, and people react differently to events and use different coping strategies. It underscores the engaging character of stress and coping, highlighting the significance of the individual's interpretation and evaluation of stressors in influencing their emotional and behavioural outcomes (Carver et al., 1986). The study would attempt to gain a deeper insight into the experiences of peacekeeping troops in connection with their mental health issues. to make use of the Transactional Model of Stress and Coping Theory and the Bio-Psychosocial Theory as complementary theories in a complete analysis of the experiences of peacekeeping officers.

### **1.9.0 Methodology**

The methodology used to analyse the experiences of peacekeeping officers, particularly troops from the Veterans Administration, Ghana and Burma Camp of the Ghana's Armed Forces (GAF), is covered in this section. Therefore, it is important to highlight that methodology refers to the underlying framework and concepts that direct the research procedure (Ahmed et al., 2016). It entails choosing the study's scope, which necessitates the researcher deciding on the data gathering methods and data interpretation strategies. throughout the research's planning and execution phases (Silverman, 2005). Different methodologies and strategies are required for data collection and analysis. It lays the groundwork for the research methodology. The study's research methodology, data sources, population, sampling techniques, sample size, data gathering, and data analysis will be covered in this chapter.

### **1.9.1 Research Approach**

Qualitative research methods are used to investigate and comprehend the meanings linked to social issues. As a result, this study would employ a qualitative research approach to examine the experiences of peacekeeping personnel in relation to the discussion surrounding mental health.

The goal of a qualitative approach is to investigate and comprehend the experiences, viewpoints, and thoughts of participants, as Creswell (2014) pointed out. Due to its descriptive character, it is possible to gather thorough and in-depth information that is often difficult to get via surveys or other quantitative approaches (Hesse-Biber, 2006).

The benefit of using this research approach is that it allows for thorough examination of the causes, attitudes, and motivations using a variety of methods. Qualitative studies typically have fewer sample sizes since they place a greater emphasis on the depth of the data than the amount. Researchers can use this method to get in-depth information from participants by using their personal accounts and thoughts about what they know (Gray, 2009). The open-ended and flexible character of qualitative research, which allows the study to change, improves the calibre of the data and conclusions, and is another benefit.

Heesse-Biber (2006) also points out that it permits data collecting flexibility, which facilitates the acquisition of thorough data from respondents. Interviews, focus groups, and participant observation are a few popular qualitative approaches (Watkins, 2012). Despite criticism that qualitative research is too subjective, it is the perfect method for this investigation because it yields in-depth observations that provide a greater comprehension of the subject matter of the study (Zikmund & Carr, 2000). With the use of this study technique, one may get a comprehensive picture of the experiences of peacekeeping officials in terms of their psychological health and potential stigmas that they may face when assigned to their posts.

### **1.9.2 Study Population & Sampling Method**

The term "population" in research refers to the whole collection of people, things, happenings, or groups that the researcher is interested in (McIntyre, 2006). It includes every instance that satisfies specified criteria. Thus, the theoretically defined set of components relevant

to research might be referred to as the target population (Babbie, 2016). From this larger group, the sample is taken from the study population (NASS, 2022). This research includes peacekeeping soldiers from Veterans Administration, Ghana and the Burma Camp who had participated in peacekeeping operations in Sudan (UNMISS), Mali (MINUSMA), Liberia (UNMIL), Sierra Leone (UNAMSIL), and the Democratic Republic of the Congo (MONUSCO) from 2010 to 2022. Since they are essential to improving the understanding of the subject under consideration (Black, 2012; Stacks, 2011), the sample is thus considered acceptable in qualitative research. As a result, the study would use a purposeful sampling approach to carefully choose participants for the study.

### **1.9.3 Sample Size**

Researchers are able to learn more about a topic via sampling in qualitative research (Black, 2012; Stacks, 2011). Participants are chosen according to their specific knowledge and experience pertaining to the study subject (Merriam, 2009). Other academics, like Kvale (1996), advocate for a range of 10 to 15 participants, while Polkinghorne (1989, cited in Creswell, 2007) suggests choosing 5 to 25. In accordance with Creswell's (2007) recommendation, a purposive sampling method would be employed to enrol 25 volunteers for this study. Intentional participant selection, as described by Tongco (2007), is the deliberate selection of participants who can offer the data required for the research. Because of its efficacy in gaining insight into the psychological health experiences of peacekeeping officers who had embarked on a peacekeeping mission, this approach was chosen to project in different regions of Africa. The researcher, who thinks it is appropriate because it aids in the selection of participants, is the one who decides whether to use a purposive sampling method. best suited for the research (Patton, 1990).

#### **1.9.4 Sources of Data**

Both main and secondary data sources would be used in the research. Fieldwork would be used to collect primary data using an open-ended interview guide. This would entail interviewing a range of peacekeeping officers who had participated in peacekeeping missions in Sudan (UNMISS), Mali (MINUSMA), Liberia (UNMIL), Sierra Leone (UNAMSIL), and as well as the D. R. Congo (MONUSCO) from 2010 to 2022. The study would aim to comprehend their experiences in relation to their mental health and the potential stigmas that some of them may have faced throughout their lives of the deployment and support systems made available to aid them in managing their mental health. Secondary data, on the other hand, would be gathered from a review of official documents, reports, and research publications, with a focus on journals and articles addressing the mental health of peacekeeping officers.

Secondary data, as defined by Boslaugh (2007), refers to sources that are not the primary or original topic of the research. Secondary data collected from the field would help to supplement the primary data (Wimmer et al., 2011). This study presents a comprehensive picture of the mental health condition of peacekeeping officers by combining primary and secondary sources. The interviews would offer valuable, firsthand knowledge, while the secondary sources, such academic publications, reports, and official documents, would shed light on the psychological health discourse of peacekeeping soldiers.

#### **1.9.5 Data Collection & Instruments**

The process of data collection is a crucial step in research that concentrates on gathering information pertaining to the subject being studied (Taherdoost, 2021). It entails using a variety of methods to gather data from people, groups, or texts in various formats (Biber et al., 2011). Data collection in qualitative research often entails direct interaction with participants, such as via face-

to-face meetings or focused group conversations. Data would be collected for this study using an interview guide given to the subjects. The researcher would employ face-to-face in-depth interviews, an interview guide, a pen, and a recorder as the tools for this procedure.

The interview questions would be based on particular categories pertaining to the research subject, which served as the foundation for the interview guide (Polit & Hungler, 1995). One of the main benefits of the interview format is its versatility, according to Tod (2006). The interviewer might use this versatility to interact with participants and get more insightful answers. Participants were encouraged to express themselves freely in the guide, which included open-ended questions. The common interview guide strategy would guarantee that all participants are asked about the same essential topics, which would help to keep the study on track and consistent.

#### **1.9.6 Data Analysis**

The data analysis includes coding, categorizing, modifying, and arranging the acquired data into a manageable format in order to discover patterns and correlations between data categories (Kothari, 2004). The information transcription in this work would entail listening to each recorded session of the in-depth conversations and transcribing the participants' responses verbatim. After that, the data will be coded, grouped, and sorted into themes to make sure that every response from focus groups is accurately recorded. As a result, the researcher would employ a thematic analysis strategy that would allow them to pinpoint and analyse in detail the main topics and subtopics in the data.

According to Creswell and Poth (2017), thematic analysis is a qualitative approach that helps to identify significant themes and trends in the data. The examination would then use a methodical approach to assess trends seen in the information. The initial step would be to convert the data into smaller, more understandable chunks that are pertinent to the research issue. These

segments would then be organized into larger categories that reflect the research environment, making it easier to see trends and correlations in the data. Furthermore, the study would employ a theoretical framework to guide it in providing more in-depth understanding of the subject of mental health among peacekeeping soldiers in the Ghana Armed Forces' Burma Camp. By identifying and examining important themes and patterns pertaining to the discussion of mental health among peacekeeping officers, the use of thematic analysis will help the study.

With this method, we may conduct a thorough investigation into the numerous elements that influence the discourse surrounding mental health among peacekeeping officers, with a focus on the Ghanaian contingent. The subjects that would arise from the data would thus be crucial to the analysis and would guide the results and conclusions given in chapter four. Additionally, the data analysis procedure would aid in examining, cleansing, modifying, and modelling the data in order to extract valuable insights and support conclusions. In order to capture the core essence of the themes, the researcher would eventually employ the last step of refining them (Braun & Clarke, 2006). As a result, data interpretation would concentrate on comprehending the interview responses, giving the results meaning, and assessing their value and ramifications. The results would then be examined in light of the current body of literature in order to arrive at meaningful conclusions.

### **1.9.7 Ethical Considerations**

Ethics addresses what is thought to be right or wrong and refers to the moral precepts or values that govern a researcher's behaviour (Wimmer & Dominick, 2011; Babbie, 2008). Informed consent is a crucial component of research ethics; it requires that participants be fully informed about the specifics of the study and that their informed and agreed consent be obtained before they participate. This guarantees that the study's validity is upheld while safeguarding the rights and

welfare of the participants. The researcher would place a high emphasis on ethical issues in this work to avoid any sort of trickery during data collecting. It is also crucial because the GAF stipulates that any research that includes their officers must be conducted ethically in order to maintain the integrity of the organization.

The researcher would thus make sure that participants are completely aware of the study's academic goal. A consent form would be given to them, which they could use to express their agreement to participate. Additionally, they would have the promise of confidentiality and the assurance that their data would only be utilized for educational purposes. As a result, the ethical considerations for this study would include making sure that participants are fully informed and have given their consent, protecting their privacy and confidentiality, maintaining their anonymity, and protecting them from any possible risk. For this reason, the researcher views ethical procedures as crucial for the safety and protection of his subjects.

#### **1.9.8 Limitations of the Study**

According to Creswell (2014), research limitations help researchers determine the scope of a study and identify potential areas for future investigation. The restricted time window for data collection, which could be problematic, is one constraint that is likely to impact this study. Choosing participants who could offer useful insights by using the purposeful sampling approach, since the researcher is also a former retired military officer, would help lessen this. A further restriction is that, despite the fact that there have been numerous studies on the mental health of peacekeeping troops, none of them specifically focused on Burma's officers. The study will aim to analyse the psychological health experiences of the Ghana Armed Forces' camp.

### 1.10.0 Arrangement of Chapters

As a result, the book would be organized into four chapters. The introduction, problem statement, research questions and aims, research approach including the sampling plan, sample size, data collecting, analysis, and ethical issues of the study will all be covered in chapter one. The second chapter would cover the psychological health discussion surrounding peacekeeping troops and the kinds of experiences they have while on deployment. in host countries and the support system that is in place to address their mental health. Chapter three would concentrate on analysing the results in connection to the study's questions and goals, with a focus on the psychological well-being of peacekeepers, especially the troops from the Ghana Armed Forces, Accra garrison or Burma Camp. Finally, the fourth chapter would aim to synthesize the results, draw inferences, and make suggestions.



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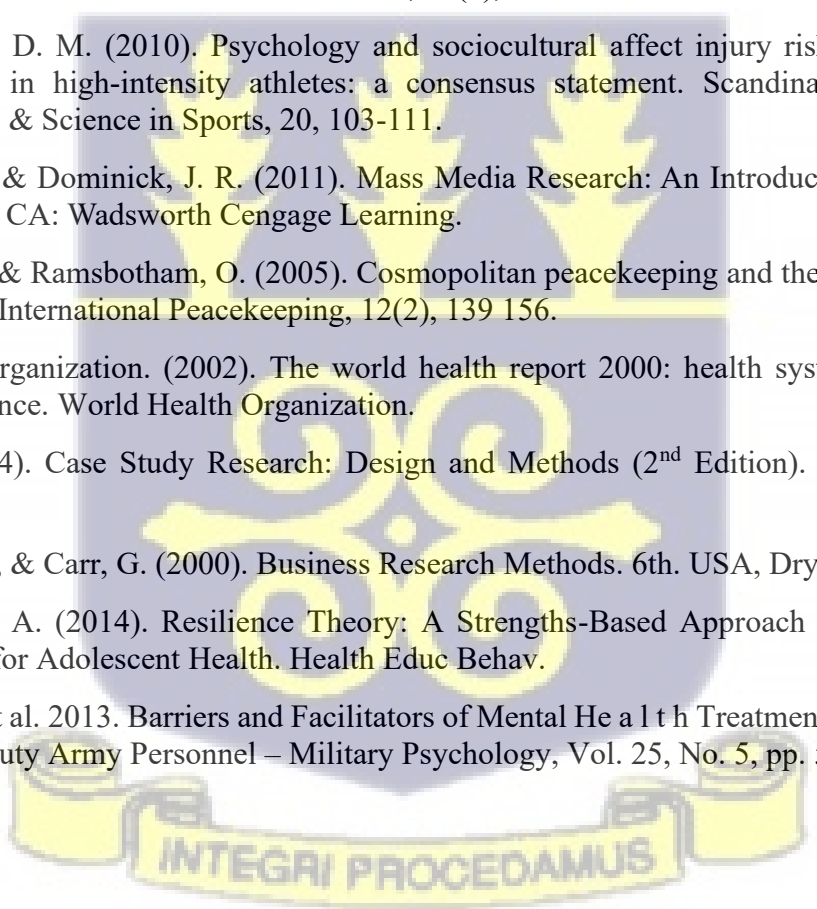
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## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This part of the study examines pertinent literature and empirical studies on psychological pain, peace support operations (PSOs), and coping mechanisms. Additionally, it outlines the theoretical and conceptual underpinning of this research.

#### 2.1.0 Conceptual Review

In the literature review section, the ideas of psychological distress and coping mechanisms, as well as the variables of PSOs, would be covered. The entire book would be based on these ideas.

#### 2.1.1 Concept of PSOs

International initiatives and actions aimed at preserving or reestablishing peace and stability in conflict-affected or vulnerable areas are referred to as PSOs (Ivančík & Jurčák, 2014). These actions are often coordinated under the auspices of international bodies like the United Nations (UN), with the participation of diverse military, civilian, and police forces. in unison to accomplish particular goals for maintaining peace. Objectives are one of the fundamental ideas behind PSOs. Peace support operations include peace enforcement and peacekeeping.

**Conflict Resolution and Avoidance** - The objective of PSOs is to address the root of antagonism and stop violence from escalating (Kazanský & Andrassy, 2019). They frequently entail diplomatic attempts to encourage dialogue and discussion between opposing sides.

**Peace-Making** - Maintaining Peace Military, police, and civilian personnel must be present in order to supervise ceasefires, separate opposing fighting groups, and help create a safe atmosphere for peace negotiations. sent to a conflict zone to carry out peacekeeping activities.

**Peacekeeping** - After a conflict has ended, peacebuilding initiatives concentrate on assisting in the restoration of institutions, infrastructure, and governance systems in order to create a long-lasting and stable peace.

**Humanitarian Assistance** - PSO frequently offers humanitarian aid, such as food, medicine, and shelter, to assist the needs of civilian populations impacted by war.

**Legalism** - By assisting in the establishment of operational legal systems and institutions, PSOs help maintain the law, human rights, and governance in post-conflict settings.

**Disarmament, Demobilization, and Reintegration (DDR)** - PSOs help in disarming belligerents, demobilizing armed organizations, and reintegrating former combatants into society as well as fostering reconciliation between various parties.

**Conflict Management** - By encouraging conversation, encouraging dialogue, and establishing forums for reconciliation between various factions, PSOs aid in the management and reduction of conflict.

**Multinational and multidimensional** - Involving contributions from several countries and numerous dimensions, including military, civilian, and police forces, PSOs are both multinational and multifaceted. They frequently discuss the political, security, humanitarian, and development implications of conflict resolution.

**Local Ownership** - In order for PSOs to succeed, they must involve local communities and governments in their efforts to make sure they are meeting the unique demands and circumstances of the area.

**Coordination** - The success of PSOs depends on the efficient collaboration between diverse parties, including international bodies, host governments, and NGOs.

In this way, Ghana's engagement in peacekeeping may be traced back to its early years as an independent nation. Only three years after achieving independence, in 1960, Ghana sent its the first group of peacekeepers sent to the United Nations Operation in the Congo (ONUC). With this, Ghana started making a big difference in global peacekeeping initiatives. Over the years, Ghana has regularly contributed troops, police officers, and other personnel to numerous UN peacekeeping missions, including those in Lebanon, Sierra Leone, and Liberia. the Ivory Coast, among others (Banini, Powel, & Yekple, 2020).

They have played a key role in maintaining the safety of these troubled regions, helping with the disarming of combatants, helping the poor, and promoting the rule of law. The Ghanaian peacekeepers' idea of peacekeeping has been praised for its professionalism, dedication, and attempts to maintain peace and stability in regions affected by armed conflict (Salihu & Aning, 2023). By actively participating in peacekeeping operations, Ghana demonstrates its dedication to the goal of preserving global peace and security in order to promote stability.

### **2.1.2 Concept of Peacekeeping**

Peacekeeping, which is a component of PSOs and a crucial component of diplomacy and the resolution of international disputes, is largely responsible for preserving global peace, stability, and security. International organizations like the United Nations (UN), the African Union (AU), the Economic Community of West African States (ECOWAS), or coalitions of willing nations send out their forces. peacekeeping operations aimed at resolving disputes, fostering peace in areas affected by or recovering from conflict, and safeguarding civilians (Ayenagbo et al., 2012).

The establishment of the United Nations in 1945, which had the primary objective of preventing future wars, may be considered the start of modern peacekeeping. fostering diplomacy, collaboration, and international law to resolve global disputes. To monitor the ceasefire between Israel and its neighbours, the first UN peacekeeping force, the United Nations Truce Supervision Organization (UNTSO), was founded in 1948 (Theobald, 2014). Woodhouse and Ramsbotham (2005) claim that the development and evolution of PSOs may be traced back to the beginning of the 20th century and that they were impacted by a number of global events and wars. The League of Nations' establishment and the conclusion of World War I marked the start of modern PSOs in the early 20th century. The League's primary goal was to promote peace and security through diplomatic initiatives and collective security agreements.

In the aftermath of World War II, the UN was established in 1945, and it was instrumental in the development of PSOs. The UN Charter gave the organization the authority to use force, if needed, to maintain or restore international peace, stability, and security. was the organization's founding document. The first UN peacekeeping mission was deployed as the United Nations Truce Supervision Organization in order to oversee the ceasefire between Israel and its neighbours. UNTSO, the supervisory organization, was established in 1948 (Myers & Dorn, 2022). The UN's role in peace support operations was taken over by regional organizations in Africa, such as the AU (Boutellis & Williams, 2013).

The AU carried out initiatives in Darfur, Somalia, and Mali, among other locations. These objectives tackled particular issues and conflicts on each continent. In response to shifts in the global security environment, PSO continue to evolve. There have been conflicts involving these dynamics in Afghanistan, the Central African Republic, South Sudan, and other places. The UN, along with regional organizations such as Operations (Boutellis & William, 2013; De Coning,

2019). The EU, NATO, and AU are still major participants in Peace Support. There are more and more PSOs, especially in Africa. This may be explained by the fact that national defense forces are deploying a significant number of troops to countries that are going through conflicts.

These tasks might be very different in nature, ranging from less aggressive peace enforcement operations that often involve the use of force to more assertive peacekeeping initiatives. There has been a lot of writing about the challenges of these operations, the experiences of the soldiers who carried them out, and the rationale for doing so. For example, Battistelli (2020) found that the reasons for deploying on these missions are a combination of professional (material rewards), institutional altruism, as well as self-fulfilment motives such as adventure or the desire to try new things (Wilén & Heineken, 2017). The United Nations deploys thousands of peacekeepers to nations and regions that are coming out of conflict in order to foster state development and peace procedures.

Ghana, a nation that has never fought a battle on its own territory, has been a participant in the United Nations operation Congo (UNOC) since 1960. has consistently contributed a sizable number of soldiers to the UN. Ghana has a long history of sending peacekeepers to areas experiencing conflict and humanitarian emergencies, and it is a major player in global peace support operations (PSOs). Rwanda, Lebanon, Liberia, DR Congo, Cambodia, Sierra Leone, Cote d'Ivoire, and other nations have received troop contributions from Ghana in the past for UN Protection Force operations. Ghanaian troops are now deployed in peacekeeping operations worldwide. The Directorate in charge of Army Peacekeeping Operations (DAPKOP) estimates that at least 2,408 Ghanaians are killed annually. In order to maintain peace in conflict-affected nations such as Lebanon, South Sudan, Mali, Guinea Bissau, Central Africa Republic, and Gambia, soldiers are stationed as troops contributing country (TCC) (Litz, 1996).

Even within the scope of PSOs, which covers everything from domestic disaster relief to humanitarian and peacekeeping operations, there are a number of issues that soldiers must contend with. It is widely accepted that deployed soldiers are at risk of experiencing possibly traumatic events, as stated by MacLean, Glen, and Elder (2007). This potential is unpredictable because the nature, severity, and frequency of these missions vary, as do the hazards associated with them (Mulligan, D'Errico, Stees, & Hughes, 2012). For example, Lanteigne (2019) considered the missions in South Sudan, Mali, the Gambia, and certain other African nations to be high risk. in contrast to missions in the Middle East. This is because, in some African nations, PSOs that were originally intended for peacekeeping have become peace enforcement. Within military deployments, such rapid changes or escalations might have a negative impact on the psychological health of the personnel involved (Buckman et al., 2011).

### **2.2.0 Concept of Psychological Distress**

Psychological discomfort is a common sign of mental health and psychopathology in clinical and research environments, as well as in public health (Drapeau et al., 2010). It includes mood disorders, sadness, rage, and even physical ailments like stomach-aches and headaches. Its effect on a person's well-being can vary widely, and it can be either acute or chronic (Ross, Mirowsky & Goldstein, 1990). Psychological anguish is caused by a wide range of factors, including interpersonal interactions, environmental stressors, genetic predispositions, and personal experiences. Distress may result from significant life events, such as the death of a loved one, job insecurity, relationship issues, and financial hardship. Distress can also be brought on by pre-existing mental illnesses, unresolved traumas, and an absence of sufficient distressing emotions (Rey & Hazell, 2000).

There are many potential causes for psychological distress, both within and outside of oneself. High stress levels, whether brought on by work, relationships, or other life circumstances, are among the potential causes of psychological misery. An increase in anxiety disorders and other emotional disorders may be brought on by chronic stress. A traumatic event, such as physical or sexual abuse, a natural disaster, or warfare, can cause significant psychological distress (Javidi & Yadollahie, 2012). In addition, post-traumatic stress disorder (PTSD) is a common result of trauma. Genetic factors may make some people more prone to mental health issues, increasing their vulnerability to psychological pain. An imbalance in the brain's neurochemistry involving dopamine or serotonin may also contribute.

Nevertheless, psychological discomfort can be significantly exacerbated by living in a dangerous or volatile atmosphere, exposure to poisons, or restricted access to resources. Intense sorrow and sadness, which may result in psychological suffering, can be brought on by the death of a loved one or major life events like divorce or job loss. Finally, loneliness and lack of social support play a big role in mental anguish. Isolation, particularly from loved ones, can lead to symptoms of anxiety and profound melancholy in people because we are naturally gregarious. Emotional pain, which includes severe and gloomy feelings like worry, sorrow, fear, wrath, or hopelessness, is a core notion of psychological distress. These feelings can be intense and last for a long time. People suffering from psychological distress may find it hard to focus, make judgments, or think clearly.

Cognitive discomfort might also include racing thoughts, ruminations, and illogical ideas. Psychological distress can manifest as physical symptoms, such as headaches, muscle tension, exhaustion, sleep difficulties, and gastrointestinal issues (Shiha & Aziz, 2021). The body's response to stressful situations can manifest in these physical symptoms, which are sometimes

referred to as psychosomatic disorders. Psychological suffering can have a wide range of severity and duration. While some people may only experience brief pain in reaction to a certain stressor, others may suffer from prolonged and persistent distress brought on by continuous life difficulties or mental health issues. Psychological distress can result from a variety of causes, such as life events like job loss, the death of a loved one, trauma, persistent stress, and mental illness. personal circumstances and disorders, such as depression and anxiety disorders. The concept of psychological discomfort in peacekeeping is not an exception because it also includes a range of psychological and emotional responses, such as stress, anxiety, and depression. and additional mental health disorders like somatization. The overall demanding environment, the death of a colleague, direct exposure to violence, and the inability to intervene in particular events might all cause these responses. of peacekeeping tasks (Friedman, Warfe, and Mwit, 2203).

Psychological anguish has a number of far-reaching effects that might affect many aspects of a person's life. For example, it frequently results in the onset of treatable mental illnesses like generalized anxiety disorder, severe depression, or panic disorder. The connection between psychological distress and physical well-being is well-known. For instance, chronic stress can lead to heart failure, hypertension, and a weaker immune system. Psychological distress can also put a burden on interpersonal connections. People may become socially isolated, irritable, or withdrawn, which can harm their relationships with friends and family. One's capacity to succeed in academic or professional situations might be impacted by psychological distress.

Typical outcomes include a reduction in concentration, drive, and absenteeism. Low self-esteem is common among those suffering from psychological discomfort. Their emotional difficulties may be made worse by negative self-perceptions and self-criticism (Puckett, Levitt, Horne, & Hayes-Skelton, 2015). Fortunately, people may handle psychological distress with a

variety of coping techniques and treatments. Psychotherapy, counselling, medication, social support, self-care, stress reduction strategies, and other things are examples. Millions of individuals, including military members serving in PSOs, suffer from psychological anguish. Its causes are complex and diverse, and its effects may have a profound impact on a person's quality of life. Nonetheless, it is possible to manage and overcome psychological suffering with the appropriate support, coping skills, and expert assistance (Chan, Khong, & Wang, 2017).

### **2.2.1 Depression**

A major mental illness known as Major Depressive Disorder (MDD) is characterized by persistent indicators of depression, despair, and a lack of interest in or relishing activities that were formerly pleasurable (Uher et al., 2014). Everyone experiences sadness occasionally, but this is more than that. It has an adverse effect on a person's ideas, emotions, and actions, which can impair their daily functioning. Persistent sadness, apathy, fatigue, low energy, changes in eating habits and weight, insomnia, feelings of remorse or worthlessness, and difficulties are all signs of depression. The primary indicators of depression include suicidal thoughts or ideation, psychomotor agitation or retardation, and difficulty concentrating.

The psychological health issues experienced by military personnel and those engaged in peacekeeping have been studied in research on peace support operations and depression. One of the main results is the widespread occurrence of depression. Compared to the general population, members of the military and peacekeeping forces have been shown to experience depression at higher rates in studies. Hoge et al. (2007) and Sareen et al. (2007) revealed that the responses to traumatic and stressful occurrences, lengthy deployments, and the difficulties of working Increased susceptibility to depression might result from living in conflict zones. Once more, peace support

activities frequently include exposure to violence, death, and other horrible events that might lead to depression and other mental and emotional problems.

Observing or going through these events may have a big impact on a person's psychological health. Longer deployments have been linked to a greater risk of cognitive health problems, such as depression (Eibner, Ringel, Kilmer, Pacula, & Diaz, 2008). As a result, a person's psychological well-being may suffer from prolonged absences from home and loved ones, as well as the pressure of the assignment. Due to perceived stigma or concerns about how it may affect their career, staff members may be reluctant to seek help for their depression. This can result in underreporting and delayed treatment, which can make mental health issues worse (Clement et al., 2015).

### **2.2.2 Anxiety**

In response to stress or impending danger, people naturally and commonly feel anxiety. The emotion may be mild or intense, and it might be one of uneasiness, worry, or care (Puglisi & Ackerman, 2019). Occasional worry is a normal aspect of life, and it may even be beneficial in some circumstances by increasing awareness and preparing the body for action. Excessive or ongoing worry may be harmful since it prepares you for anything. Anxiety becomes a disorder when it gets in the way of daily life, makes people unhappy, and impairs their ability to perform regular tasks. Different kinds of anxiety disorders have unique features. These include, among other things, social anxiety disorder, panic disorder, specific phobias, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), and generalized anxiety disorder (GAD).

Furthermore, the causes of anxiety disorders include traumatic experiences, environmental stresses, brain chemical imbalances, and genetic factors, to name a few (Fedoce et al., 2018). The relationship between peacekeeping and anxiety has been studied in somewhat more research. In PSOs, peacekeepers may experience anxiety during deployments, which is a frequent reaction.

Peacekeeping operations can be difficult and demanding, exposing peacekeepers to a variety of variables that might cause anxiety. The high-risk settings are one of these variables. Peacekeepers frequently operate in regions where there are ongoing or recent conflicts, where the possibility of violence and danger is common (Beardsley & Gleditsch, 2015). Anxiety may increase as a result of this ongoing danger to one's own safety. Additional things that might make peacekeepers feel anxious include uncertainty and ambiguity.

As a result, peacekeeping operations may be unpredictable and need the ability to handle complicated and dynamic circumstances. Troops might experience anxiety as a result of the absence of well-defined responsibilities or obvious results. Peacekeepers are exposed to traumatic events like violence, human misery, and death, which can have a significant emotional effect and lead to worry. Once more, prolonged isolation and separation or being away from family, friends, and familiar support networks can increase anxiety levels and cause feelings of loneliness and homesickness. Peacekeeping operations can suffer from a lack of resources and insufficient support, which makes it difficult for staff to handle the demands of their work, resulting in (Bellamy, William, & Griffin, 2010) to higher levels of stress and anxiety.

When peacekeepers are confronted with uncertainties in their decision-making, a lack of knowledge and intelligence or insufficient information about the local environment and possible hazards might raise anxiety (Smith, 2013). In addition, interacting with aggressive parties in the conflict zones might be extremely stressful and demanding for peacekeepers. It is essential to identify and address these elements in order to enhance the efficacy of peacekeeping operations and promote the mental health of peacekeepers. Proper training, access to mental health assistance, debriefing sessions, and continuing treatment are all critical components of lessening anxiety

during PSOs. When confronted with difficulties, pressures, or changes, our bodies and minds go through a complex and instinctive stress reaction (McEwen, 2012).

It can be caused by a variety of factors, including family obligations, work commitments, and unforeseen circumstances. Although moderate stress can be encouraging and even helpful, too much or persistent stress might have negative effects on our physical and mental health. Stress, in accordance with physiological principles, causes the body to release hormones such as cortisol and adrenaline in preparation for a "fight or flight" response (Tort & Teles, 2011). In circumstances where quick action is necessary, this response may be essential, but if stress persists, these hormonal swings might have a detrimental impact on the body and cause illnesses. Headaches, muscular stress, gastrointestinal problems, and even a compromised immune system are just a few of the possible physical symptoms that might result from this.

Stress can manifest over time in a variety of ways, including cardiovascular disorders, high blood pressure, and even mental and emotional health issues, which has an impact on our mood, cognitive skills, and general psychological health, as well as psychological distress. Individuals under a lot of stress frequently describe emotions of worry, impatience, or depression. It could be harder to focus and make decisions, which might make one feel overwhelmed or unable to handle tasks properly (Starcke & Brand, 2012). Chronic stress might cause the onset or worsening of cognitive well-being, such as extreme sadness and anxiety disorders.

Real (physical elements in one's surroundings) or perceived factors can contribute to stress, which is a sort of psychological suffering (Simandan, 2010). The surroundings in which they work have been linked to the physical and psychological strain involved in peace support activities. Given the demanding and complex nature of peacekeeping, which frequently entails working in stressful situations, stress is a major worry for peacekeeping soldiers. In areas impacted by conflict,

violence, and turmoil, peacekeepers are responsible for preserving peace and security. Their line of work may expose them to a wide range of psychological and physical pressures. They involve language and cultural hurdles, isolation, heartbreaking events, dangerous settings, lengthy working hours, and uncertainty.

### **2.2.3 Somatization**

Somatization is a psychological process, as described by De Gucht and Fischler (2002), in which psychological problems or emotional anguish manifest as physical symptoms that have no obvious medical explanation. It describes the process of using bodily symptoms to express psychological pain or emotional distress. People who are experiencing significant stress, worry, and other similar emotional problems may express their pain through physical symptoms. Sometimes these complaints don't have a straightforward medical explanation and might not relate to a particular physical disease or ailment. Headaches, stomach aches, exhaustion, muscular soreness, and a variety of other bodily pains are all typical examples of somatization. Even if medical testing or an assessment cannot completely explain them, these physical symptoms might be very real to the person who is going through them (Leder, 1990).

Somatization is frequently linked to somatic symptom disorder (SSD), a psychological condition marked by an obsessive and persistent preoccupation with physical symptoms and worries that seriously interfere with daily life. People with SSD may have a greater awareness of their physical feelings, visit the doctor often, and undergo several medical tests, all while frequently receiving little relief from their symptoms. The physical pain associated with somatization and somatic symptoms illness does not indicate that the symptoms are not real or that the patient is “faking” them. Instead, it highlights the complex relationship between the mind and body, in which emotional suffering can manifest as bodily symptoms (Martin & Rief, 2011). When

it comes to peacekeeping, somatization can be a problem for peacekeeping soldiers who go through a lot of stress and trauma throughout their missions.

Moreover, peacekeeping operations might be emotionally demanding and include exposure to violence, human suffering, and traumatic events. Psychological discomfort can result from the stresses experienced in such settings, and in certain instances, it can manifest as physical symptoms. Unexplainable headaches, digestive problems, physical discomfort, and exhaustion are a few examples of somatization in the context of peacekeeping that cannot be explained by any known cause. a consequence of the mental stress endured during the trip, rather than an underlying health issue. Addressing somatization in peacekeeping involves acknowledging the connection between emotional distress and physical symptoms. Pre-deployment instruction given by peacekeeping organizations must cover stress management, resilience development, and mental awareness (Doode et al., 2021).

Providing access to mental health professionals and support services during and after missions can aid in the detection and treatment of somatization in peacekeeping soldiers. Early identification and treatment of somatization issues can be further aided by encouraging an open and encouraging atmosphere in which employees feel comfortable discussing their emotional well-being. Prioritizing the well-being and mental health of peacekeepers allows organizations to better promote the effectiveness of their mission and the overall well-being of all those involved. Peacekeeping operations (Bove, Salvatore & Elia, 2022). It is essential to identify and manage psychological suffering in peacekeeping in order to safeguard the well-being of peacekeepers and their capacity to perform their tasks effectively.

Measures that might lessen psychological suffering and offer support include providing training, access to mental health resources, and adequate debriefing following operations.

peacekeepers' psychological well-being (Di Razza, 2022). Military peacekeepers are frequently exposed to stressful and traumatic situations during PSOs, which causes psychological pain (Sareen et al., 2007). Ghanaian peacekeepers are not immune to psychological suffering. According to Kessler et al. (2009), psychological distress indicates a state of mental suffering brought on by negative occurrences or situations. Psychological anguish can result from separation from loved ones, exposure to war and violence, hostilities, and lessen to the point where it affects military peacekeepers. the difficulties of adjusting to a different setting (Thoits, 2010).

## **2.4.0 Empirical Review**

### **2.4.1 Psychological Distress Among Soldiers**

Recent research studies have paid a great deal of attention to the effects of peacekeeping operations on the psychological health of soldiers and the incidence of mental illness in regions affected by conflict. Swedish soldiers stationed in peacekeeping operations in the Democratic Republic of the Congo (DRC) were the subject of longitudinal research conducted by Wisén, Larsson, Arborelius, and Risling (2021). Their research refuted the notion that peacekeeping operations are always stressful, finding that soldiers felt less perceived stress during deployment than they did before or after. In order to compare the degree of psychological discomfort experienced by Ghanaian peacekeepers with that of their foreign counterparts, Kwame et al. (2018) carried out a comparative study.

According to their research, the psychological discomfort experienced by Ghanaian peacekeepers was comparable to that of their foreign counterparts. Forbes et al. (2016) examined the psychological health of peacekeepers and discovered that they had higher rates of mental illnesses, such as PTSD, severe depressive episodes, anxiety disorders, Peacekeepers exhibited

significantly higher rates of suicidal thoughts, alcohol dependence, and alcohol abuse than a civilian control group. These mental health issues were consistently linked to exposure to potentially traumatic situations during peacekeeping deployments, highlighting the long-lasting effects of such missions on the well-being of peacekeepers. In a thorough meta-analysis that covered 186 research on war and conflict-affected regions, Lim et al. (2022) conducted a thorough investigation.

According to the researchers, 28.9%, 30.7%, and 23.5% of the population in these regions suffered from depression, anxiety, and PTSD, respectively. Comparing civilians to military soldiers, depression and anxiety rates were higher among the latter, but there was no statistically significant variation between the two groups in the frequency of PTSD. The study highlighted the ongoing mental health issues both during and following conflicts, underscoring the necessity for easily available mental health care for those who are impacted. In their study of mental health among Canadian military soldiers, Sampasa-Kanyinga et al. (2018) found that military members experienced a higher incidence of psychological distress and mental illness. personnel as opposed to mental health issues in the population as a whole.

This result highlights the unique challenges faced by soldiers in the military and emphasizes the need for a group approach to these psychological problems. The complicated interaction between peacekeeping operations, conflict-affected regions, and mental health is illuminated by this research. The prevalence of mental health illnesses among peacekeepers and people in war zones may be more complex than previously assumed, even if stress perceptions during deployment may be more nuanced. demonstrates the critical importance of addressing mental health as a public health concern. Providing effective mental health services and support

networks is essential for improving the well-being of soldiers and communities impacted by conflict.

Furthermore, Pastò et al. (2007) discovered in their study of peacekeeper coping mechanisms that rational coping, which entails using particular tactics to address a problem, was related to fewer *PTSD* symptoms. In contrast, substance misuse and avoidance coping, which involves trying to avoid dealing with or even thinking about a problem, were linked to a higher risk of *PTSD* symptoms. According to the study's results, peacekeepers should be trained in more adaptive coping mechanisms, like problem-solving, while the use of maladaptive methods, like, should be avoided. The risk of adverse psychological sequelae after peacekeeping deployments may be decreased by alcohol misuse. In order to examine the coping mechanisms used by military peacekeepers from different nations, including Ghana, Doe et al. (2017) performed a cross-cultural study.

Age differences in coping strategies and emotional control throughout the lifespan were the subject of a systematic review and meta-analysis by Smith et al. (2020). Their research indicated that older individuals are more likely than younger adults to employ adaptive coping mechanisms. Angujaru's 2019 research, "Deployment stressors, coping strategies, and psychological well-being of returned peacekeeping forces," examined the correlations between the psychological well-being of 120 soldiers who had returned from peacekeeping assignments. the coping strategies of peacekeepers who had just returned from a mission in Somalia (deployment stressors). The survey found that acceptance, social support, problem-focused coping, and emotion-focused coping were the most common coping strategies used by peacekeepers.

According to the study, peacekeeping operations can be a significant source of stress for soldiers, which can negatively impact their psychological well-being. The study also revealed that

although coping mechanisms might lessen the effects of deployment stressors, they cannot entirely eradicate them. To cope with the stress of deployment, women reported using a variety of coping mechanisms, including emotional-focused coping techniques, according to Zamperini et al. (2016). including engaging in relaxation techniques, seeking professional help, talking to friends and family, and using problem-focused coping mechanisms like accepting more responsibilities. for managing the household, caring for children, and looking for strategies to cut costs.

### **2.5.0 Concept of Coping Strategies**

Behaviours and actions that people use to manage the stress and psychological suffering they are experiencing are considered coping techniques (Bhandarker & Rai, 2019). The effectiveness of coping mechanisms in lowering psychological discomfort can determine whether they are adaptive or maladaptive. Effective coping mechanisms for Ghanaian military peacekeepers may include practicing mindfulness, engaging in physical activity and relaxation exercises, and seeking assistance from friends, family, and coworkers. and meditation, as well as seeking therapy or counselling from a professional (Tindle, Hemi & Moustafa, 2022).

Generally, coping is seen as a method of handling a bad or stressful situation, according to Endler and Parker (1990). There are many different categories for coping strategies. These include coping strategies that are maladaptive, such as avoidance-based coping (Folkman & Lazarus, 1980; Roth & Cohen, 1986), issue-focused coping, emotion-focused coping, and problem-focused coping. Issue-centred coping strategies are listed by Carver, Scheier, and Weintraub (1989) as the five categories of active coping, planning, suppression of competing activities, restrained coping, and seeking social support. Active coping involves taking the required steps to reduce the stressor or its effects. Planning includes thinking about the most effective way to handle the stressor. The

act of suppressing rival behaviours can be seen as an attempt to concentrate one's attention on current events.

Restraint coping involves waiting for the appropriate time to act, as well as seeking assistance, knowledge, and help from others when necessary. Restraint coping is all about giving emotional support. Additionally, religious practices, seeking emotional support, denial, acceptance, positive reinterpretation, and other emotion-focused coping mechanisms are all examples of such strategies (Carver et al., 1989). Positive reinterpretation aims to manage the unpleasant feeling. Acceptance may be defined as the ability to recognize the reality of a challenging situation. Denial is the resolute refusal to acknowledge the existence of a stressor, whereas seeking emotional support is the act of seeking moral support, understanding, and compassion. People tend to turn to their faith when they are under stress (Carver et al., 1989).

The three components of maladaptive or less effective coping actions are disengagement from behaviour and thought, as well as focus on and expression of emotions (Carver et al., 1989). The first dimension, which is focusing on and venting emotions, reflects the propensity to focus on and vent about the emotions that are upsetting one. Behavioural disengagement is defined as lowering one's effort to cope with the stressor, while mental disengagement is a strategy to distract oneself from thoughts about the stressor. In peacekeeping, coping mechanisms include methods for dealing with stress, which can result from exposure to conflict, trauma, isolation, and other difficult situations (Raju, 2014).

Such methods may include actions taken by higher command to lessen the physical and emotional consequences of stress. It is essential to establish solid support networks with coworkers during peacekeeping operations. Peacekeepers frequently depend on their teammates for emotional support, sharing experiences, and a sense of camaraderie. Peer support can be a crucial coping

mechanism for dealing with stress and raising spirits. Peacekeepers receive the skills and knowledge necessary to handle the particular challenges of their tasks through adequate pre-deployment training. Training may include cultural sensitivity, conflict resolution, and self-defence skills, all of which help with coping (Sharma & Sharma, 2012).

The psychological distress and coping mechanisms of prospective military cadre members were examined in a study by Nakkas et al. (2016). Contrary to trainees who weren't recommended for advancement, those who were exhibited lower levels of psychological discomfort and were more active and productive. according to the research, coping mechanisms. According to this study, psychological distress and coping mechanisms are significant predictors of success. From the perspective of person-environment fit, Wu et al. (2022) investigated the relationship between the psychological stress and coping mechanisms of Chinese military recruits and discovered that psychological Stress had a negative correlation with a healthy coping mechanism and a positive correlation with an unhealthy coping mechanism. This outcome suggests that military recruits are more prone to use negative coping mechanisms than positive ones when they feel stressed.

Conversely, these results also imply that recruits are less prone to psychological distress but more likely to develop beneficial coping skills. They are more prone to psychological distress if they use harmful coping mechanisms. Treviño et al. (2012) studied the link between psychological discomfort and positive and negative religious coping in a group of cancer survivors who were veterans of the armed forces. found a positive link between psychological distress and both positive and negative religious coping mechanisms. Romero et al. (2020) found that problem-focused coping was negatively correlated with psychological symptoms such sadness, generalized anxiety, and PTSD, but positively correlated with avoidant coping. According to this study,

problem-focused coping may offer protection against psychological symptoms, while avoidant coping may be a risk factor.

In a sample of traumatized American war veterans, Morse et al. (2023) examined the connections between meaning in life, coping, and suffering. The results revealed that greater life meaning was associated with reduced rates of depression, anxiety, and PTSD, while higher rates of avoidance were linked to higher rates of these disorders. Higher levels of sadness, anxiety, posttraumatic stress, and physical symptoms were associated with coping strategies. Age and psychological distress: Several research have examined the trajectory of psychological distress throughout a person's lifetime.

The way that the frequency and average levels of pain vary with age has been investigated by a number of researchers. Research by indicates that the prevalence and average degree of distress typically decrease throughout a person's lifespan, notably starting in early adulthood. Walters et al. (2002), Langlois and Garner (2013), Phongsavan et al. (2006), Jorm et al. (2005), Gispert et al. (2003), and Caron and Liu (2011). In particular, Scheiman et al. (2001) and Turcotte and Schellenberg (2007) focused on disparities between age groups in the United States and Canada. The researchers found that young people experienced more distress than older adults. The levels then declined with age, peaking between the ages of 60 and 69 or 65 and 74 before rising once more in those over the age of 74.

In accordance with the pattern seen in the previously cited studies, Conversano et al. (2020) also found a negative relationship between age and psychological discomfort. In a more recent study, Best and Strough (2023) discovered that young adults generally reported higher levels of psychological distress than older adults, but that the differences in distress levels decreased with age. But some research done during the COVID-19 pandemic contradicts these trends. Examples

include Zhou and Guo (2021), Qiu et al. (2020), and Malesza and Kaczmarek (2021). discovered a correlation between age and psychological distress during this crisis. However, prior studies have indicated that older people may be more resilient to stress because of their superior coping mechanisms. increased life experience, including prior exposure to public crises (Birditt et al., 2021; Kimhi et al., 2020), and decreased reaction to stressful situations.

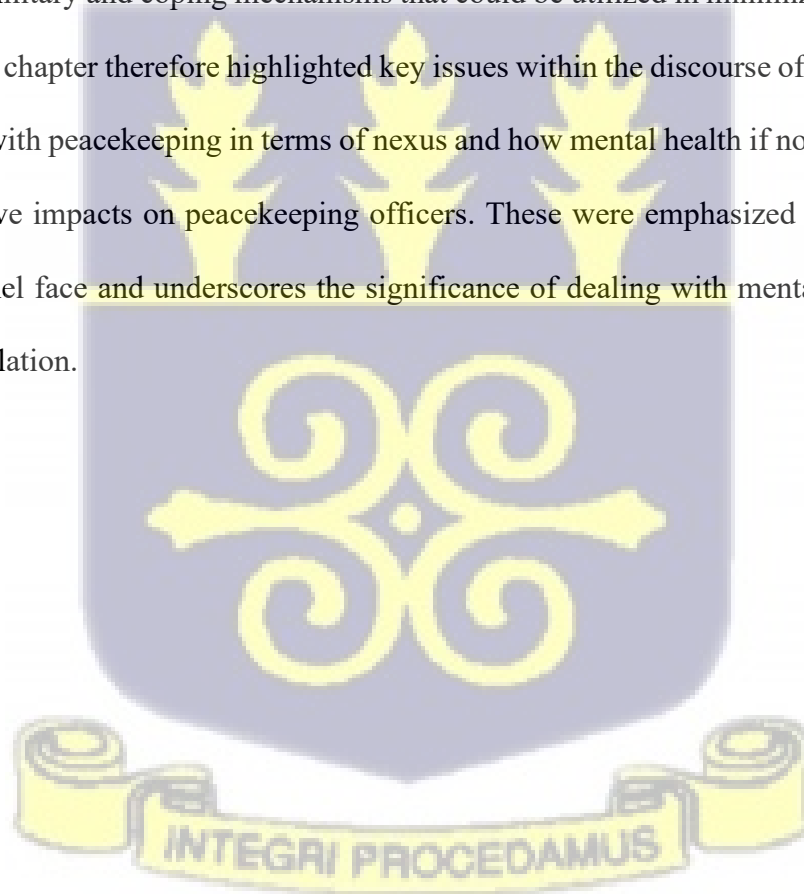
As a result, peacekeeping and coping strategies are inextricably linked, since peacekeepers must be able to use coping mechanisms to successfully deal with the difficulties and requirements of their peacekeeping assignments. Peacekeepers are better able to manoeuvre the complicated and occasionally hostile environments in which they work thanks to coping mechanisms (Neethling, 2011). These tactics can be both helpful and harmful. Some beneficial coping strategies involve positive and constructive methods, such as problem-solving, mindfulness practice, participation in physical activities, or seeking support from friends or family. In a world where change is happening quickly, peacekeepers need to be able to adjust and adapt. Effective coping mechanisms may include being able to remain cool under pressure, make informed judgments in the face of uncertainty, and adapt swiftly to changing circumstances. Peacekeepers must prioritize self-care.

This entails obtaining sufficient sleep, adhering to a nutritious diet, and participating in physical activity whenever feasible. Furthermore, it involves training, support groups, and access to mental health resources. In the peacekeeping community, all health resources are essential for promoting these coping mechanisms (Saul & Simon, 2016). The psychological component of peace support operations is critical. The well-being of peacekeepers is crucial to maintaining mission effectiveness and individual resilience (Cheonga & Pieters, 2022). As a result, the research examines the lived experiences of peacekeepers in detail. of peacekeeping officers, especially

those from the Ghana Armed Forces at the Burma Camp, when it comes to mental health and the coping mechanisms or strategies that they employ. so as to lessen the effects on their well-being

### **2.6.0 Summary of Chapter**

This chapter focused on the theories, concepts and also reviewed related literatures and empirical work on concepts of peace support operations, psychological distress, and coping strategies of military peacekeepers. It also presented the theoretical and conceptual framework under-girding this study. The theories of the biopsychosocial model along with the model of transactional stress were looked at. The chapter further discussed the impacts of psychological distress on the military and coping mechanisms that could be utilized in minimizing its impacts on their health. The chapter therefore highlighted key issues within the discourse of mental health and its relationship with peacekeeping in terms of nexus and how mental health if not critically tackled can have negative impacts on peacekeeping officers. These were emphasized as challenges that military personnel face and underscores the significance of dealing with mental health concerns within this population.



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## CHAPTER THREE

### RESEARCH FINDINGS ON THE MENTAL HEALTH EXPERIENCES OF PEACEKEEPING OFFICERS

#### 3.0 Introduction

This chapter presents an analysis of findings based on the study's research questions and objectives. It examines some of the mental health experiences of peacekeeping officers from the Ghana Armed Forces. It also examines the nature of these peacekeeping operations taking into cognizance some of the factors that drive mental health issues among these peacekeeping officers and how these experiences impact their overall quality of health. It seeks to ascertain some of the support systems put in place to help these soldiers overcome their mental health issues. The chapter is developed using primary and secondary data, and the findings are presented according to themes that emerged from data collected through in-depth, open ended interviews with participants. To ensure anonymity, the study uses codes to refer to participants instead of their real names.

#### 3.1.0 Trainings or Orientations Organized for PKO Officers

In every institution, trainings or orientations are mandated for its personnel. In the case of the Ghana Armed Forces, its military personnel are mandated to embark on routine orientations before their final deployment to host nations where conflict has emerged or instability threatens the lives of civilians. Their main goal is to protect lives and properties and to restore stability by way of peacekeeping which is contingent on other partners such as international community, civil society organizations, conflict parties and civil opinions leaders. In accordance with Demir et al. (2012), a PSO is a structured worldwide assistance program that, among other things, promotes the sustainability, monitoring, and integration of peace, with a return to the prevention of fierce conflicts.

### 3.1.1 Workshops organized before the Pre-Deployment Phase

Peacekeepers receive the skills and knowledge necessary to handle the particular challenges of their tasks through adequate pre-deployment training. Training may include cultural sensitivity, conflict resolution, and self-defence skills (Sharma & Sharma, 2012). The Ghana Armed Forces is a key state creator as part of the defense of the country which is responsible for protecting the state from enemy states. As a result, soldiers are frequently conscious from the start that they have sacrificed their lives in defense of their country and at any moment. time, they may be summoned to defend their state or murdered.

Nevertheless, in todays or modern parlance, war has generally been reduced. With the exception of their military training, the only real-world experience the majority of soldiers have is peacekeeping. The objective of PSOs is to address the root of antagonism and stop violence from escalating (Kazanský & Andrassy, 2019). As a result of the peacekeeping mission, military personnel or soldiers are engaged in various pre-deployment training programs which is tailored towards preparing them for the complex political, cultural and security environments they will encounter in their course of service within the host nation. Participant Officer 1, described the nature of orientation they go through which focuses on familiarization of officers with the specific mission and role expectations of each peacekeeping official. These roles are clearly spelt out from the top as the commander to the lowest rank such that it would guide each officer in their mission (Participant Officer 1, Ghana Armed Forces, Interview September, 2025).

With training orientations, these are very crucial as it prepares the military personnel for the journey in terms of psychological state. As such, the mandate and objectives of the mission are spelt out to every uniform soldier and the rules of engagement are made clear which helps provide effective leadership at the helm of command for the unit (Participant Officer 5, Ghana Armed

Forces, Interview September, 2025). In Ghana, soldiers do not volunteer for PKOs. They are sent out during their active-duty service. Furthermore, unlike many Ghanaian friends, Ghanaian soldiers are not individually evaluated for placement in PSOs (Biswal, 1992).

Similarly, Respondent 13 underscored the importance of orientation for peacekeeping officers in providing soldiers with the necessary experience in formative combat experiences. These experiences shape their perspectives of the host state in relation to cultural awareness, protection of civilians and accountability and reporting obligations (Participant Officer 13, Ghana Armed Forces, Interview September, 2025). Over the years, Ghana has regularly contributed troops, police officers, and other personnel to numerous UN peacekeeping missions, including those in Lebanon, Sierra Leone, and Liberia, the Ivory Coast, among others (Banini, Powel, & Yekple, 2020).

In addition, orientations for peacekeeping officers enables them to understand the local conflict dynamics, local languages in terms of basic greetings and communication tips, gender roles and local community structures (Participant Officer 11, Ghana Armed Forces, Interview September, 2025). The Ghanaian peacekeepers' idea of peacekeeping has been praised for its professionalism, dedication, and attempts to maintain peace and stability in regions affected by armed conflict (Salihu & Aning, 2023). By actively participating in peacekeeping operations, Ghana demonstrates its dedication to the goal of preserving global peace and security in order to promote stability.

Additionally, orientation or trainings for peacekeeping during their deployment process, is very important as it ensures effective coordination of activities or operations by every unit and facilitates smooth information sharing. This is because for peacekeeping to be successful you need all hands-on deck which involves every unit and command as part of the major team that has been

assigned to a particular conflict zone. The orientation process is to ground you in the whole process by way of exposing you to the situation on the ground whilst ensuring that the team is much prepared to undertake this task (Participant Officer 7, Ghana Armed Forces, Interview September, 2025).

Moreover, the orientations undertaken by the Ghana Armed Forces is to help officers handle operational stress and trauma experience by adapting to various coping mechanisms when one arrives within the conflict zone or environments. There are also counselling and mental health resources made available to selected officers who are to embark on these peacekeeping operations (Participant Officer 3, Ghana Armed Forces, Interview September, 2025). This makes Africa, particularly Ghana committed to its peacekeeping missions. Therefore, peacekeeping officers are mandated to undertake the orientation in order to prepare them for the cultural shocks, threats, risks and combat warfare techniques and stability policing required to bring calm to the society and protect civilian lives.

### **3.1.2 State of Mental Health of Peacekeeping Officer**

The past few decades have brought to light the critical issue of mental health among peacekeeping officers who were deployed to mostly conflict prone societies where they had to adjust to the conflict situation. As a result, most of these peacekeeping officers returned home with various psychological and emotional trauma that remains unhealed and has raised several concerns among most stakeholders on the mental health of their military armed forces. Some of these peacekeeping officers have been victims of combat warfare whereas a result of exchange of gunshots some suffered casualties that affected parts of their bodies leading to their legs to be amputated and some also passed away on the battlefield. Therefore, when embarking on peacekeeping operations, peacekeeping officers are taken through some orientations when it

comes to their mental health. It is therefore important to examine their knowledge on issues of mental health so as to ascertain their awareness of its occurrences within the military complex.

### **3.1.3 Assessing the knowledge of Peacekeeping Officers on Mental Health Issues**

Peacekeeping officers endure a lot of stress and exhaustion when deployed to battle grounds during peacekeeping missions. Therefore, peacekeeping officers gain a lot of experience when it comes to issues of mental health as a result of their deployment to key battlegrounds. In assessing the knowledge of peacekeeping officers on mental health, Participant Officer 21 stated that, mental health has to do with the state of one's health particularly the mental state of a peacekeeping officer. This is expressed by way of being mentally sound from anxiety and depression during one's deployment to the host state. It can also be when the officer is mentally unsound that has to do with one's psychological state which can be very harmful when not attended to (Participant Officer 21, Ghana Armed Forces, Interview September 2025).

Thus, psychological discomfort is a broad and all-encompassing concept in the field of cognitive health. It describes a condition of mental and emotional distress or anguish that people experience as a result of a variety of stressors, obstacles, or mental health problems. This misery can manifest in a variety of ways across cognitive function, including emotional and physical symptoms, which can have an impact on a person's general health and functioning (Bass et al., 2020). The notion of psychological suffering also encompasses a wide range of psychological and emotional symptoms that a person is experiencing, resulting in considerable pain. or experiencing pain (Grossman, Niemann, Schmidt, & Walach, 2004).

Similarly, Participant Officer 19, also indicated that most often the army personnel deployed to these key battle grounds go through various trauma as a result of their exposure to several casualties in terms of dead bodies and shooting at target opposing camps whose mission is

to also shoot and kill. During this period, the army personnel become used to seeing people die and the horrible state in which these people pass through as a result of the memory is filled with these tragic experiences which can sometimes bring back bad memories affecting the mental health of the soldier (Participant Officer 19, Ghana Armed Forces, Interview September 2025). Psychological anguish is caused by a wide range of factors, including interpersonal interactions and personal experiences such as being exposed to the death of a person and distress can also be brought on by pre-existing mental illnesses, unresolved traumas, and an absence of sufficient distressing emotions (Rey & Hazell, 2000).

Also, participant officer 8, highlighted that when it comes to mental health every army personnel goes through some form of mood swings which can sometimes be due to isolation from family, stress as a result of intensive combat warfare and emotional burnout which can really affect one's mental health state. Therefore, mental health can be explained as a state of sound or unsoundness of the military personnel depending on the existing threats, risks and coping mechanisms available to the affected military personnel (Participant Officer 8, Ghana Armed Forces, Interview September 2025). This is affirmed by Drapeau et al., (2010), who states that psychological discomfort is a common sign of mental health. It also includes mood disorders, sadness, rage, and even physical ailments like stomach-aches and headaches. Its effect on a person's well-being can vary widely, and it can be either acute or chronic (Ross, Mirowsky & Goldstein, 1990).

Participant officer 15, also emphasized the point of anxiety, stress, fatigue, depression and isolation and how these factors that can slowly derail one's mental health state from a sound mind to an unsound mind which can negatively impact of one's ability to deliver effectively on the battleground (Participant Officer 15, Ghana Armed Forces, Interview September 2025). An

increase in anxiety disorders and other emotional disorders may be brought on by chronic stress. A traumatic event, such as natural disaster, or warfare, can cause significant psychological distress (Javidi & Yadollahie, 2012). These experiences shape one's knowledge on mental health issues and therefore very important for the military industrial complex when it comes to training and deployment of its army personnel to key battlegrounds. The knowledge of peacekeeping officers on issues of mental health would be crucial to implementing key rehabilitation programmes for peacekeeping officers who have served their deployment and returning back to their home countries.

### **3.2.0 Situations or Events that make Deployment of Peacekeepers Most Stressful**

At the onset of the deployment of peacekeeping officers to key battlegrounds or conflict prone communities, military officers are faced with an upheaval of situations or avalanche of problems that they would encounter in their host state. It is presumed that after settling down into their various units or teams for their peacekeeping operations, peacekeeping officers encounter several situations or events that make their deployment most stressful and very traumatizing to their health and psychological state. Participant officer 2 described some of the situations that make deployment of peacekeepers very stressful to include volatile situations where there unleashed combat warfare which puts the soldier lives in danger (Participant Officer 2, Ghana Armed Forces, Interview 2025). This is affirmed by Karim et al., (2017) who notes that peacekeepers are frequently deployed in dangerous locations where ceasefires are frequently broken, putting them in the path of crossfire and unexpected acts of violence (United Nations, 2023; Karim & Beardsley, 2017).

Some of these peacekeepers are also frequently exposed to violence and atrocities, such as witnessing severe human rights violations, civilian deaths, or mass atrocities, without being able

to intervene effectively. For the majority of peacekeeping officers, this has become a significant cause of psychological suffering (Connorton et al., 2012; Greenberg et al., 2010). This is corroborated by participant officer 12, who states that as peacekeeping officers experience various casualties as a result of violence in these conflict prone areas we are sent to as opposing factions are determined to prolong the conflict. Sometimes our own team or unit has suffered these casualties, and some even had their arms or feet amputated as a result of the violence that was experienced. Some were shot as a result of the exchange of gunshots across military posts or stations. In some circumstances, some lives were lost as some were civilians and some uniform personnel (Participant Officer 12, Ghana Armed Forces, Interview September 2025).

Due to the extremely unstable and unpredictable settings, peacekeeping officers are frequently subjected to continuous trauma and stress. Their psychological well-being can be seriously impacted by ongoing exposure to violence, insecurity, and human suffering (Connorton et al., 2012). Witnessing atrocities, mass displacement, or the death due to stringent laws of engagement, it is sometimes impossible to protect civilians, which can result in feelings of helplessness, guilt, and post-traumatic stress disorder (PTSD). (Greenberg et al., 2010; Allison, 2018). As a result, continuous exposure to terrorist acts, ceasefire breaches, and battle zones causes a constant state of worry and hypervigilance (Brett & Specht, 2017).

Isolation and separation from family are significant causes of mental tension, in addition to trauma associated with warfare. Loneliness, homesickness, and a paucity of emotional support result from prolonged separation from loved ones (Dick, 2014). Stress can be exacerbated by social isolation and interpersonal disputes caused by cultural and linguistic differences with local residents and other soldiers (Ben-Ari & Elron, 2001). This is affirmed by participant officer 7 who states that some of my unit members due to prolonged exposure to combat warfare and its atrocities

arrived home back from his base with several psychological issues which he had to be taken to a rehabilitation centre for treatment. It was critical for the family as he had adopted some negative habits such as drinking and smoking to cope with such exposure to violence and casualties which made him traumatized for several years (Participant Officer 7, Ghana Armed Forces, Interview 2025).

Furthermore, non-state actors and rebel organizations are using improvised explosive devices (IEDs) and ambushes to target peacekeepers more frequently (Brett & Specht, 2017; UN Department of Peace Operations (DPO), 2022). Participant officer 15, also describes a situation where they were surrounded by some rebel groups where they had to engage in a heightened exchange of gunshots and warfare tactics in order to overcome these rebel groups that had besieged their premises. These rebels had with them explosive devices that could endanger our lives as peacekeeping officers (Participant Officer 15, Ghana Armed Forces, Interview 2025).

Furthermore, the majority of peacekeeping officers are highly stressed by health risks and substandard living circumstances. Deployments frequently occur in regions with bad sanitation, severe weather, and insufficient access to medical care, which increases stress and illness (Westerink et al., 2017). It is apparent to most peacekeeping officers that their health is at risks once posted or deployed for peacekeeping missions to conflict prone areas. Participant Officer 19 also reiterates the idea that often-peacekeeping officers endure a lot of ill health due to their new environment particularly when the posted or deployed area appears to be detached from the local communities such that they are exposed to infections and other pests or reptiles in some circumstance which endanger their health (Participant Officer 19, Ghana Armed Forces, Interview 2025).

Therefore, these problems are made worse by environmental and organizational variables. Burnout, cynicism, and emotional fatigue can result from bad living circumstances, unclear responsibilities, and a sense of a mission that is not working (Durch & Berkman, 2006; Karim & Beardsley, 2017). In addition, for the majority of peacekeeping troops, being away from their family and home may be a significant source of stress while serving abroad. Loneliness and emotional fatigue are brought on by prolonged deployments and restricted interaction with friends and family (Dict, 2014). Participant Officer 14 and 23 also indicated that most peacekeeping officers undergo stress from their work routines, and some feel isolated from their family and friends which often compound the situation when being deployed for peacekeeping missions. These military personnel are often detached from their operations when it comes to peacekeeping and so would require some psychological support which sometimes is non-existence except spiritual and moral support offered by the clergy or Imams within the various units (Participant Officer 14 and 23, Ghana Armed Forces, Interview September 2025).

Lastly, as in some missions, local communities may see peacekeepers as occupiers or mistrust them, resulting in resentment, demonstrations, or violence. (Ben-Ari & Elron, 2001; DPO, 2022). In such cases, peacekeeping officers are placed in a dilemma which can often making peacekeeping very stressful because you will need to deal with the local people or communities if you are to succeed as a peacekeeping mission but where there is distrust it hamper cooperation and breeds further hostility. So most often we liaise with our religious units who usually seek the support of the local opinion leaders utilizing most often religious based groupings to build trust whilst seeking to protect civilian lives and property (Participant Officer 5, Ghana Armed Forces, Interview September 2025).

### 3.2.1 Mental Health Issues that Peacekeeping Officers encounter during their deployment in host states

Globally, the military industrial complex by way of extension, its peacekeeping missions encounter several mental health issues due to the nature of its operations and other external factors. Peacekeeping officers become exposed to mental health issues that tend to affect their operations. Recent research on the psychological health of peacekeepers has revealed that a large percentage of troops may be suffering from psychological distress, displaying symptoms of stress, Anxiety, sadness, and other mental health problems (Darkwah, 2023). According to Brouneus (2014), peace support operations (PSOs) have been associated with higher suicide rates. stress-related behavioral problems among soldiers, hostilities between the military and civilian population, and poorer mental health among members of the armed forces (Omand, 2014).

The efficient functioning of cognitive processes, which results in productive activities, fulfilling interpersonal interactions, and the ability to handle challenges, has been referred to as mental health. along with the ability to be adaptable and resilient in the face of life's difficulties (U.K. Surgeon General, 1999). On the other hand, the term mental illness includes every diagnosable mental disorder that is characterized by alterations in mood, thought, or emotion; or behavior that is connected to suffering or impairment in function. In other words, our mental health includes our social, emotional, and psychological well-being. It influences how we think, feel, and behave. Furthermore, it aids in understanding how we handle stress, engage with others, and make choices.

Participant Officer 20, stated that some of the mental health issues peacekeeping officers face are largely stress, anxiety due to the nature of combat warfare we engage in. Overtime, peacekeeping officers become overly stressed and worked out which affects their mental state. As

a result, most tend to encounter anxiety when they encounter similar stress environments. As time goes on, most of these peacekeeping officers become isolated emotionally from the work and show signs of slowing down (Participant Officer 20, Ghana Armed Forces, Interview September, 2025).

As a result, military culture may be described as having a masculine-warrior mindset that prioritizes combat and self-reliance (Dunivin, 1994). Adopting the ideological stance that men should be strong, aggressive, and emotionally inexpressive can be detrimental to health behaviours. the state of a man's physical and mental health (Courtenay, W. H. 2000). Men in the military profession must be able to overcome their emotions and project courage and competence in the battlefield as well as in other areas. This is why the majority of males tend to keep their suffering or trauma brought on by exposure to heinous events and scenes of fatalities under wraps. This can lead to the widespread incidence of post-traumatic stress disorder, severe depression, and substance abuse (Hom et al., 2017) among military personnel.

Similarly, participant officer 4, also stated that peacekeeping officers encounter mental health issues such as chronic depression and trauma largely caused by their exposure to constant combat warfare where casualties are recorded. Some of these are civilians and opposing rebel groups or factions seeking to attack us and so we have to also launch a defensive attack which leads to casualties as one can see dead bodies all over with blood spillage which can be very horrific for a first-time peacekeeper. In such as case, he or she can lapse into a mental state that might affect their mental health psychologically and emotional state making them vulnerable to substance abuse (Participant Officer 4, Ghana Armed Forces, Interview September 2025).

Depression is common among peacekeepers who experience prolonged stress, loss, or feelings of helplessness in complex missions. The inability to change outcomes, moral distress, and extended separation from family can lead to sadness, loss of motivation, fatigue, and suicidal

ideation (Dick, 2014; Brooks, 2019). Studies have also shown that mission inefficacy and poor leadership support contribute to depressive symptoms (Karim & Beardsley, 2017). Peacekeepers frequently suffer from generalized anxiety, panic attacks, and chronic tension due to constant exposure to uncertain and dangerous environments (Brett & Specht, 2017). Continuous hypervigilance, fear of ambush, and responsibility for civilian safety sustain high anxiety levels even in non-combat situations (Westerink et al., 2017).

In addition, participant officer 11, also narrated an incidence that happened when a colleague was shot by an opposing rebel group when he was instructed to launch an attack against the encroaching rebel group. He had to be taken to the intensive care for surgery to be performed by the health team. It took a while before he could recover and when he recovered, he could not be deployed to the main battlefield because of the injury he suffered which subsequently he had to undergo several operations before being able to walk freely without clutches. Within this time, he suffered emotional depression, severe trauma and became addicted to smoking which also affected his health (Participant Officer 11, Ghana Armed Forces, Interview September, 2025).

Thus, moral injury occurs when individuals witness or participate in acts that violate their moral or ethical beliefs. Peacekeepers often face moral injury when they are unable to prevent violence against civilians or are forced to act against their conscience under strict rules of engagement (Allison, 2018; Brooks, 2019). This condition may manifest as guilt, shame, anger, or a loss of trust in leadership and humanity. In addition, loss of fellow peacekeepers, as experiencing or witnessing the death or injury of colleagues is a major source of trauma and grief among deployed personnel (Connorton et al., 2012).

To cope with stress and emotional pain, some peacekeepers resort to alcohol or drugs, leading to substance misuse or dependency (Ben-Ari & Elron, 2001). This is corroborated by Participant Officer 16, who describes a situation whereby most of his colleagues who were deployed with him to undergo peacekeeping in one of the conflict prone areas in West Africa experienced severe post-stress traumatic disorders and became addicted to substance abuse such as drugs and alcohol as coping mechanism (Participant Officer 16, Ghana Armed Forces, Interview September, 2025). Such behaviours can exacerbate depression and anxiety, impair judgment, and increase the risk of disciplinary or legal problems (Greenberg et al., 2010). This is further corroborated by Participant Officer 2, who indicated that most of these former peacekeepers have become depressed over time and some have also experienced severed medical disorders due to the nature of combat warfare they were exposed to and how this impacted on their mental state (Participant Officer 2, Ghana Armed Forces, Interview September, 2025).

Additionally, several studies emphasize the high rate of sleep disruptions, suicide attempts, and suicidal ideations among military personnel and veterans (Hom et al., 2017). This is affirmed by participant officer 10, who insists that peacekeeping officers encounter sleep disruptions and suicidal tendencies as a result of the nightmares they encounter in their sleep and become scared of these events that they experience personally. Some have indicated situations where they experienced dream attacks which often leads to sleep disruptions and strange encounters that often make them afraid. In terms of suicidal rates, he indicated that some officers due to some personal encounters become mentally unstable and decided to take their own lives. Though, they are closely monitored and offered support (Participant Officer 10, Ghana Armed Forces, Interview September,2025).

Furthermore, the case of cultural and language barriers is also a major stress factor among most peacekeeping officers. Miscommunication and cultural misunderstandings between peacekeepers and local communities can cause tension and hinder mission effectiveness (Ben-Ari & Elron, 2001). This occurs mostly to peacekeeping missions who cannot speak the local dialects of the local people though in some cases there might be translators, it can lead to miscommunication and cultural misunderstandings when not correctly transmitted and acted upon within the cultural settings. The nature of the stress occurs when the unit or teams requires cooperation from local settlers or communities in their engagement, it becomes extremely difficult when there is a language barrier and cultural shocks which might hinder a special operation (Participant Officer 3, Ghana Armed Forces, Interview September 2025).

According to Participant Officer 21, when dealing local communities within a conflict prone community, its important to maintain impartiality or fairness with the parties, otherwise situations might escalate, and mediators might not be able to resolve them. This requires that injustice is punished in order to serve as a deterrence to others (Participant Officer 21, Ghana Armed Forces, Interview September 2025). It is worth noting that peacekeepers may find it extremely challenging and stressful to negotiate with the opposing sides involved in the conflict zones. Identifying and addressing these issues is essential to promoting the mental health of peacekeepers and increasing the efficacy of their missions (Darkwah, 2023).

Moreover, separation from family and home can also be a major driving factor when it comes to stress during deployment of service for most peacekeeping officers. Extended deployments and limited contact with loved ones lead to loneliness and emotional exhaustion (Dict, 2014). This occurs when peacekeepers who have left their families for the first time arrive at their deployment base and they suddenly experience a disconnect with their immediate family,

can lead to the person feeling isolated and marginalized. In such cases, friends of the soldier need to step in to assure him of their emotional support and comfort as he discharges his duties till, he returns back home safely (Participant Officer 17, Ghana Armed Forces, Interview September 2025). Unclear mission objectives or political pressures can also be a major factor as unclear mandates and conflicting political interests within host nations and the UN can create frustration and reduce morale (Durch & Berkman, 2006; Karim & Beardsley, 2017). The findings above provide evidence on some of the mental health issues experienced by peacekeeping officers.

### **3.2.2 Some of the mental health symptoms experienced by peacekeeping officers deployed to various host states.**

Consequently, the psychological impact of a demanding environment on the military can have severe mental health impacts on peacekeeping officers which is evidenced by some of the mental health symptoms such as persistent sadness, hopelessness or emotional numbness (Dick, 2014; Connorton et al., 2012). These are considered psychological and emotional symptoms which most peacekeeping officers sometimes undergo in terms of being isolated, sad and a state of hopelessness. This is a common symptom among first time peacekeeping officers who become broken and feel dejected as a result of their exposure to intensive warfare and casualties (Participant Officer 13, Ghana Armed Forces, Interview September, 2025). Similarly, participant officer 5, describes some of the symptoms as irritability and anger outbursts among officers in various units due to stress or burn out they encounter in their various operations which can be overwhelmingly exhaustive (Participant Officer 5, Ghana Armed Forces, Interview September, 2025). This is affirmed by Brooks (2019) who states that irritability and anger outbursts, often resulting from frustration or moral conflict (Brooks, 2019) can occur among peacekeeping officers.

According to Dohrenwend (2000) that as a result of crimes committed during the mission, some soldiers have lost their ranks and given up advancements, while others have come back with criminal-service charges. Additionally, some soldiers were repatriated back to their home country and then discharged from the Ghana Armed Forces for service offenses they committed throughout the operations. These problems have been linked to soldiers' psychological anguish (Dohrenwend, 2000), even though the underlying cause is not always clear.

This is corroborated by participant officer 23 who indicated that in some situations soldiers have been charged with crimes committed during their time of peacekeeping operations. Though it is associated with individual behaviours some of these soldiers were caught indulged in substance abuse which can be largely attributed to the nature of intensive exposure to combat warfare. These crimes though were not clarified it was allegedly attributed to drug or substance abuse. As a result of the mental health symptoms of psychological trauma

According to a study of American sailors, concerns for spouses and children rose significantly during and after deployments as compared to before (Lester et al., 2005). Being away from loved ones for long periods leads to loneliness, homesickness, and a lack of emotional support (Dick, 2014). These situations lead to mental health symptoms of loneliness and isolation which can sometimes affect one's mental health since one is not readily accessible to these significant others in his or her life. Also, participant officer 3, emphasizes the issue of soldiers being instructed to shoot and kill undergo severe psychological trauma which can be very difficult to deal with mentally especially when the individual does not pose a threat but due to an instruction one is instructed to shoot (Participant Officer 3, Ghana Armed Forces, Interview September, 2025).

According to Allison (2018), this might cause guilt and shame, particularly among individuals who see suffering but are powerless to help. In addition, some peacekeepers,

particularly those working in dangerous or erratic situations, may have psychological health issues such as anxiety, dread, or panic (Brett & Specht, 2017). This is evidenced in some battle grounds where we were targeted by the rebel and there was an intensive exchange of fire as we were commanded to attack them without fear and we were able to disarm them as some took to their heels. Though we overcame them, some first-time peacekeeping officers were very faced with anxiety and panicked at the way we were besieged by the rebel group and with support from the local forces on the ground we overpowered them (Participant Officer 10, Ghana Armed Forces, Interview September, 2025).

Additionally, peacekeeping officers experience psychological health symptoms such as emotional burnout or compassion fatigue, which are brought on by continuous exposure to human misery (Westerink et al., 2017). Cognitive health symptoms are included in the category of mental health symptoms. Trauma and stress brought on by deployment frequently interfere with normal cognitive functioning. Intrusive memories or flashbacks of traumatic experiences are examples of typical cognitive problems (Greenberg et al., 2010). Due to hyperarousal or weariness, it might be hard to focus or make decisions. (Westerink et al., 2017). Psychological stress, which may be manifested by alterations in behaviour such as social isolation or withdrawal, is one of the behavioural symptoms that the majority of peacekeepers endure. refrain from engaging with coworkers or the general public (Ben-Ari & Elron, 2001).

This is affirmed by participant officer 6, who describes a situation whereby a particular colleague started withdrawing himself away from his team or unit and it was realized that he was experiencing some psychological issues and was given the needed support till he recuperated (Participant Officer 6, Ghana Armed Forces, Interview September, 2025). Some peacekeeping officers may engage in reckless or aggressive conduct, frequently as a way to express rage or stress

(Brett & Specht, 2017). This may include substance abuse, such alcohol or drugs. drugs used to deal with psychological distress (Greenberg et al., 2010). Chronic psychological stress, which can manifest physically through sleep disturbances such as insomnia or nightmares, is one of the potential signs of mental health issues (Greenberg et al., 2010).

### **3.2.3 Extent to which these Mental Health issues impact negatively on peacekeeping operations.**

Peacekeeping operations can be very physically demanding and as such peacekeeping officers must be in a good state of mental health in order to deliver on their mandate of peacekeeping and peace enforcements. But usually, some of these peace keeping officers encounter severe mental health issues that negatively impact on their peacekeeping operations or mandate. These psychological or mental health symptoms can occasionally result in decreased work productivity or a lack of motivation (Durch & Berkman, 2006). As a result, mental health issues like depression, anxiety, and PTSD can have a major impact on alertness, focus, and decision-making skills (Greenberg et al., 2010; Westerink et al., 2017).

Participant Officer 9, describes an experience whereby some colleagues belonging to various units were diagnosed with depression and anxiety which led to them not being able to complete their peacekeeping operations. These colleagues had a severe mental breakdown which it later turned out that they were going a lot of traumas which required severe attention by medical psychologist by way of care support and coping mechanisms (Participant Officer 9, Ghana Armed Forces, Interview September, 2025).

Additionally, cognitive deficits such as indecisiveness, memory lapses, and difficulty concentrating might raise the likelihood of errors in high-pressure settings. When dealing with threats, negotiating, or resolving conflicts, emotional instability might cloud one's judgment.

Ultimately, this lowers the mission's efficiency and can jeopardize the security of the civilians they are protecting as well as the peacekeepers themselves (Durch & Berkman, 2006). Participant officers 21 and 24 respectively stated that upon returning from their peacekeeping missions, some of their colleagues suffered severe impairments particularly those deployed to high intense conflict areas who were exposed to high combat warfare for a long period of stay during deployment (Participant Officers 21 and 24, Ghana Armed Forces, Interview September, 2025).

It should be mentioned that unaddressed psychological discomfort can manifest as impulsive or violent conduct. Peacekeepers who are angry, irritable, or morally wounded may engage in risky behaviour, violence, or drug abuse (Ben-Ari & Elron, 2001; Brooks, 2019). In addition to putting their own lives at risk, such actions may also tarnish the mission's name and trustworthiness. In high-stress deployments, alcohol misuse and misbehaviour have been found to be coping strategies (Connorton et al., 2012). Furthermore, teams frequently experience withdrawal, mistrust, and communication issues as a result of mental health issues (Brett & Specht, 2017).

This is evidenced among peacekeeping officers as some withdraw which is a symptom of mental health need as a result of various factors which is likely to impact negatively on their level of output or productivity among the team. Some of these withdrawals might largely be due to lack of trust among colleagues and bullying (Participant Officer 18, Ghana Armed Forces, Interview September, 2025). Peacekeepers who are impacted may isolate themselves from their peers or superiors, which reduces the unit's cohesiveness. Team members may also experience tension and conflict as a result of emotional numbness and irritability (Ben-Ari & Elron, 2001). Some peacekeeping officers due to personal experiences might isolate from their colleagues which might be largely influenced by their past histories which are largely negative in dealing with individuals

within groups which shapes their behaviour (Participant Officer 1, Ghana Armed Forces, Interview September, 2025).

Furthermore, persistent stress and psychological stress frequently have physical manifestations, such as insomnia, exhaustion, high blood pressure, and a weakened immune system (Westerink et al., 2017). This is evidenced as participant officer 19, describes an experience whereby most peacekeeping officers experienced chronic stress as a result of a particular counter offensive operations waged far away from the base which led to them staying in the forest and had to endure severe bad weather. These experiences led to some of them experiencing chronic stress and emotional burn out from their missions' outskirts of the town to rebel hide outs (Participant Officer 19, Ghana Armed Forces, Interview September, 2025).

Long deployments and emotional trauma also put a burden on interpersonal ties and social reintegration. When peacekeepers return, they may have trouble reintegrating into their families, be easily annoyed, or withdraw emotionally (Dick, 2014). Participant officer 12, indicates that there has been some strained family relations which has occurred when one's partner is deployed on a mission and suddenly return to find out that his or her partner has been unfaithful to him or her can lead to the collapse of their marriage (Participant Officer 12, Ghana Armed Forces, Interview September, 2025). These issues can contribute to divorce, domestic conflict, or long-term social isolation.

### **3.3.0 Coping Strategies or Support Systems adopted by PKO Officers**

As evidenced in the above discussion on mental health experiences, it is obvious that peacekeepers who are deployed to conflict prone area are susceptible to various mental health issues or symptoms that makes them unproductive when it comes to achieving targets. It is

therefore important that specific coping strategies, support systems or interventions are put in place to provide mental health care for vulnerable peacekeeping officers. Generally, coping is seen as a method of handling a bad or stressful situation, according to Endler and Parker (1990). As a result of the mental health issues experienced by peacekeeping officers, most of them utilize various coping strategies such as problem focused coping, emotion-focused coping, avoidance coping, adaptive coping, ineffective coping, social coping, spiritual coping, self-care coping and cognitive coping.

There are many different categories for coping strategies. These include coping strategies that are maladaptive, such as avoidance-based coping (Folkman & Lazarus, 1980; Roth & Cohen, 1986), issue-focused coping, emotion-focused coping, and problem-focused coping. Issue-centred coping strategies are listed by Carver, Scheier, and Weintraub (1989) as the five categories of active coping, planning, suppression of competing activities, restrained coping, and seeking social support. These strategies though might help manage the situation does not holistically address the issues of mental health faced by peacekeeping officers.

Participant Officer 3, states that when it comes to coping with mental health most of my colleagues confide in others they trust about their state of mental health which usually entails describing the symptoms and these colleagues offer various suggestions which can sometimes be useful. Some of these suggestions include taking some days off to sleep and relax the body or seek health care when it is very serious and not easy to handle (Participant Officer 3, Ghana Armed Forces, Interview September, 2025). This is affirmed by Tindle et al., (2022) who explains that effective coping mechanisms for Ghanaian military peacekeepers may include practicing mindfulness, engaging in physical activity and relaxation exercises, and seeking assistance from

friends, family, and coworkers. and meditation, as well as seeking therapy or counselling from a professional (Tindle, Hemi & Moustafa, 2022).

These behaviours and actions that people use to manage the stress and psychological suffering they are experiencing are considered coping techniques (Bhandarker & Rai, 2019). The effectiveness of coping mechanisms in lowering psychological discomfort can determine whether they are adaptive or maladaptive. Also, participant officer 6, described some of the coping mechanisms used by some of their colleagues as involving the use of relaxation in order to recuperate but mostly they share their mental health issues with trusted colleagues who might suggest they visit the health team or pray over the situation (Participant Officer 6, Ghana Armed Forces, Interview September, 2025). Peacekeepers frequently depend on their teammates for emotional support, sharing experiences, and a sense of camaraderie. Peer support can be a crucial coping mechanism for dealing with stress and raising spirits. (Sharma & Sharma, 2012).

Similarly, Participant Officer 9, described some of the coping mechanisms or strategies as involving the use of emotional support as well as seeking assistance, knowledge, and help from others when necessary. This is a pattern most of the peacekeeping officers take when they face some mental health issues which they usually seek advice from their peers. Some usually involve belief and faith in their God as they are told to trust and pray to God for a solution and others indulge in religious rituals which they are used to and often sleeping as a form of therapy (Participant Officer 9, Ghana Armed Forces, Interview September, 2025). This is corroborated by Carver et al., (1989) who explains that some of the coping mechanisms involves religious practices, seeking emotional support, denial, acceptance, positive reinterpretation, and other emotion-focused coping mechanisms are all examples of such strategies. Participant Officer 11, highlights the use of emotional support by colleagues who often meet to pray for their colleagues

and offer support to them when they are mentally down. Some also if care is not taken start abusing substances in secret in order to cope with their situation such as drinking and smoking etc which can be detrimental to their health (Participant Officer 11, Ghana Armed Forces, Interview September, 2025).

Denial is the resolute refusal to acknowledge the existence of a stressor, whereas seeking emotional support is the act of seeking moral support, understanding, and compassion. People tend to turn to their faith when they are under stress (Carver et al., 1989). This is further corroborated by participant officer 13, who is of the view that when peacekeeping officers are faced with mental health issues such as depression, anxiety, fear, trauma or any form of psychological issue, they are very fast to deny it but then treat them as mild issues that they can cater for which can be very dangerous if not diagnosed early. So, most end becoming addicted to all sort of concoctions in the name of treating such issues as headaches, pain and emotional issues such as anxiety and depression. They usually seek advice from their most trusted colleagues who offer them some emotional support (Participant Officer 13, Ghana Armed Forces, Interview September, 2025). It is essential to establish solid support networks with coworkers during peacekeeping operations.

In peacekeeping, coping mechanisms include methods for dealing with stress, which can result from exposure to conflict, trauma, isolation, and other difficult situations (Raju, 2014). Such methods may include actions taken by higher command to lessen the physical and emotional consequences of stress. This is evidenced when commanders realize that their units or teams are seriously affected by the nature of intensive exposure to combat warfare intensive exercises and how these affect the mental health of the unit or battalion. Therefore, some actions could be taken to reduce the workload or intensity such that the unit or battalion is not overworked and could reserve strength whilst building resilience in order to be able to accomplish missions when

deployed to hot zones. They are mostly offered short breaks to recuperate for the next task (Participant Officer 15, Ghana Armed Forces, Interview September, 2025).

It is worth noting that peacekeeping and coping strategies are inextricably linked, since peacekeepers must be able to use coping mechanisms to successfully deal with the difficulties and requirements of their peacekeeping assignments. Peacekeepers are better able to manoeuvre the complicated and occasionally hostile environments in which they work thanks to coping mechanisms (Neethling, 2011). These tactics can be both helpful and harmful.

Participant Officer 17, also stressed the importance of some beneficial coping strategies which involve participation in physical activities as such the units or teams organize several physical exercises or routine games that help their colleagues gain mastering in coping with stress related issues and lack of mental focus. The teams could take a walk, jogging in teams or running exercises and other forms of exercises such as arm wrestling, football, basketball etc. These help to ease one's anxiety, stress and depression whilst being deployed. It helps relieve peacekeepers mental health issues though some cases are referred to the health team on board the deployment (Participant Officer 17, Ghana Armed Forces, Interview September, 2025).

Finally, participant officer 21, highlights that coping mechanism could be personal as the individual might want to use his or free time to sleep or relax in order to gain much strength and improve on his mental strength. Usually, we have breaks where everyone goes to take a rest for some number of hours and then return when the unit battalion instructs. So we prioritize particularly breaks to help every member take a break in order to recover and for some who need medicinal support the health team is there to offer them medical care. We also ensure that officers eat healthy such as taking fruits after meals and more water to keep them refreshed (Participant Officer 21, Ghana Armed Forces, Interview, September, 2025). This is corroborated by Saul et al.,

(2016) who suggest that coping mechanisms entails obtaining sufficient sleep, adhering to a nutritious diet, and participating in physical activity whenever feasible (Saul & Simon, 2016).

It also involves training, support groups, and access to mental health resources. In the peacekeeping community, all health resources are essential for promoting these coping mechanisms (Saul & Simon, 2016). The psychological component of peace support operations is critical. The well-being of peacekeepers is crucial to maintaining mission effectiveness and individual resilience (Cheonga & Pieters, 2022). As a result, the research examines the lived experiences of peacekeeping officers, especially those from the Ghana Armed Forces at the Burma Camp, when it comes to mental health and the coping mechanisms or strategies that they employ. so as to lessen the effects on their well-being.

### **3.3.1 Mental Health Services or Support Systems or Interventions available to PKO officers**

The overall demanding environment and direct exposure to violence, and the inability to intervene in particular events can lead to several mental health symptoms (Friedman, Warfe, and Mwiti, 2022). Therefore, there is a need for mental health services or support systems that cater for the health needs of peacekeeping officers. As research has shown that peacekeeping officers usually experience a reduction in concentration, drive, and absenteeism and low self-esteem which is common among those suffering from psychological discomfort (Puckett, Levitt, Horne, & Hayes-Skelton, 2015). Fortunately, people may handle psychological distress with a variety of coping techniques and treatments. Psychotherapy, counselling, medication, social support, self-care, stress reduction strategies, and other things are examples. Nonetheless, it is possible to manage and overcome psychological suffering with the appropriate support, coping skills, and expert assistance (Chan, Khong, & Wang, 2017).

Participant Officer 2, suggests that most often when peacekeeping officers encounter mental health challenges, they are often referred to the health team on board the deployment team and they are supported with medical diagnoses but usually we do not have an in-house mental health psychologist. There are health care specialists maybe nurses or doctors on board the team who step in to offer prescriptions after treating patients when he or she is diagnosed with mental health issues but we lack psychologist and psychiatrists who are qualified to handle such issues (Participant Officer 2, Ghana Armed Forces, Interview, September 2025). Also, participant officer 4, explains that when any peacekeeping officer is having mental health issues some of them receive counselling and advised to take a rest in order to gain back their strength. The counselling might be crucial to those having issues of depression, anxiety and fear of the unknown. After receiving some counselling, peacekeepers are advised to engage in physical activities to overcome any form of boredom (Participant Officer 4, Ghana Armed Forces, Interview, September, 2025).

In recent times, the Ghana Armed Forces units have established a Wellness and Counselling Centres to offer therapy and guidance on stress management, substance use, and family related issues (Ghana Peace Journal, 2024). Though in the past, the Ghana Armed Forces did not have some of these facilities available as most peacekeeping officers were offered support via general health care services that tend not tackle the mental health challenges of its personnel. So, there are several peacekeepers whose suffer mental health issues but might be treated as the usual general health issues which does not augur well for such a noble institution (Participant Officer 8, Ghana Armed Forces, Interview September, 2025). At the moment, there is not an on-site psychologist or psychiatry to offer therapeutic support to peacekeeping officers who are going through some mental health issues. They are left to deal with these issues all alone which is very

detrimental to their mental health (Participant Officers 6, Ghana Armed Forces, Interview, September, 2025).

It is essential to identify and manage psychological suffering in peacekeeping in order to safeguard the well-being of peacekeepers and their capacity to perform their tasks effectively. Measures that might lessen psychological suffering and offer support include providing training, access to mental health resources, and adequate debriefing following operations (Di Razza, 2022). As military peacekeepers are frequently exposed to stressful and traumatic situations during PSOs, which causes psychological pain (Sareen et al., 2007). The availability of military psychiatrists could help in diagnosing and treating severe psychological disorders such as post-traumatic stress disorder (PTSD), depression or psychosis among deployed peacekeepers (UNDPO, 2023).

These psychiatrists could help prescribe medications, stabilize acute psychiatric cases and provide medical advice to commanders regarding personnel fitness for duty (United Nations, 2023). At the deployment centres, most of the time peacekeeping officers learn to cope with their stress, depression, anxiety and trauma issues until they cannot manage them anymore and involve their teams and referred to the health team. If we had psychiatric nurses, psychologists or military psychiatrists it could be helpful but during my time we never had them but we had a general health care team and all they did was to prescribe drugs for us to take and advise us on taking a break and sleeping (Participant Officer 10, Ghana Armed Forces, Interview September, 2025).

They are indispensable in managing severe mental health crises and coordinating medical evacuation for high-risk cases (WHO, 2022). Thus, psychologists conduct psychological assessments, provide trauma therapy, and deliver group stress-management workshops for deployed personnel (WHO, 2022). They also play a key role in post-incident debriefings and resilience training (UNDPO, 2023). It is surprising that we do not have military psychologists or

psychiatrists deployed along with peacekeeping officers but rather general health staffs such as nurses who prescribe to us drugs but do not adequately diagnose our mental health issues. During my time, we did not have these military psychologists or psychiatrists who could have helped us deal or cope with our mental health issues. But we are usually given only medicines such as paracetamol or pain killers which usually does not address the issue (Participant Officer 12, Ghana Armed Forces, Interview September, 2025).

In conclusion, effective peacekeeping operations depend not only on tactical readiness but also on the psychological resilience of personal. Having a full complement of psychiatrists, nurses, social workers, chaplains and peer support officers on-site ensures early detection, treatment, and rehabilitation of mental health issues. Such multidisciplinary teams foster mission effectiveness, morale and post-deployment well-being (United Nations, 2023).

### **3.3.2 Some of the barriers encountered by PKO officers in seeking help from the team.**

Despite growing recognition of mental health as a component of operational readiness, peacekeepers often underutilize available services (UNDPO, 2023). The most pervasive barrier is stigma surrounding mental illness within military culture. Many peacekeepers fear that acknowledging mental health problems will be perceived as weakness or incompetence (Henderson et al., 2021). Participant officer 25 describes an ordeal where his colleague was undergoing a lot of mental depression where he could no longer be effective in the deployment but had to continue to rely on self-medication in order to keep up with his job as he did not want to visit the health team for them to refer him. This might make him lose his job which he did not want to lose the package given to peacekeeping officers for their service (Participant Officer 25, Ghana Armed Forces, Interview September 2025). This is affirmed by Jones et al., (2020) who

states that others worry it might jeopardize promotions, mission, assignments, or peer respect etc. This leads to under-reporting and self-concealment of distress.

Similarly, participant officer 20, states that some peacekeepers prefer to self-medication instead of being attended to when it comes to dealing with issues of mental health. This is because it could affect their chances when they are diagnosed as mentally unfit which chances are that you will be sent back home or relegated to the background. The whole issues is that once the top command get to know from the health team that you are suffering from a mental health issue, word would spread which might leading to you being sent home. So most people would prefer to keep their conditions to themselves or confide in their trusted friends for some emotional support (Participant Officer 20, Ghana Armed Forces, Interview, September 2025).

This is corroborated by Jones et al., (2020) who states that many peacekeepers distrust military mental health systems because counselors or medics report to the chain of command. This lack of perceived confidentiality discourages honest disclosure of symptoms (Jones et al., 2020). For example, soldiers may avoid military clinics out of fear their mental health record will affect their reputation or future missions (Henderson et al., 2021). In addition, and some too, have to deal with the issue of stigma it brings to their profession as rumors might spread to his or her other colleagues (Participant Officer 20, Ghana Armed Forces, Interview September, 2025). Thus, in Ghana and other African troop-contributing countries, senior officers have publicly emphasized ending stigma after noticing widespread reluctance to seek help (Ghana Armed Forces, 2024).

It is worth noting that most peacekeeping missions operate with a shortage of trained mental health specialists, particularly psychiatrists and clinical psychologists (UNDPO, 2023). This is compounded by uneven distribution specialists are usually stationed at mission headquarters, leaving remote contingents underserved (World Health Organization, 2022). This is

largely the case as participant officer 18 indicates that during the deployment of our team, we never heard of any health person who was qualified as a military psychologist or psychiatrists. Though we had a health team, they were generally doctors and nurses without any specialist's knowledge on issues of mental health and therefore prescribed drugs based on symptoms such as headaches, body pains, cold, feverishness, numbness, lack of appetite etc. (Participant Officer 18, Ghana Armed Forces, Interview September 2025).

Furthermore, in low and middle-income troop contributing countries, limited national mental health infrastructure translates into insufficient deployment capacity (WHO, 2022). Without proper mental health literacy, they may normalize severe symptoms or rely on unhealthy coping mechanisms such as alcohol use (WHO, 2022). Another critical factor is that institutional policies sometimes prioritize mission effectiveness over well-being. Thus, mental health is often treated as a secondary health issue rather than a readiness factor (Maguire et al., 2022). Funding for mental health and psychological support services (MHPSS) remains limited and coordination between UN agencies, troop-contributing countries and field missions is often fragmented (United Nations, 2023). These are many factors tend to deny peacekeeping officers' quality mental health care when deployed to their host communities.

### **3.3.3 Some of the changes peacekeeping organizations should make to better support the mental health of peacekeeping officers.**

Due to the unpredictability of peacekeeping operations (PKOs), there is a need for the Ghana Armed Forces to adapt to modern health services in the area of mental health for its peacekeeping officers. This is because peacekeeping operations can suffer from a lack of resources

and insufficient support, which makes it difficult for staff to handle the demands of their work, resulting in (Bellamy, William, & Griffin, 2010) to higher levels of stress and anxiety.

Participant Officer 17, suggests that the Ghana Armed Forces should make mental health awareness a key element of its deployment debriefing whilst also putting in place support systems or intervention to ease the stress of peacekeeping officers. This should be undertaken by specialists psychiatric nurses or doctors with adequate knowledge on mental health issues such that they can be able to offer peacekeeping officers therapeutic services which can become a monthly routine check so as to ensure that officers are mentally stable to embark on their missions (Participant Officer 17, Ghana Armed Forces, Interview September, 2025).

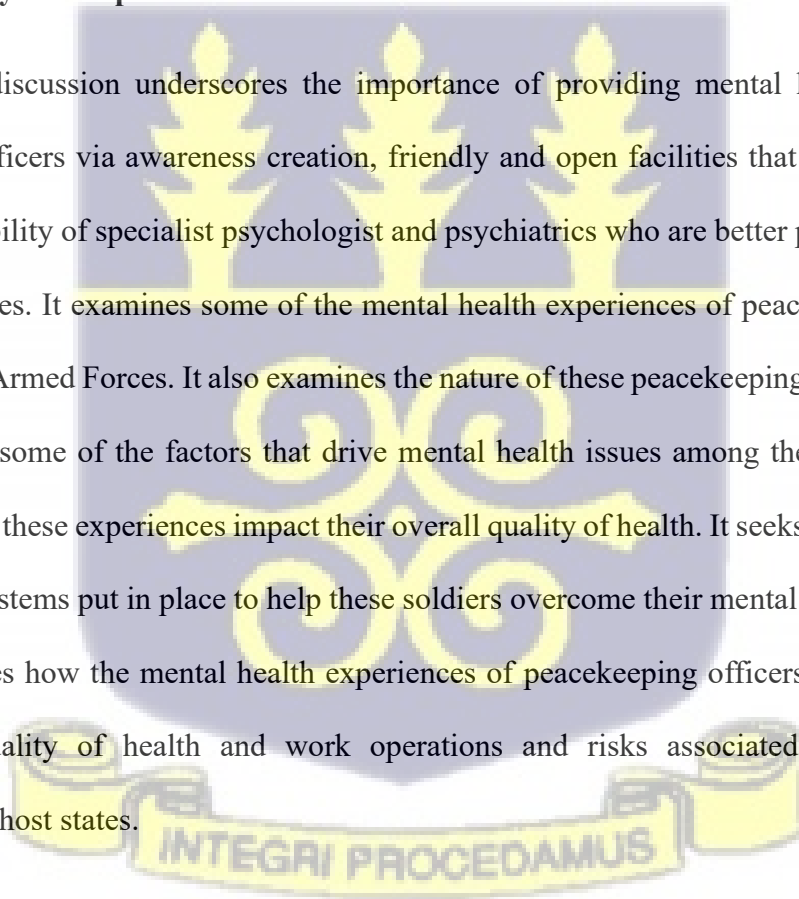
It is essential to identify and address these elements in order to enhance the efficacy of peacekeeping operations and promote the mental health of peacekeepers. Proper training, access to mental health assistance, debriefing sessions, and continuing treatment are all critical components of lessening anxiety during PSOs (McEwen, 2012). This is affirmed by participant officer 15, who suggests that the availability of mental health services or interventions can go a long way to help alleviate the trauma, anxiety, stress and depression that peacekeeping officers go through in their daily encounters on the battlefield (Participant Officer 15, Ghana Armed Forces, Interview September, 2025). Thus, providing access to mental health professionals and support services during and after missions can aid in the detection and treatment of somatization in peacekeeping soldiers (Bove et al., 2022).

As such early identification and treatment of somatization issues can be further aided by encouraging an open and encouraging atmosphere in which employees feel comfortable discussing their emotional well-being. Prioritizing the well-being and mental health of peacekeepers allows organizations to better promote the effectiveness of their mission and the overall well-being of all

those involved. Peacekeeping operations (Bove, Salvatore & Elia, 2022). This is corroborated by participant officer 3, who suggests that when officers or soldiers are confronted with mental health issues, all they need is the early diagnosis of the issue and then treatment can be undergone for those in critical condition. But we must also demystify the issue of mental health where it is seen as you are not mentally stable that is the problem where people begin to stigmatize you and point fingers at you (Participant Officer 3, Ghana Armed Forces, Interview September, 2025). This would help reduce the mental stigma that peacekeeping officers encounter in their daily peacekeeping operations.

#### **3.4.0 Summary of Chapter**

The above discussion underscores the importance of providing mental health services to peacekeeping officers via awareness creation, friendly and open facilities that do not stigmatize them and availability of specialist psychologist and psychiatrics who are better placed to diagnose such mental issues. It examines some of the mental health experiences of peace keeping officers from the Ghana Armed Forces. It also examines the nature of these peacekeeping operations taking into cognizance some of the factors that drive mental health issues among these peace keeping officers and how these experiences impact their overall quality of health. It seeks to ascertain some of the support systems put in place to help these soldiers overcome their mental health issues. The study investigates how the mental health experiences of peacekeeping officers affect negatively their overall quality of health and work operations and risks associated with serving in peacekeeping in host states.



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## CHAPTER FOUR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

### 4.0 Summary of Findings

The research findings are derived from the objectives established at the outset of the study, which include:

1. Identify some of the educational trainings or orientations organized for peacekeeping officers in their sending states before they embark on their trips.
2. Ascertain some of the mental health issues that peacekeeping officers encounter during their deployment in host states and how does this impact PKOs psychologically.
3. Investigate how peacekeeping officers cope with mental health issues that arise during their deployment in host states.
4. Examine some of the support systems or coping strategies or interventions put in place to ameliorate the negative impacts of PKOs on mental health of troops.

#### 4.1.0 Objective 1: Educational Trainings or Orientations organized for Peace Keeping Officers

The study found out several key findings in relation to educational trainings or orientations undertaken for peacekeeping officers before their deployment. Key findings include:

##### (a) Familiarization and Pre-Deployment Arrangements for Officers:

- ***Specific Roles and Expectations:*** One of the significant findings has to do with the nature of orientation undertaken to help peacekeeping officers acquaint with their deployment missions. This focuses on familiarization of officers with the specific mission and role expectations of each peacekeeping official. These roles are clearly spelt out from the top of the commander to the lowest rank such that it would guide each officer in their mission.

- ***Rules of Engagement and Psychological State:*** With training orientations, these are very crucial as it prepares the military personnel for the journey in terms of psychological state. As such, the mandate and objectives of the mission are spelt out to every uniform soldier and the rules of engagement are made clear which helps provide effective leadership at the helm of command for the unit.
- ***Awareness Creation on Combating, Cultural Awareness and Responsibility to Protect:*** The study found out that orientations for peacekeeping officers helps in providing soldiers with the necessary experience in formative combat experiences. These experiences shape their perspectives of the host state in relation to cultural awareness, protection of civilians and accountability and reporting obligations.
- ***Conflict Dynamics, Communication Tips and Local languages:*** The study findings reveals that orientations for peacekeeping officers enables them to understand the local conflict dynamics, local languages in terms of basic greetings and communication tips, gender roles and local community structures.
- ***Enhancing Situational Awareness, Threats and Risks:*** The nature of orientations helps to enhance the situational awareness, threats, risks and convoy operations and movement control which should be expected once the peacekeeping officer arrives in his or her state.
- ***Coordination of Operations:*** The orientation of the pre-deployment process for peacekeeping during their deployment process, is very important as it ensures effective coordination of activities or operations by every unit and facilitates smooth information sharing. This is because for peacekeeping to be successful you need all hands deck which involves every unit command as part of the major team that has been assigned to a particular conflict zone.

- ***Grounding of Officers and helping them cope with stress and trauma:*** The orientation process is to ground officers in the whole process by way of exposing them to the situation on the ground whilst ensuring that the team is much prepared to undertake this task. the orientations undertaken by the Ghana Armed Forces is to help officers handle operational stress and trauma experience by adapting to various coping mechanisms when one arrives within the conflict zone or environments. The goal is to ensure team cohesion and morale maintenance as we are each other's keeper.
- ***Effective Community Engagements and Trust Building:*** The study found out that orientations expose peacekeeping officers to the communities within which conflicts occur and how community engagements and trust building can be utilized in building trust bonds. The orientations thus serve as an eye opener for first timers who are yet to embark on peacekeeping and therefore, they are supposed to be oriented on the overall general mission, purpose, mandate and objectives of the mission.

### **Conclusion:**

The study found out that before deployment, several pre-deployment engagement processes are undertaken by the military higher command. These include familiarization and pre-deployment arrangements for officers in the form of documentation and also about their mission. Also, the specific roles and expectations are clearly outlined for the various units or teams. With rules of engagement and psychological preparedness of the peacekeeping, officers are ascertained and awareness creation on combating, cultural awareness and responsibility to protect is spelt out. The findings further reveal that conflict dynamics, communication tips and the local languages spoken by the local population remain very important for peacekeeping officers since they will be living among these communities. The goal is to ensure effective community engagements and trust

building. Further, the enhancing situational awareness, threats and risks is to help ensure effective coordination of operations, whilst grounding officers and helping them cope with stress.

#### **4.2.0 Objective 2: Mental Health Issues that Peacekeeping Officers encounter during deployment**

The study found out that some of the perspectives of PKO officers on mental health issues had to do with their state of mental health, mood swings and symptomatic nature of patient etc. Key findings include:

##### **(a) Assessing the knowledge of Peacekeeping Officers on Mental Health Issues**

- ***State of Mental Health:*** The study found out that mental health for most peacekeeping officers had to do with the state of one's health particularly the mental state of a peacekeeping officer. This is expressed by way of being mentally sound from anxiety and depression during one's deployment to the host state. It can also be when the officer is mentally unsound that has to do with one's psychological state which can be very harmful when not attended to.
- ***Mood Swings:*** The study found out that mental health can be described by way of mood swings which can sometimes be due to isolation from colleagues, stress as a result of intensive combat warfare and emotional burnout which can really affect one's mental health state. Therefore, mental health can be explained as a state of sound or unsoundness of the military personnel depending on the existing threats, risks and coping mechanisms available to the affected military personnel.
- ***Symtomatic Nature of Patient:*** The study found out that mental health could be diagnosed by way of symptoms expressed by the person in the form of anxiety, stress, fatigue, depression and isolation and how these factors that can slowly derail one's mental health

state from a sound mind to an unsound mind. This is capable of negatively impacting on one's ability to deliver effectively on the battleground

**Conclusion:** The study found out that peacekeeping officers endure a lot of stress and exhaustion when deployed to battle grounds during peacekeeping missions. The nature of these peacekeeping missions requires a team or a battalion that can be able to protect the peace and bring back stability to these conflict zones. During the process of fulfilling this mandate, most of these army men and women endure a lot of fatigue, stress, emotional burn out, psychological trauma, depression and anxiety and isolation that causes them to develop mental health issues. Therefore, peacekeeping officers gain a lot of experience when it comes to issues of mental health as a result of their deployment to key battlegrounds. These experiences shape one's knowledge on mental health issues and therefore very important for the military industrial complex when it comes to training and deployment of its army personnel to key battlegrounds.

**(b) Situations or Events that make Deployment of Peacekeepers Most Stressful.**

The study found out some of the conditions or situations that make peacekeeping forces become stressful. Key findings include:

- **Volatile Situations:** The study found out that some of the situations that make deployment of peacekeepers very stressful include volatile situations where there unleashed combat warfare which puts the soldier lives in danger. Thus, peacekeeping officers experience various casualties as a result of combat warfare and violence in these conflict prone areas. This has left some soldiers with amputated arms or feet as a result of the violence that was experienced. Some were shot as a result of the exchange of gunshots across military posts or stations, which led to some lives lost.

- ***Prolonged Exposure to Combat Warfare:*** The study found out that some conditions that give rise to stress and trauma amongst soldiers include prolonged exposure to combat warfare and its atrocities. Engaging in intense stand-off with opposing parties can be very overwhelming particularly during a heightened exchange of gunshots and warfare tactics in order to overcome rebel groups. These situations leave some soldiers with several psychological issues which some have resorted to negative habits such as drinking and smoking to cope with such exposure to violence and casualties.
- ***Adaptation to a New Environment:*** Moving from a known place to an unknown environment requires adaptation which can be very difficult for many peacekeeping forces which can sometimes lead to stress. This occurs when one is detached from one's comforted zone to an uncomforted zone which might take a lot of time to adjust, therefore can play a role in one's mental health status in terms of being accustomed to the place or feeling desperate.
- ***Excessive Workload and Isolation from family/loved ones:*** The study found out that most peacekeeping officers undergo stress from their work routines, and some feel isolated from their family and friends which often compound the situation when being deployed for peacekeeping missions. These military personnel are often detached from their operations when it comes to peacekeeping which could be overwhelming for most of them.

**Conclusion:** The study found out that at the onset of the deployment of peacekeeping officers to key battlegrounds or conflict prone communities, military officers are faced with an upheaval of situations or avalanche of problems that they would encounter in their host state. Upon their arrival, some of these peacekeeping officers are divided into units or teams that require that they report to their team or unit commanders. It is presumed that after settling

down into their various units or teams for their peacekeeping operations, peacekeeping officers encounter several situations or events that make their deployment most stressful and very traumatizing to their health and psychological state.

#### **4.3.0 Objective 3: Mental Health Issues that Peacekeeping Officers encounter during their deployment in host states**

The study found out some of the mental health issues that peacekeeping officers encounter during their deployment in host states include mainly stress, anxiety, fear, chronic depression, trauma and other mental health issues. Key findings include:

- ***Stress, Anxiety & Fear:*** The study found out that some of the mental health issues peacekeeping officers face are largely stress, anxiety due to the nature of combat warfare we engage in. Overtime, peacekeeping officers become overly stressed and worked out which affects their mental state. As a result, most tend to encounter anxiety when they encounter similar stress environments which can lead once isolation emotionally from the work and show signs of slowing.
- ***Chronic Depression and Trauma:*** It is common for peacekeeping officers to encounter mental health issues such as chronic depression and trauma largely caused by their exposure to constant combat warfare where casualties are recorded. The horrific scenes of casualties in terms of dead bodies can be very traumatizing which can affect one's mental health state psychologically and emotional state making them vulnerable to substance abuse.
- ***Substance Abuse and Post-Traumatic Stress Disorder (PTSD) Diagnosis:*** Some peacekeepers as a result of the exposure to violence, combat warfare and casualties become addicted to substance abuse in terms of the use drugs such as cigarettes, cannabis, marijuana

and cocaine etc. Some also are diagnosed with PTSD once they have been able to visit a mental health psychiatrists or psychologists when the situations worsen.

- ***Sleep disruptions and Suicidal Tendencies:*** The study found out that some peacekeeping officers encounter sleep disruptions and suicidal tendencies as a result of the nightmares they encounter in their sleep and become scared of these events that they experience personally. Some have indicated situations where they experienced dream attacks which often leads to sleep disruptions and strange encounters that often make them afraid.

***Conclusion:*** The findings above provide evidence on some of the mental health issues experienced by peacekeeping officers, as military peacekeeping officers who experience combat in the field become traumatized by the negative images that were recorded in their memory, resulting in a variety of mental and emotional breakdowns. Because of the utter brevity that some of these military peacekeeping officers must demonstrate, they are able to suppress pain, which in turn impairs their cognitive functioning by preventing any emotional expression. These events frequently have a negative impact on their mental health, which is mostly brought on by their exposure to protracted warfare or conflicts in their host nation.

#### **4.3.1 Some of the mental health symptoms experienced by peacekeeping officers deployed to various host states.**

The study found that some of the mental health symptoms experienced by peacekeeping officers include isolation, sadness, hopelessness, irritability, anger burst outs, loneliness, withdrawal etc.

Key findings include:

- ***Isolation, Sadness and Hopelessness:*** The study found out that some of the mental health symptoms experienced by peacekeepers often include isolation, sadness and a state of hopelessness. This is a common symptom among first time peacekeeping officers who

become broken and feel dejected as a result of their exposure to intensive warfare and casualties. Some of the symptoms as irritability and anger outbursts among officers in various units due to stress or burn out they encounter in their various operations which can be overwhelmingly exhaustive.

- ***Aggressive Behaviour and Agitations:*** Some of the symptoms experienced amongst peacekeepers often included aggressive behaviour and agitations when faced with mental health issues. This is often attributed to substance abuse and exposure to violence which can be very negative to the quality of mental state required of peacekeeping officers. These aggressive tendencies are often exhibited when mental health issues are not detected early to ensure that peacekeeping officers are put on treatment plans to recover to a sound state of mental health.
- ***Loneliness and Withdrawal:*** As a result of the mental health symptoms of psychological trauma, these situations lead to mental health symptoms of loneliness and withdrawal which can sometimes affect one's mental health. This pattern of behaviour can be attributed to the lack of social networks that one can trust and so most often some peacekeepers prefer to be alone and therefore withdraw from others such as friends and family members.
- ***Moral Injury, loss of faith, shame and emotional detachment:*** Some peacekeepers display symptoms of shame and emotional detachment as a result of not being able to protect the vulnerable within the conflict zones. Due to the constant barrage of these communities, some peacekeeper lose hope and become powerless since they are not able to help protect these vulnerable segments of society. This predicament dealt them a moral injury of the responsibility to protect which they could not carry out seeing these innocent people being attacked and killed.

- ***Numbness, Fidgeting and Persistence Panicking:*** Some of these symptoms as a result of the psychological trauma can be very difficult to deal with particularly when the individual is instructed to shoot and kill without any form of sympathy can be morally demoralizing. This can be very challenging for some as they would withdraw emotionally from their team or unit. Some also appear to have some form of numbness to pain due to the constant trauma they have been through and some experience persistence panicking and fidgeting of their hands.

***Conclusion:*** The study found out that some of the mental health symptoms experienced by peacekeepers include isolation, sadness and hopelessness, which can be very challenging for most of these peacekeepers to deal with. Also, some mental health symptoms could be the nature of aggressive behaviours and agitations experienced by peacekeepers making it extremely difficult for them to deal with when confronted with mental health issues. Others include loneliness and withdrawal, moral injury, loss of faith, shame and emotional detachment and numbness, fidgeting and persistence panicking which makes it extremely overwhelming for some peacekeeping officers to fully commit to their operations.

#### **4.3.2 Extent to which these Mental Health issues impact negatively on peacekeeping operations**

The study found out that the extent to which these mental health issues impact negatively on peacekeeping operations occur particularly when the individual becomes unproductive as a result of being diagnosed with depression and anxiety.

- ***Psychological Distress:*** Thus, peacekeepers can experience mental health issues which can be brought on by high levels of stress, regardless of its source, be it work, relationships, or life

events. Conditions like worry and sadness can be caused by prolonged exposure stressors. Psychological misery may result from bad thought patterns such as ruminating, catastrophizing, and persistent self-criticism. Feelings of sorrow, anxiety, or dread can be amplified by these cognitive biases.

- ***Reduced Readiness and Performance:*** PTSD or other types of psychological distress can result from past terrible experiences or combat exhaustion. Once more, certain personality traits, like perfectionism, neuroticism, or excessive self-criticism, might increase a person's susceptibility to mental suffering. These mental health issues are likely to reduce one's readiness and performance during operations.
- ***Breakdown of Discipline:*** Conflicts, breakups, social isolation, and other relationship issues can lead to psychological distress. On the other hand, psychological suffering may be mitigated by strong relationships and social support. The occurrence of indiscipline usually takes place when there is command structure that offers support to peacekeeping officers who endure severe mental health issues. These experiences can lead to rebellion.
- ***Lack of Team Cohesion:*** Once there are some peacekeeping officers having some mental issues, might likely lead to breaking down team cohesion in terms of roles assigned and expectations which demands that the team stay united and work towards filling the gap in order to achieve their mission targets.
- ***Negative Interactions & Compromised Mission Outcomes:*** Due to the nature of mental health issues, there can negative interactions that takes place with the immediate community when the patient is not supported and left to deal with the issue of mental isolation. This is the time that most peacekeepers require the support of their team and community members in order to be able to bounce back mentally sound.

**Conclusions:** Peacekeeping operations can be very physically demanding and as such peacekeeping officers must be in a good state of mental health in order to deliver on their mandate of peacekeeping and peace enforcements. But usually, some of these peace keeping officers encounter severe mental health issues that negatively impact on their peacekeeping operations or mandate. Recognizing and addressing mental health needs through early intervention, counselling, and strong leadership support is therefore essential for maintaining both mission success and human resilience. Thus, the study found out that the extent to which these mental health issues impact negatively on peacekeeping operations occur particularly when the individual becomes unproductive as a result of being diagnosed with depression and anxiety.

#### **4.4.0 Objective 4: Coping Strategies or Mechanisms adopted by Peacekeeping Officers**

The study found out that some of the coping strategies or mechanisms adopted by peacekeeping officers include mainly relaxation, sleeping, taking short breaks, seeking spiritual healing, faith and beliefs, social coping, and emotional support from friends etc.

##### **(a) Some of the Coping Strategies or Mechanism used Peacekeeping forces.**

- ***Confiding in Colleagues for Emotional Support:*** The study found out that some coping mental health strategies adopted by peacekeeping officers who encounter mental health issues has to do with confiding in their peers. This usually entails emotional support offered by their peers so as to offer support to their colleague. These friends ensure that their colleague is supported throughout their stay during peacekeeping operations. They offer assistance by way of emotional support coping strategies which are often useful.
- ***Relaxation, Sleeping and Short Breaks:*** Some of the coping mechanisms used by some peacekeeping officers involve the use of relaxation in order to recuperate from their mental health issues. This can be in the form of taking short naps or breaks after the main routine tasks

of the day. These short breaks or relaxation can provide some form of refreshed memory for post peacekeeping forces.

- ***Spiritual Coping or Healing Mechanisms:*** Some of the coping mechanisms or strategies used by some peacekeeping officers involve seeking for help from spiritual faith leaders that is church or mosque leaders who often pray for their safe recovery. This usually involve belief and faith in their God as they are told to trust God for a solution and others indulge in religious rituals which are quite mundane.
- ***Therapeutic Mechanisms:*** Usually this involves seeking for general health solutions which are often offered by non-specialists in the form of therapy. This entails taking in some form of prescribed medicinal drugs whilst utilizing other therapeutic strategies such as brisk walking, short naps, massages and routine health therapies that have proven to work in some cases for people with such mental health issues.
- ***Reduction of Workload and Building Resilience:*** Some ways to help peacekeepers cope with their mental health situations is to reduce their workload or intensity such that the unit or battalion is not overworked and could reserve strength whilst building resilience in order to be able to accomplish missions when deployed to hot zones. The reduction of workload and intensity can be of crucial help to relieving affected peacekeepers, thus enabling them to build resilience in the process.
- ***Engaging in Physical Exercises and Routine Games:*** Several physical exercises or routine games that help peacekeeping forces gain mastering in coping with stress related issues and mental health issues are recommended by the team. The teams could take a walk, jogging in teams or running exercises and other forms of exercises such as arm wrestling, football, basketball etc. These help to ease one's anxiety, stress and depression whilst being deployed.

It helps relieve peacekeepers' mental health issues though some cases are referred to the health team on board the deployment.

**Conclusion:** The study findings reveal that peacekeeping officers usually utilized several coping mechanisms or strategies that include confiding in their peers for emotional support. Also, another coping strategy involves relaxation, sleeping and having short breaks. Some also engaged in spiritual coping or healing mechanisms that involves offering prayers, invoking one's belief systems and faith practices in order to receive healing from the divine. In addition, therapeutic mechanisms proved beneficial for most peacekeeping officers as they resort to various therapy sessions and some strategies also utilized by the team include reduction of workload and building resilience for those affected by mental health to enable them recover fully. Furthermore, some also used coping mechanism in the form of engaging in physical exercises and routine games which proved very beneficial to most peacekeeping forces.

#### 4.4.1 Mental Health Services or Support Systems or Interventions available to PKO officers

This major theme sought to find out some of the mental health services or support systems offered to peacekeepers who are faced with mental health issues. Key findings include:

- **Referral to the Health Team:** Most often when peacekeeping officers encounter mental health challenges, they are often referred to the health team on board the deployment team and they are supported with medical diagnoses. It must be noted that usually peacekeeping operations from Ghana might usually not have an in-house mental health psychologist or psychiatrist. Though there are general health doctors and nurses to support but they cannot be considered experts in mental health diagnoses.

- **Counselling Services:** When any peacekeeping officer is having mental health issues some of them receive counselling and advised to take a rest in order to gain back their strength. The counselling might be crucial to those having issues of depression, anxiety and fear of the unknown. After receiving some counselling, peacekeepers are advised to engage in physical activities to overcome any form of boredom and loneliness.

**Conclusion:** The study found out that in the past, the Ghana Armed Forces did not have some of these facilities available as most peacekeeping officers were offered general health care services that tend not tackle the mental health challenges of its personnel. At the moment, there is not an on-site psychologist or psychiatry to offer therapeutic support to peacekeeping officers who are going through some mental health issues. They are left to deal with these issues all alone which is very detrimental to their mental health.

#### 4.4.2 Barriers encountered by PKO officers in seeking help from the team.

- **Discrimination and Lose of one's Job or Post:** Some ordeals peacekeeping officers undergo include a lot of discrimination where can no longer be effective in the deployment but had to continue to rely on self-medication in order to keep up with his or her job. This might make him or her lose his job which he did not want to lose the package given to peacekeeping officers for their service.
- **Labelled as Mentally Unfit:** Some peacekeepers prefer self-medication instead of being attended to when it comes to dealing with issues of mental health. This is because it could affect their chances when they are diagnosed as mentally unfit which chances are that you will be sent back home or relegated to the background. The whole issue is that once the top command get to know from the health team that you are suffering from a mental health issue,

word would spread which might lead to you being sent back home. So, most people would prefer to keep their conditions to themselves or confide in their trusted friends for some emotional support.

- ***Stigma and Rumours:*** Some peacekeepers have to deal with the issue of stigma that mental health issues bring to their profession as rumours might spread to his or her other colleagues. This is largely the case when one is labelled as mentally unfit, he or she would be stigmatized which would mentally worsen his or her situation. Though some of these symptoms such as headaches, body pains, cold, feverishness, numbness, lack of appetite could be mild mental health issues.

***Conclusion:*** The study found out that some of the barriers peacekeepers encounter include constant discrimination and lose of one's job or post. Some are also described or labelled as mentally unfit due to their situation. This often leads to stigma and rumours being peddled around making it seem as if one has literally run mad but could be mild symptoms which when provided with some medical diagnoses and proper medication and treatment plans are put in place, the person could recover within the shortest duration or time that would enable him or her carry out their tasks productively.

#### **4.4.0 Recommendation or Changes Peacekeeping Organizations Should Integrate to Support the Mental Health of Peacekeeping Officers**

The study found out most peacekeeping organizations have not adequately integrated mental health into health delivery for peacekeeping officers. This has made it extremely difficult to identify and treat mental health based on expert psychiatrists or psychologist advice. Key findings include:

- ***Awareness Creation of Mental Health & Support Systems:*** The Ghana Armed Forces should make mental health awareness a key element of its deployment debriefing whilst also putting in place support systems or intervention to ease the stress of peacekeeping officers. This should be undertaken by specialist psychiatric nurses or doctors with adequate knowledge on mental health issues such that they can be able to offer peacekeeping officers therapeutic services which can become a monthly routine check so as to ensure that officers are mentally stable to embark on their missions.
- ***Availability of Mental Health Services or Interventions:*** The Ghana Armed Forces should provide mental health services or interventions to peacekeeping officers during peacekeeping missions. This would help identify, diagnose and treat mental health issues by way of helping alleviate the trauma, anxiety, stress and depression that peacekeeping officers go through in their daily encounters on the battlefield. The early diagnosis of the issue and then treatment can be undergone for those in critical condition.
- ***Demystify the Issues of Mental Health Stigma:*** The Ghana Armed Forces should as a matter of fact help demystify the issue of mental health where it is seen as when you are mentally unstable, you are labelled as mentally unfit which can be very challenging for most people. This then leads to stigmatization of peacekeeping officers who are either having mild symptoms or extreme cases of mental health issues.

#### **4.5.0 Conclusion**

In conclusion, the study highlights the importance of integrating mental health into mainstream health provision for peacekeeping officers. It sought to understand some of the perspectives of peacekeeping forces on the issue of mental health and how peacekeeping officers are oriented on some of these issues so as to prepare them to adjust and being able to cope with

mental health issues. Some of the main mental health issues the study found out include stress, anxiety, fear, depression, chronic trauma etc. Also, the study found out that mental health symptoms expressed by most peacekeeping officers include loneliness, withdrawal, isolation, avoidance of large groups, anger bursts, irritability, sleep distractions etc.

Some of the coping mechanisms largely centred on confiding in their peers, relaxation, sleeping, substance abuse, physical exercises, social coping and spiritual healing or therapeutic routines. In relation to barriers, the study found out that stigma and discrimination made it difficult to openly come out to say that one is having mental health issues. Furthermore, the study found out that for mental health services, it was not available for peacekeeping officers, though they are often referred to the health team on occasions when they report for these services and in most situations, there is the lack of mental health psychiatrists and psychologists available to help in the diagnoses and treatment plans for affected peacekeeping officers.

For the Ghana Armed Forces, particularly its peacekeeping forces to be effectively equipped to undertake peacekeeping missions, there should be a mental health facility offered to them on-site which ensures that there are routine check-ups. These routine checks would help with early diagnosis and treatment plans for the most vulnerable segment of the peacekeeping forces whilst enhancing their mental health status with coping mechanisms that minimize the extreme cases of mental health issues. The provision of these mental health support systems would seek to enhance the quality of health care for all peacekeeping forces.

#### **4.6.0 Recommendations**

Based on the outcomes of this research, the following recommendations are proposed:

##### ***4.6.1 Pre-Deployment Phase***

### ***a. Psychological Testing and Selection***

Prior to deployment, peacekeepers should have a basic psychological examination to determine their mental health, resilience, and emotional stability. Screening aids in the identification of individuals who may be at a higher risk of stress-related diseases or require early intervention (United Nations, 2022; Ghana Armed Forces, 2023a).

### ***b. Training and Preparation***

Training prior to deployment should include trauma-informed care, coping techniques, and stress management. According to data from Ghanaian peacekeepers, cross-cultural competency and resilience greatly lessen anxiety and depression throughout missions (Asare, 2021).

Furthermore, cultural orientation sessions can lessen interpersonal strain and culture shock in mission locations (United Nations, 2022).

## ***4.3.2 At the Time of Deployment***

### ***a. Routine psychological surveillance***

Psychological screening throughout deployment enables the early detection of stress or trauma responses. When on mission, peacekeepers should have access to tele-counselling services or mental health specialists (Ghana Armed Forces, 2024a).

### ***b. Peer and Leadership Support***

Early help-seeking and less stigma are fostered by the introduction of organized peer support networks and wellness check-ins led by leaders. Officers are taught to recognize indicators of distress and react accordingly through leadership sensitivity training (Chief of Defence Staff [CDS], 2023; Ghana Armed Forces, 2024b).

### ***c. Welfare and Work-Rest Balance***

Prioritize enough sleep, nutrition, rest, sleep hygiene, and leisure, as chronic fatigue increases vulnerability to mental health disorders (World Health Organization [WHO], 2021).

### ***4.3.3 Post-Deployment / Reintegration***

#### ***a. Evaluation of Mental Health Following a Mission***

To screen for post-traumatic stress disorder (PTSD), depression, or substance abuse, returning employees should go through a structured debriefing and psychological evaluation following deployment (United Nations, 2022; Ghana Armed Forces, 2023b).

#### ***b. Community and Family Reunification***

Family therapy and peer support groups should be included in reintegration programs to promote social healing and prevent isolation (Asare, 2021; Ghana Armed Forces, 2023b).

### ***4.3.4 Suggestions at the System and Policy Level***

#### ***a. Campaigns against Stigma***

In the GAF, stigma continues to be one of the major obstacles to getting assistance (CDS, 2023). Men's mental health campaigns and GAF's Mental Health Week are examples of ongoing mental health awareness activities that need to be institutionalized (Ghana Armed Forces, 2024a).

#### ***b. Enhancing Health Services***

Trained mental health specialists should be stationed by the GAF at every important base and peacekeeping force. According to statistics from the armed forces, there are more than 1,300 cases of mental health reported each year, with alcohol use disorders being especially prevalent (APA

News, 2023). The demand can be met by increasing the number of mental health personnel and extending tele-health services.

***c. Data Gathering and Research***

Policy adjustments will be informed by routine monitoring and local studies on the prevalence, risk factors, and outcomes of mental health interventions in Ghanaian troops (Asare, 2021; Ghana Armed Forces, 2023b).

***d. Worldwide Cooperation***

In order to align with the UN Mental Health Strategy for Uniformed Personnel (United Nations, 2022), the GAF should maintain its partnerships with the UN and other peacekeeping contributors.



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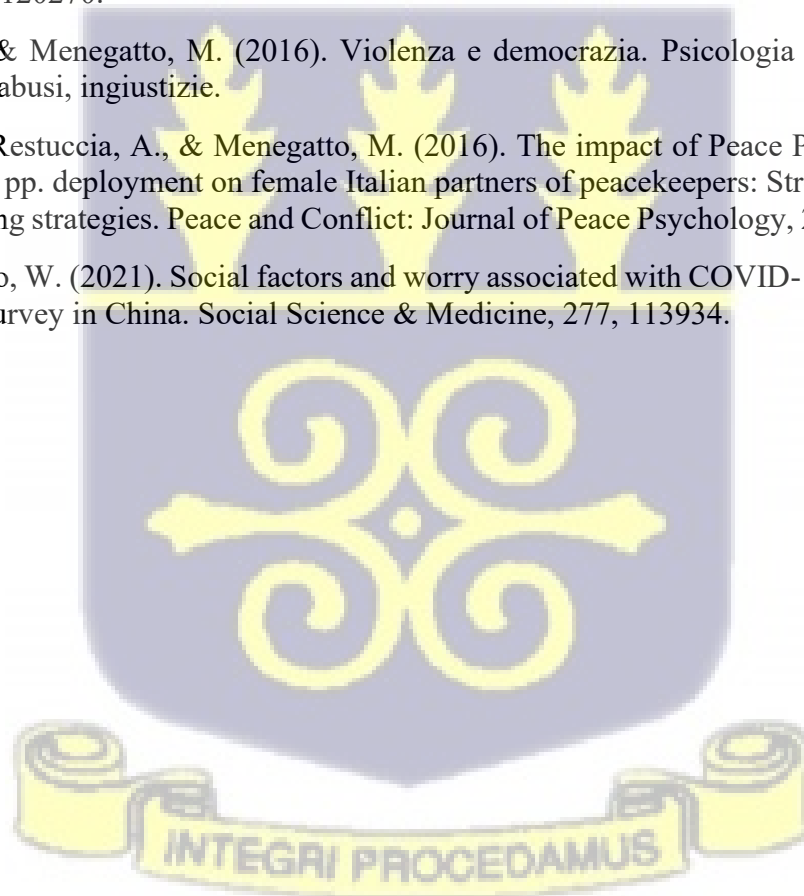
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## INTERVIEW GUIDE

### UNIVERSITY OF GHANA, LEGON

#### LEGON CENTRE FOR INTERNATIONAL AFFAIRS AND DIPLOMACY (LECIAD)

### TOPIC: AN EXAMINATION OF THE MENTAL HEALTH EXPERIENCES OF PEACEKEEPING OFFICERS: A CASE STUDY OF THE GHANA ARMED FORCES

*The objective of these questions is to obtain your opinion and views on the state of mental health of peacekeeping officers engaged in peace keeping operations. This is solely for academic research as part of requirements for a post-graduate MA Degree Certification. Responses to the following questions will be treated with high confidentiality and solely for the purpose of the research.*

*Dear Participant,*

My name is George Kofi Tsakpo, an MA student at the Legon Centre for International Affairs and Diplomacy (LECIAD), University of Ghana, Legon. As part of the requirements for the award of the MA Degree, I am conducting a study titled “**AN EXAMINATION OF THE MENTAL HEALTH EXPERIENCES OF PEACEKEEPING OFFICERS: A CASE STUDY OF THE GHANA ARMED FORCES**”. I would therefore be grateful if you could spare a few minutes of your time for this interview. Your participation in this study will be guided by the highest standards of research ethics. Also, I assure you that the information obtained from you will be kept anonymous and confidential and used only for research purposes.

Thank you.

#### **PART I TRAININGS OR ORIENTATIONS ORGANIZED FOR PKO OFFICERS**

1. What are some of the trainings or orientations organized for peacekeeping officers in their sending states before they embark on their PKOs?
2. How are orientations undertaken before the deployment of peacekeeping officers to their various stations?
3. To what extent are these orientations tailored in helping peacekeeping officers deployed to adjust to their new environments?

## **PART II STATE OF MENTAL HEALTH OF PKO OFFICERS**

1. What is the knowledge of peacekeeping officers on mental health?
2. What kind situations or events during deployment were most stressful for you?
3. What are some of the mental health issues that peacekeeping officers encounter during their deployment in host states?
4. What are some of the mental health signs and symptoms experienced by peacekeeping officers deployed to various host states?
5. To what extent does these mental health issues impact negatively on peacekeeping officers' operations?
6. What are some of the mental health services or support systems available to you during deployment?

## **PART III COPING STRATEGIES/SUPPORT SYSTEMS ADOPTED BY PKO OFFICERS**

1. What are some of the coping strategies adopted by peacekeeping officers in coping with the negative impacts of mental health?
2. What are some of the support systems or interventions put in place by the team leader in helping peacekeeping officers overcome their mental health issues?
3. What are some of the barriers you faced in seeking help from your team?
4. What changes do you believe peacekeeping organizations should make to better support the mental health of peacekeeping officers?

