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 (**)
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.

Any Psychological Problem

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent Meeting Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>21.1%</td>
</tr>
<tr>
<td>2004</td>
<td>16.0%</td>
</tr>
<tr>
<td>2005</td>
<td>18.9%</td>
</tr>
<tr>
<td>2006</td>
<td>22.0%</td>
</tr>
<tr>
<td>2007</td>
<td>18.8%</td>
</tr>
<tr>
<td>2009 Maneuver</td>
<td>13.3%</td>
</tr>
<tr>
<td>Maneuver</td>
<td>11.9%</td>
</tr>
<tr>
<td>Support/ Sustain</td>
<td>12.3%</td>
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</tbody>
</table>
OEF: Combat Exposure (**)  

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

<table>
<thead>
<tr>
<th>Combat Experiences (OEF)</th>
<th>Percent</th>
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<tbody>
<tr>
<td>During this deployment did you experience being attacked or ambushed</td>
<td>49.9%</td>
</tr>
<tr>
<td>During this deployment did you experience being directly responsible for the death of an enemy combatant</td>
<td>12.9%</td>
</tr>
<tr>
<td>During this deployment did you experience having a member of your own unit become a casualty</td>
<td>56.4%</td>
</tr>
<tr>
<td>During this deployment did you experience having a buddy shot or hit who was near you</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Combat Experiences</th>
<th>Sample-Adjusted Percent</th>
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<tbody>
<tr>
<td></td>
<td>MHAT IV 2006</td>
</tr>
<tr>
<td>Being attacked or ambushed.</td>
<td>66.4%</td>
</tr>
<tr>
<td>Being directly responsible for the death of an enemy combatant.</td>
<td>15.0%</td>
</tr>
<tr>
<td>Having a member of your own unit become a casualty.</td>
<td>59.3%</td>
</tr>
<tr>
<td>Had a buddy shot or hit who was near you.</td>
<td>15.3%</td>
</tr>
</tbody>
</table>
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.
• Maneuver Soldiers reported significantly more barriers to care in compared to either 2005 or 2007.
• More stigma concern in maneuver units compared to support and sustainment

Barriers to Care

Stigma Perceptions

- ▲ - It would be too embarrassing
- ■ - My leaders would blame me for the problem
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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.

Difficult to get to location where mental health specialist is
Sample-Adjusted Values for E1-E4 Male Soldiers Reporting Mental Health Problems

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

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<tr>
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<tbody>
<tr>
<td>Army</td>
<td>9</td>
<td>10</td>
<td>16</td>
<td>168</td>
</tr>
<tr>
<td>Navy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td>Air Force</td>
<td>0</td>
<td>18</td>
<td>25</td>
<td>32</td>
</tr>
<tr>
<td>All Services Total</td>
<td>9</td>
<td>29</td>
<td>43</td>
<td>227</td>
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<tr>
<th>Number of Service Members per BH Provider</th>
<th>Overall</th>
<th>Independent Practitioner</th>
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<tbody>
<tr>
<td></td>
<td>1756</td>
<td>3951</td>
</tr>
<tr>
<td></td>
<td>651</td>
<td>1452</td>
</tr>
<tr>
<td></td>
<td>1123</td>
<td>2194</td>
</tr>
<tr>
<td></td>
<td>627</td>
<td>1424</td>
</tr>
</tbody>
</table>

**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.

Sample-Adjusted Trends in Response to Item:
"I have a good marriage"

Planning Divorce or Separation

Raw Values
- Statistical Trend Line for Officers
- Statistical Trend Line for E1-E4
- Statistical Trend for NCOs

Percent Agree or Strongly Agree

Percent

Year

2003 2004 2005 2006 2007 2009 Maneuver Support/ Sustain

Planning Divorce or Separation

Raw Values
- Statistical Trend Line
- Sample-Adjusted MHAT and Maneuver Unit Values

Year

2003 2004 2005 2006 2007 2009 Maneuver Support/ Sustain
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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.

Platoon-Level Variation in the Relationship Between Combat Exposures and Acute Stress

Officer Leadership, Combat and Acute Stress

- Negative Officer Ratings by Platoon
- Positive Officer Ratings by Platoon

Low Combat Exposure High Combat Exposure
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
  - **OEF Specific:** Add BH personnel in order to meet the 1:700 ratio
  - **OEF Specific:** Maintain 1:700 ratio through the surge in forces
  - **OEF Specific:** 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
• 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