Summary of Key Findings from the Mental Health Advisory Team 6 (MHAT 6): OEF and OIF

Presented to the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces

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Purpose and Methods

- *MHAT mission:* Provide a theater-wide assessment of Soldier mental health and well-being; examine the delivery of behavioral health care, and provide recommendations for sustainment and improvement

- Mental Health Advisory Team 6
  - OIF MHAT conducted Feb to Mar 2009
    - Sixth MHAT to OIF
  - OEF MHAT conducted May to Jun 2009
    - Third MHAT to OEF

- MHAT 6 first to employ random sample of pre-selected platoons
  - Sampled more Soldiers outside of large Forward Operating Bases (FOBs)
  - Separate samples for
    - Maneuver
    - Support and Sustainment

Key OEF Findings

- *Psychological problems:* 14.4% of maneuver Soldiers met criteria for depression, anxiety, and/or acute stress—higher than 2005 but similar to 2007. Support/sustainment rate similar to maneuver rate. (**)
- *Combat exposure:* Higher than previous MHATs. (**)
- *Barriers to care and Stigma*: Maneuver unit barriers higher than previous MHATs. Increase may reflect change in sampling. Stigma rates held constant. (**)
- *Multiple deployments:* Higher rates of mental health problems and marital problems for multiple deployers. (**)
- *Behavioral health assets*: Understaffed IAW Combat and Operational Stress Control Planning Models of 1:700 to 1:1000 staffing ratio. (**)

Key OIF Findings

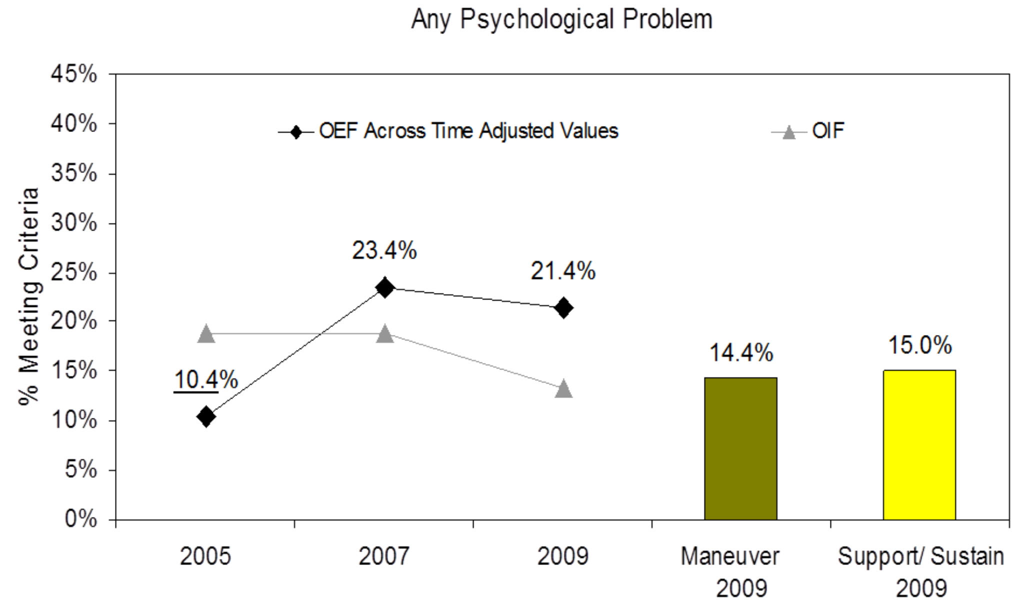
- *Psychological problems*: Rate of 11.9% in maneuver units: significantly lower than every year except 2004. Support/sustainment rate is similar. (**)
- *Combat exposure*: Combat exposure levels lower than every year except 2004. Support/sustainment significantly lower than maneuver. (**)
- *Barriers to care and stigma:* Maneuver units reported high barriers. Support /sustainment sample report low barriers. Stigma held constant. (**)
- *Dwell-time*: Related to mental health rates in maneuver units. Near return to garrison rates at 24 months dwell-time: full return in 30 to 36 months. (**)
- *Marital problems*: Divorce/separation intent steadily increasing. (**)
- *Resilience*: Positive officer leadership key factor producing resilient platoons. (**)
- *Suicide*: 2008 rate 21.5 per 100k. Similar to 2007. First time since 2004 OIF theater rate (all services) has not increased. (**)

MHAT Recommendations

- MHAT 6 Recommendations (**)
- Status of MHAT 5 Recommendations (**)
- Way Ahead (**)

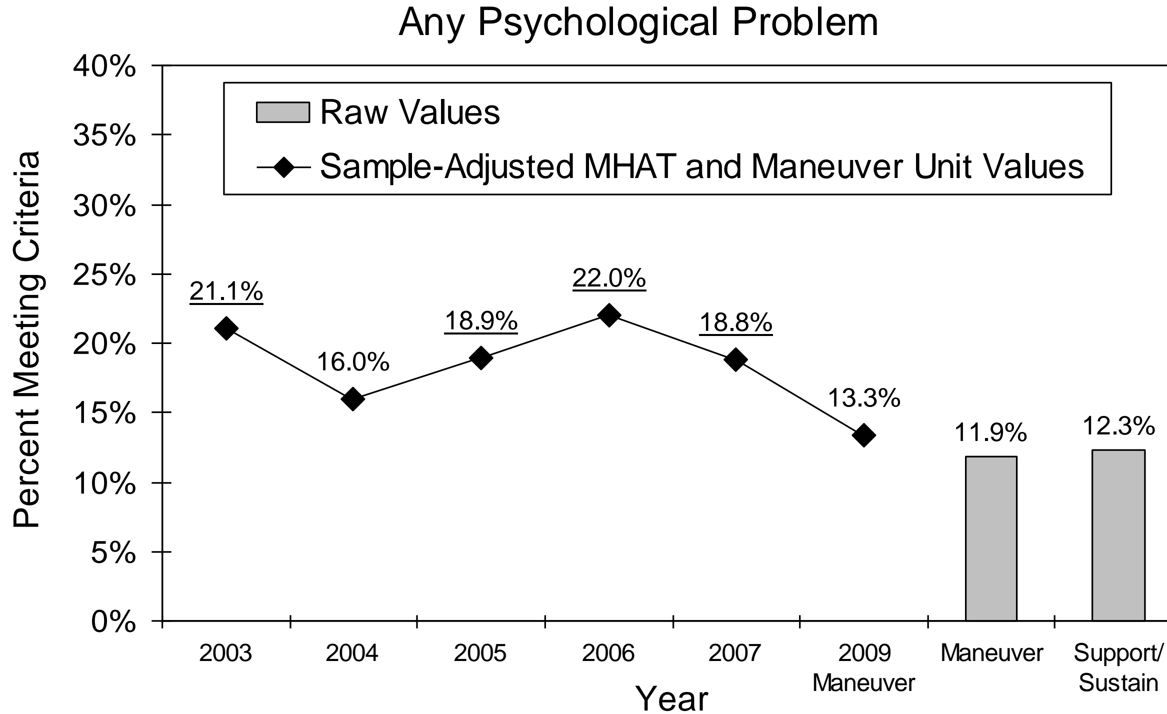
OEF: Psychological Problems (**)

Rates of mental health problems (acute stress, depression or anxiety) are significantly higher than 2005.



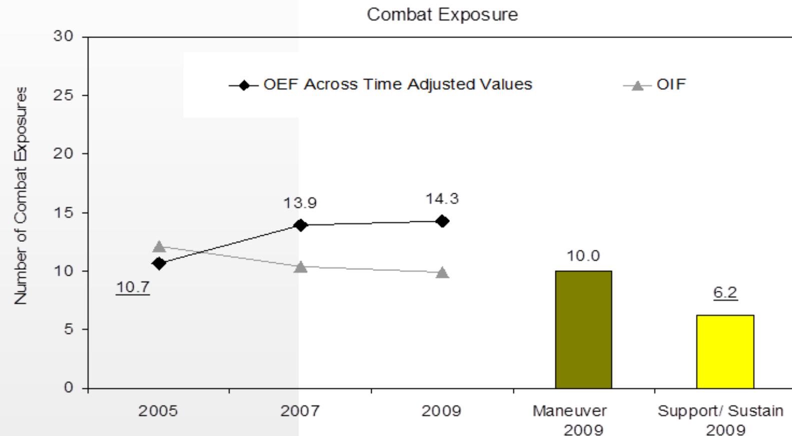
OIF: Psychological Problems (**)

- Rates of mental health problems (acute stress, depression or anxiety) are significantly lower than every year except 2004.



OEF: Combat Exposure (**)

- Reported levels of combat exposure in maneuver units significantly higher than 2005. Support/Sustainment rates significantly lower than Maneuver rates.

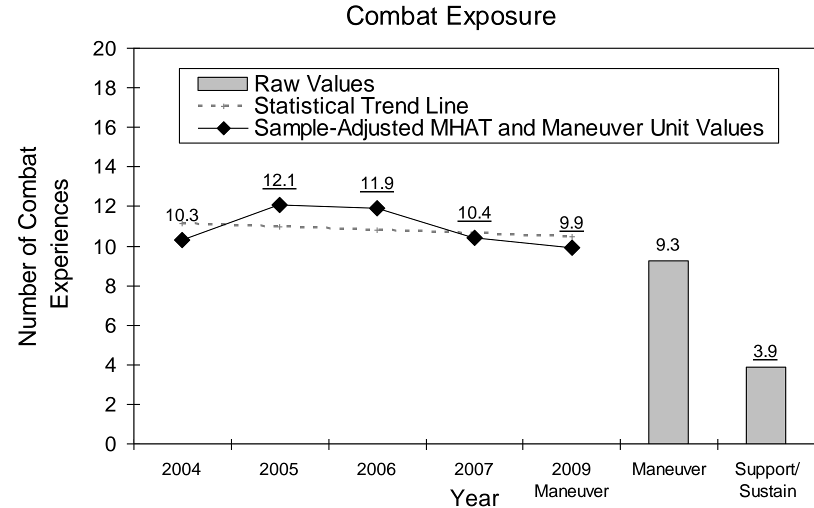


Combat Exposure: Adjusted Percents for Male, E1-E4 Soldiers in Theater 6 Months or Longer.

Combat Experiences (OEF)	Percent 2005	Percent 2007	Percent 2009
During this deployment did you experience being attacked or ambushed	49.9%	74.3%	83.3%
During this deployment did you experience being directly responsible for the death of an enemy combatant	12.9%	30.9%	51.6%
During this deployment did you experience having a member of your own unit become a casualty	56.4%	75.0%	77.1%
During this deployment did you experience having a buddy shot or hit who was near you	8.8%	24.1%	36.4%

OIF: Combat Exposure (**)

- Reported levels of combat exposure in Maneuver units lower than every year except 2004. Support / sustainment rates significantly lower than Maneuver rates.

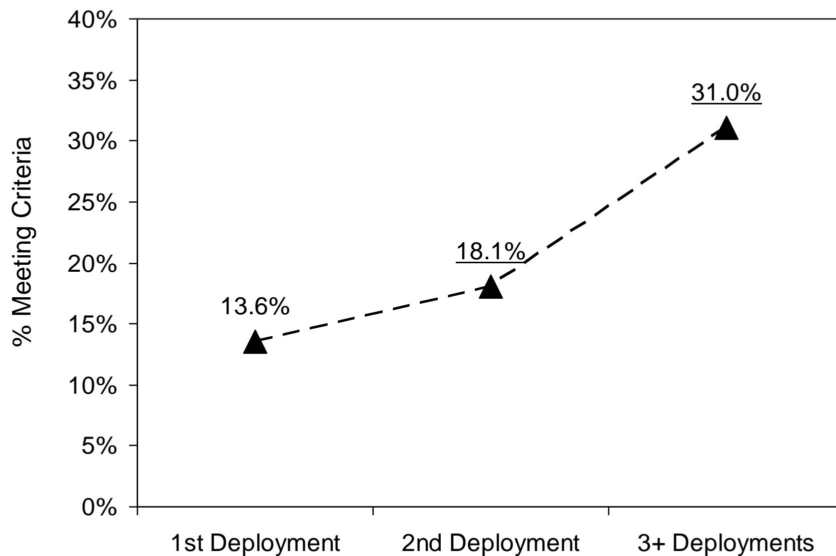


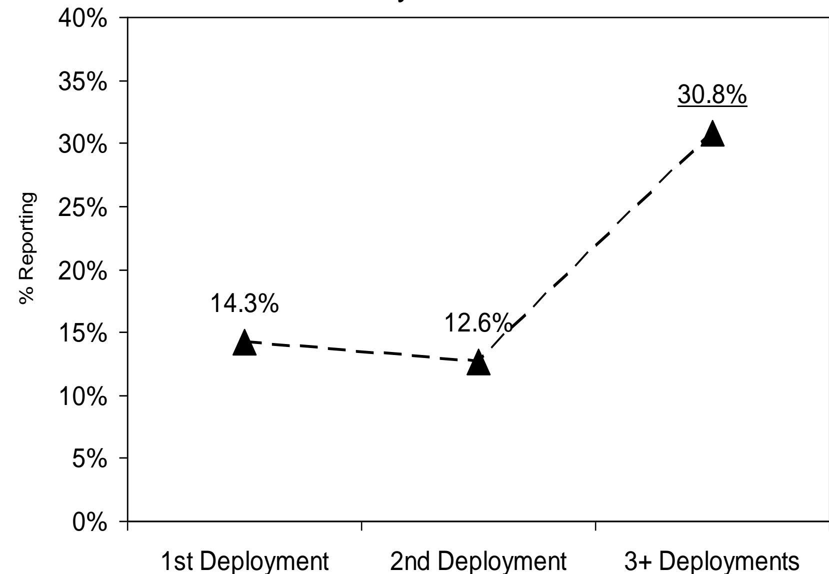
Sample-Adjusted Percents for Male, E1-E4 Soldiers in Theater 9 Months.

	Sample-Adjusted Percent		
Combat Experiences	MHAT IV 2006	MHAT V 2007	MHAT VI (Maneuver) 2009
Being attacked or ambushed.	66.4%	50.7%	34.0%
Being directly responsible for the death of an enemy combatant.	15.0%	12.3%	9.0%
Having a member of your own unit become a casualty.	59.3%	54.6%	45.4%
Had a buddy shot or hit who was near you.	15.3%	15.6%	8.4%

OEF: Multiple Deployments (**)

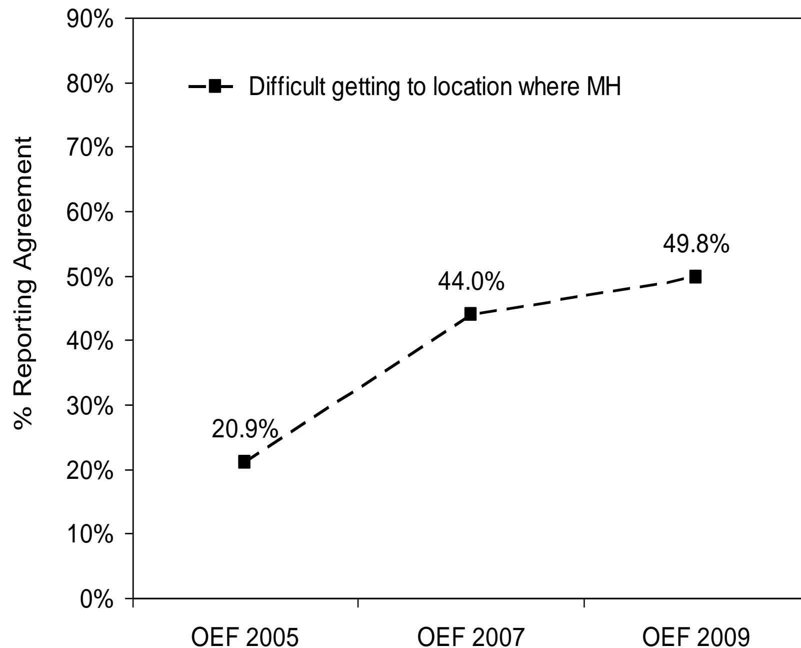
- Soldiers on second or third deployment more likely to meet screening criteria for psychological problems.
- Soldiers on third deployment were nearly two times more likely to report marital problems than Soldiers on first deployment.

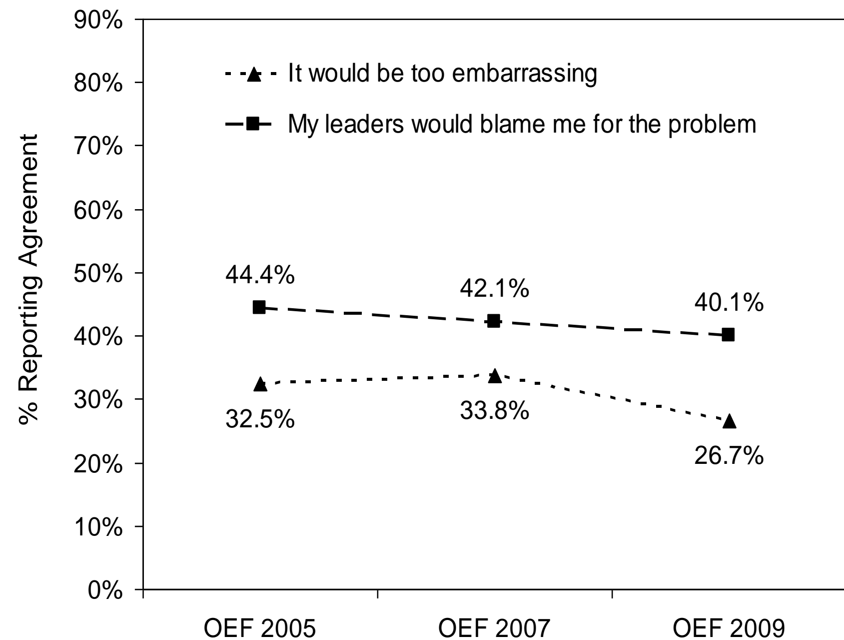




OEF: Barriers to Care & Stigma (**)

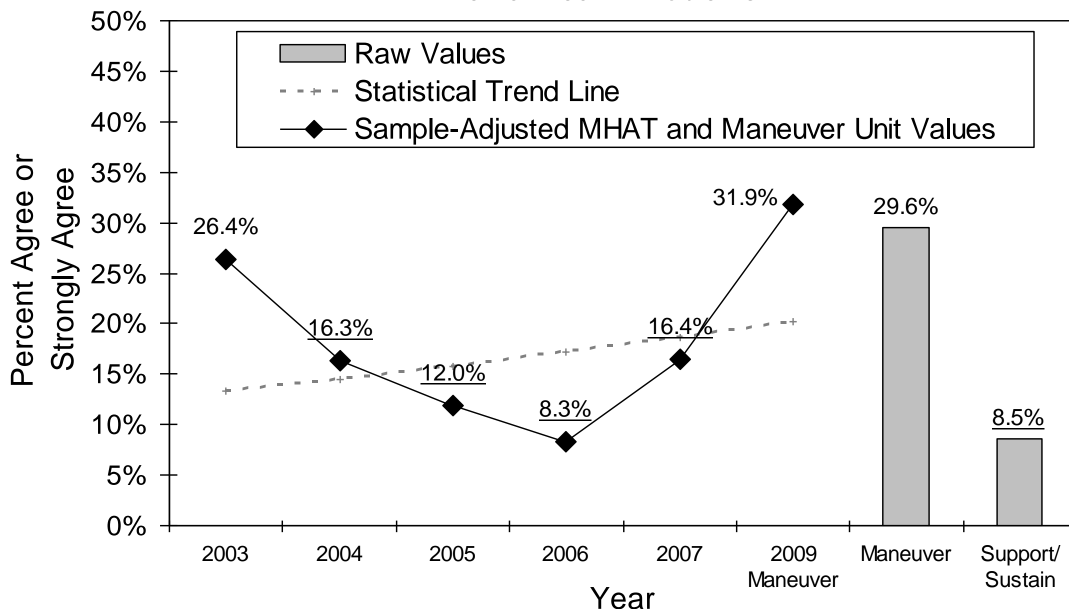
- Maneuver Soldiers reported significantly more barriers to care in compared to either 2005 or 2007.
- No significant changes in stigma across OEF 2005, 2007, and 2009. Stigma about receiving mental health care remains a concern.
- More stigma concern in maneuver units compared to support and sustainment





OIF: Barriers to Care & Stigma (**)

- Maneuver Soldiers reported significantly more barriers to care than every previous year except 2003.
  - This is likely due to the sampling design that surveyed more Soldiers outside of FOBs: A group that has difficulty accessing care.



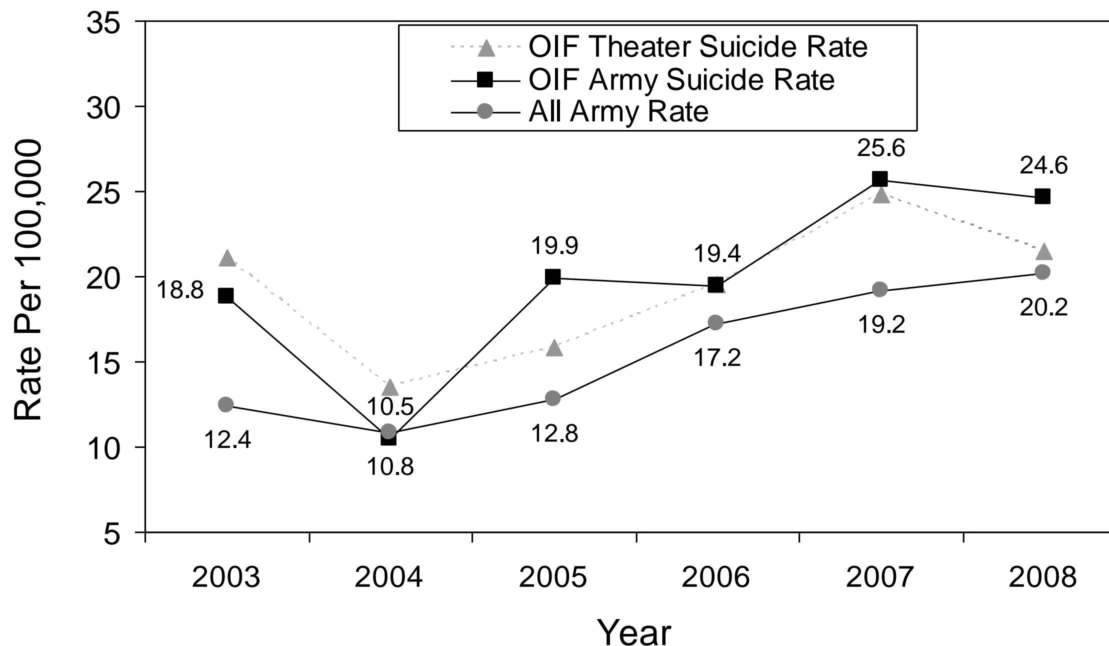
OIF Stigma

- Same pattern of data as in OEF:
- Overall trend for stigma has not changed over time.
- Maneuver unit stigma higher than support/sustainment

OIF: Suicide (**)

- OIF theater rate (all services) and OIF Army rate in 2008 not statistically different from 2007
  - First year since 2004 that theater rate has not increased.
  - A OIF Army rate of 18.9/100k would be significantly lower than 2007 ($p<.05$)

OIF Army and Theater OIF Suicide Rates



OEF: Behavioral Healthcare Assessment (**)

- Fewer providers per Service Member compared to OEF 07 and OIF 09
- As of 31MAY09, staffing ratio 1:1123—fewer than recommended (1:700)

ATO Behavioral Health Providers

	OEF 2005	OEF 2007	OEF 2009	OIF 2009
Army	9	10	16	168
Navy	0	1	2	27
Air Force	0	18	25	32
All Services Total	9	29	43	227

Number of Service Members per BH Provider

	OEF 2005	OEF 2007	OEF 2009	OIF 2009
Overall	1756	651	1123	627
Independent Practitioner	3951	1452	2194	1424

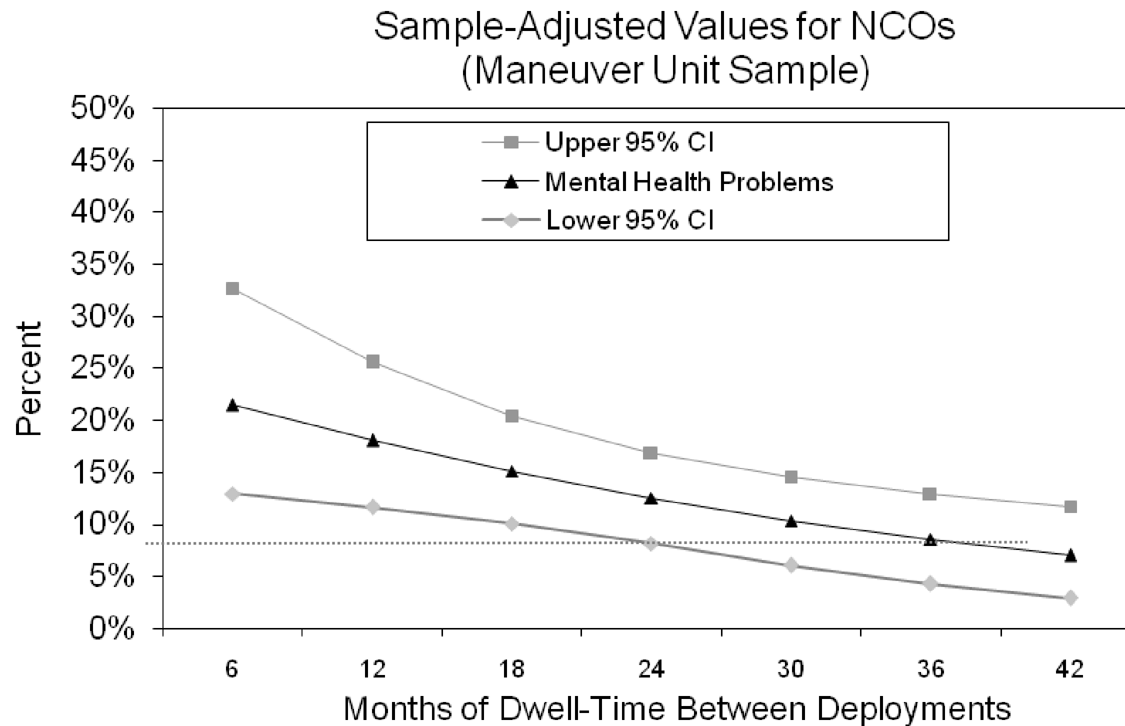
Note : Rates do not include OSCAR or Coalition personnel

Note : Rates do include Restoration Center, BTIF and SOTF personnel

Note : Independent Practitioners include psychiatrists, psychologists, psychiatric nurse practitioners, social workers and occupational therapists

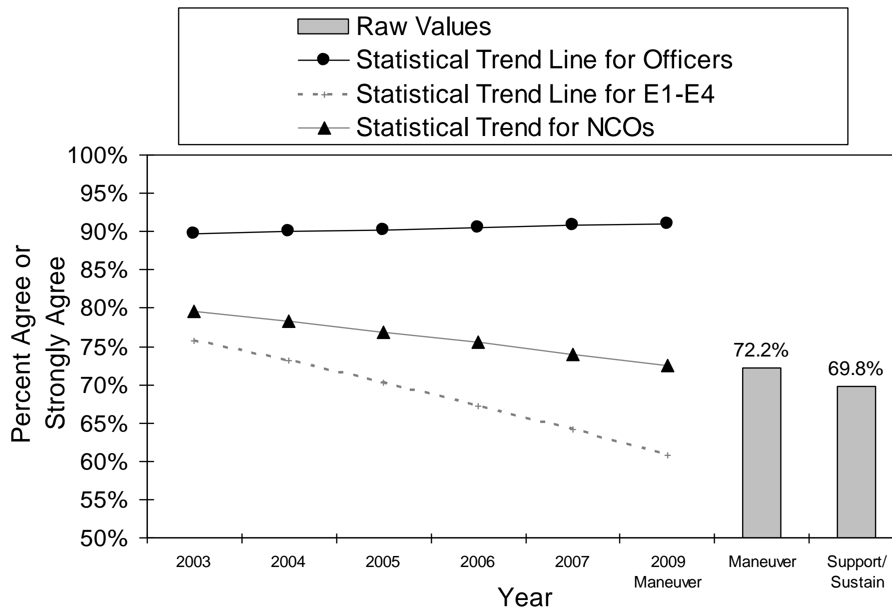
OIF: Dwell-Time (**)

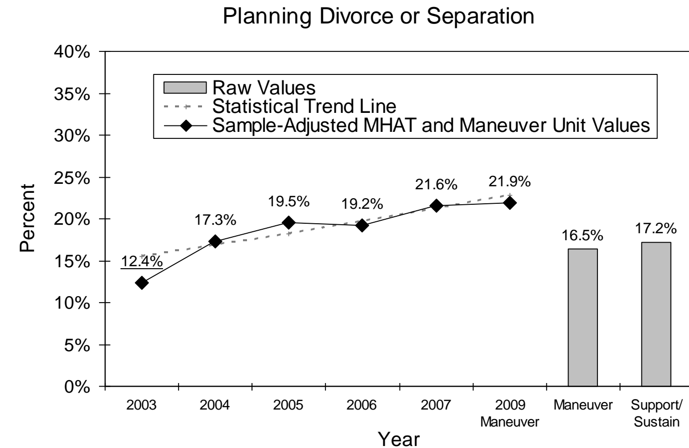
- Dwell-time significantly related to mental health problems.
  - Based on Hoge et al., (2004) 10% can be considered garrison norm.
  - A near return to garrison mental health rates occurs around 24 months with full return around 30 to 36 months of dwell-time.



OIF: Marital Relationships (**)

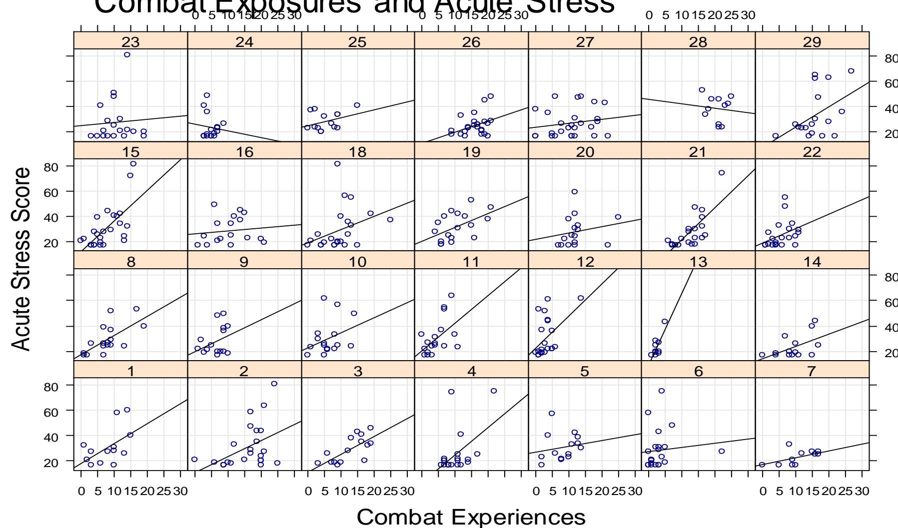
- Marital satisfaction has declined particularly for junior enlisted.
  - Young Soldiers most vulnerable
- Reports of intent to get a divorce or separation significantly increased.

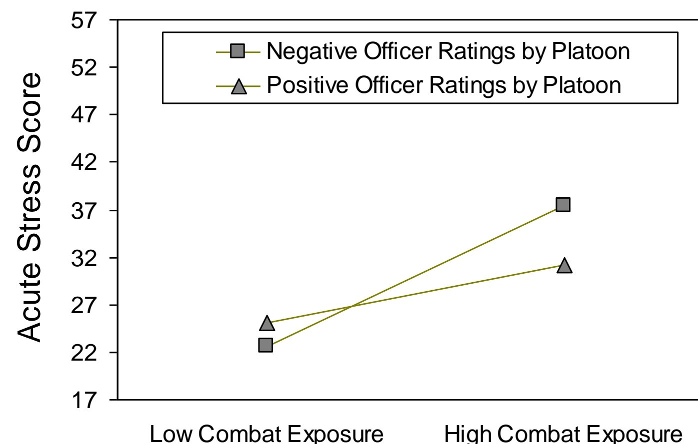




OIF Resiliency Factors: Officer Leadership (**)

- Maneuver platoons differ in resiliency. In some platoons (platoon 27 below), Soldiers with high levels of combat do not report high acute stress scores.
  - Officer leadership identified as the main factor leading to resilience.





MHAT 6 Recommendations (**)

- Delivery of behavioral health care in theater
  - *Implement a dual-provider model within BCTs*
  - *Create an NCO 68X30 position in Brigade Behavioral Health Section*
  - *Establish organic behavioral health requirement on National Guard BCT TO&E*
  - *Recommend assigning a Behavioral Health Advocate per battalion who has been trained in the basics of behavioral health*
  - *<u>OEF Specific</u>: Add BH personnel in order to meet the 1:700 ratio*
  - *<u>OEF Specific</u>: Maintain 1:700 ratio through the surge in forces*
  - *<u>OEF Specific</u>: Appoint a senior theater-wide BH consultant (appointed June 2009) and a senior Behavioral Health NCO for USFOR-A*

- Training
  - *Develop and validate new resiliency training for at risk groups*
  - *Continue to emphasize leaders' roles in creating resilient units through leadership training*

Status of MHAT 5 OEF Recommendations (**)

- Time off and Down-Time Policies
  - *Access to R&R, sleep hygiene and re-set time*
  - *Directed at Soldiers in remote/outlying locations*
  - *Implementation not being systematically accomplished.*
- Delivery of Behavioral Health Care in Theater
  - *Theater BH oversight, improving outreach, conducting psychological debriefings and travel throughout the ATO.*
  - *Overall, improvements have been made.*
- Training
  - *Develop training for at risk groups (e.g. units that experienced high levels of combat), implement BH training for medics, families, redeploying Soldiers and develop training targeted at stigma and suicide.*
  - *Overall, training developed and implemented to meet the intent of recommendations.*

MHAT 7: The Way Ahead (**)

- MHAT 7 directed by VCSA
- Set for Spring 2010
- Joint Survey
- Survey development and coordination underway