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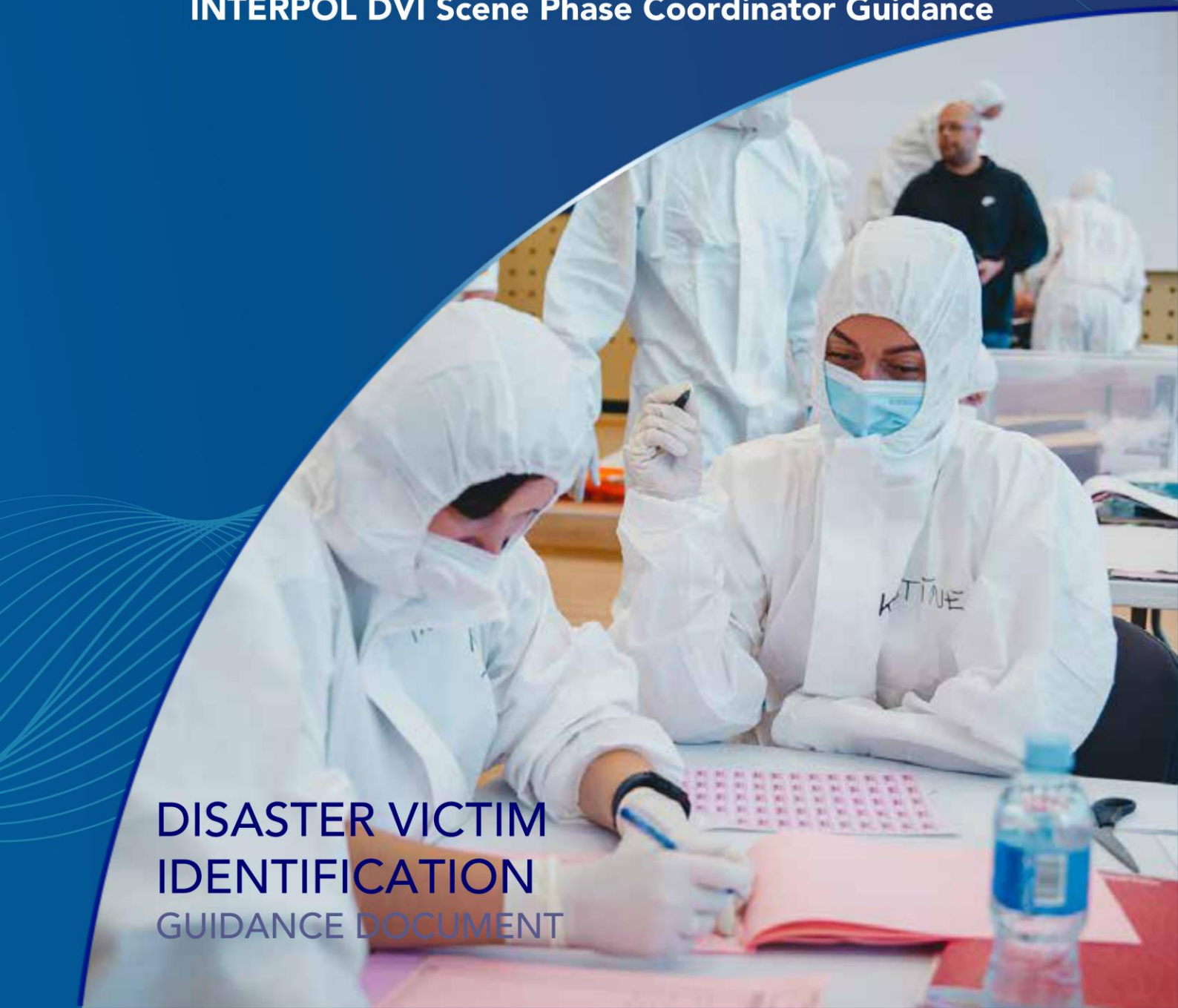
INTERPOL

INTERPOL DVI MENTAL HEALTH PROTOCOL FOR DVI PERSONNEL

INTERPOL DVI Scene Phase Coordinator Guidance



DISASTER VICTIM IDENTIFICATION

GUIDANCE DOCUMENT

INTERPOL DVI MENTAL HEALTH PROTOCOL FOR PERSONNEL

Purpose

This protocol establishes a structured mental health framework for Disaster Victim Identification (DVI) operations with the objective of safeguarding the psychological well-being of DVI personnel, including police officers, forensic experts, and supporting staff.

- The guide is designed to align with the World Health Organization (WHO) recommendations on emergency mental health and international best practices in trauma-informed responder care.

Scope

Implementation of this protocol is strongly recommended to all INTERPOL-coordinated DVI deployments and national-level DVI units. It covers the pre-deployment, operational, and post-deployment phases of missions, ensuring standardized mental health support across all operational environments.

Note: Implementation must comply with applicable national legislation, occupational health frameworks, and organizational policies of participating agencies.

Definitions

- Psychological First Aid (PFA): An evidence-based, humane, and supportive intervention designed to reduce acute distress and promote adaptive functioning.
- Peer Support and Structured Post-Incident Support Models (e.g., Trauma Risk Management [TRiM]): Evidence-informed approaches aimed at the early identification of individuals at risk and the provision of appropriate support without forcing emotional processing.

Roles and Responsibilities

DVI Commander

- Integrate mental health considerations into operational planning and resource allocation.
- Ensure liaison between operational leadership and the deployed psychologist.
- Actively promote open dialogue around mental health, model supportive leadership behaviors, and work to reduce stigma associated with seeking psychological support.

Mental Health Officer (MHO) / Deployed Psychologist

- Whenever possible, provide on-site psychological support to personnel during deployment.
- Deliver pre-deployment training and briefings on mental health preparedness.
- Conduct individual or group interventions, including crisis management.

Note: Ensure that all interventions follow evidence-based, trauma-informed practices and respect cultural and operational context.

DVI Personnel

- Participate in all mandatory training and briefings on stress management and peer support.
- Be conscious of early signs of psychological strain in themselves or colleagues.
- Contribute actively to maintaining a supportive team environment.

Mental Health Support Framework

Pre-Deployment

- Briefing: Mandatory sessions addressing expected psychological challenges, coping strategies, and cultural sensitivities.
- Resilience Training: Exercises in stress inoculation, grounding techniques, and adaptive coping skills.
- DVI mock exercises.
- Preparedness Resources: Distribution of personal mental health resource kits and reference materials.

During Deployment

- Access to Support: On-site psychologist available for confidential consultations.
- Monitoring: Daily well-being check-ins conducted by team leaders, with escalation to MHO as required.
- Fatigue Prevention: Rotational work scheduling to reduce exposure to high-stress environments.
- Decompression Facilities: Provision of designated rest and recovery areas.

Post-Deployment

Formal psychological debriefing focused on traumatic experiences should be avoided, in line with WHO recommendations.

Consider immediate post-deployment debriefing within 72 hours of the return of the group and/or individual(s).

Purpose

- Early check-in: avoid formal psychological debriefing focused on trauma, as this can worsen acute stress.

Focus

- Operational review (logistics, procedures, and safety issues).
- Brief emotional check-ins using safe, voluntary formats.
- Identify anyone at high risk (severe exposure or intense reactions).

Format

- Whole team, 30–45 minutes.

Short-term follow-up (1–2 weeks post-deployment)

Purpose:

- Early identification of emerging stress reactions and connection to support.

Focus:

- Psychoeducation (normalize common trauma responses).
- Provide information on support resources (counseling and peer support).

- Optional group or one-on-one sessions.

Format:

- Subteams, 45–60 minutes.

Intermediate structured debrief (2–4 weeks)

Purpose:

- Trauma-informed operational review combined with ongoing support.

Focus:

- Lessons learned for operations, safety, and resilience.
- Encourage reflective learning without retraumatization.
- Screening for occupational trauma symptoms (PTSD, secondary trauma, and compassion fatigue).

Format:

- Trauma-informed, facilitated group discussions.
- One-on-one check-ins for at-risk individuals.
- Use structured, psychoeducational methods, such as Trauma Risk Management (TRiM) or Psychological First Aid follow-ups.

Longer-term follow-up (1–6 months)

Purpose:

- Identify delayed trauma responses and prevent chronic mental health issues.

Focus:

- Monitoring for PTSD, depression, or burnout.
- Continuing support for staff reintegration.
- Evaluate the organizational response to occupational trauma.

Format:

- Optional mental health screening.
- Peer support sessions.
- Access to professional counseling.

Training Requirements

It is recommended that all DVI personnel undergo the following training prior to deployment:

1. Psychological First Aid (PFA).
2. Trauma-informed communication.
3. Self-care and peer support strategies.
4. Role-specific simulations for high-stress scenarios.
5. Conflict de-escalation and emotional regulation skills.

Psychologist Involvement – Operational Model

Where feasible, a suitable ratio of mental health professionals to personnel should be ensured, considering mission size and operational intensity.

- Operational Status: Wherever possible, psychologists are embedded within the command structure while maintaining clinical independence.
- Availability: Psychological support should be available on a 24/7 basis during operations, supplemented by host country resources where required.

Confidentiality and Reporting

- Mental health records must be kept completely separately from operational documentation.
- Personal psychological information shall not be disclosed without explicit consent, except in cases of imminent high risk to self or others.
- Confidentiality must be maintained in accordance with applicable data protection laws and professional ethical standards.

Evaluation and Continuous Improvement

- Post-operation evaluations shall include a dedicated review of mental health support measures.
- Anonymous feedback from personnel shall be collected and analyzed to identify areas of improvement.
- A sustainability plan should be in place to ensure that institutional mental health support continues beyond emergency deployments, including access to training, peer support networks, and professional services.
- Annual revisions of this protocol shall incorporate operational lessons learned and updated international standards.

Annex A: Self-Care Guidelines for DVI Personnel

- Maintain adequate hydration and nutrition.
- Utilize grounding and mindfulness exercises in high-stress situations.
- Engage in daily peer debriefing and informal check-ins.
- Prioritize rest periods as scheduled and avoid unnecessary overexertion.
- Avoid excessive exposure to distressing stimuli (visual, olfactory, or situational) where operationally possible.