FACT SHEET
Psychological Health Care

Army leadership is taking aggressive, far-reaching steps to ensure an array of behavioral health services are available to Soldiers and their Families to help those dealing with PTSD and other psychological effects of war. Soldiers and their Families are telling senior leaders that their behavioral healthcare is a top concern, and Army leaders are in turn making it their number one priority.

The following list of continually evolving programs and initiatives are examples of the integrated and synchronized web of behavioral health services in place to help Soldiers and their Families heal from the effects of multiple deployments and high operational stress:

- The Post Deployment Health Assessment, originally developed in 1998, was revised and updated in 2003. All Soldiers receive this on re-deployment, usually in the theater of operations.

- In the fall of 2003, the first Mental Health Assessment Team (MHAT) deployed into theater. Never before had the mental health of combatants been studied in a systematic manner during conflict. Five subsequent MHAT's in 2004, 2005, 2006, 2007, and 2008 continue to build upon the success of the original and further influence our policies and procedures not only in theater but before and after deployment as well. Based on MHAT recommendations, the Army has improved the distribution of behavioral health providers and expertise throughout the theater. Access to care and quality of care have improved as a result.

- In 2004, researchers at the Walter Reed Army Institute of Research published initial results of the groundbreaking "Land Combat Study" which has provided insights related to care and treatment of Soldiers upon return from combat experiences and led to development of the Post Deployment Health Reassessment (PDHRA).

- In 2005, the Army rolled out the PDHRA. The PDHRA provides Soldiers the opportunity to identify any new physical or behavioral health concerns they may be experiencing that may not have been present immediately after their redeployment. This assessment includes an interview with a healthcare provider and has been a very effective new program for identifying Soldiers who are experiencing some of the symptoms of stress-related disorders and getting them the care they need before their symptoms manifest into more serious problems. We continue to review the effectiveness of the PDHRA and have added and edited questions as needed.

- In 2006 the Army Medical Command piloted a program at Fort Bragg, intended to reduce the stigma associated with seeking mental health care.

The *Respect-Mil* pilot program integrates behavioral healthcare into the primary care setting, providing education, screening tools, and treatment guidelines to primary care providers. It has been so successful that medical personnel have implemented this program at fifteen sites across the Army. Another are implementing it in 2009.

- Also in 2006, the Army incorporated into the Deployment Cycle Support program a new training program developed at WRAIR called "BATTLEMIND" training. Prior to this war, there were no empirically-validated training strategies to mitigate combat-related mental health problems. This post-deployment training is being evaluated by MEDCOM personnel using scientifically rigorous methods, with good initial results. It is a strengths-based approach highlighting the skills that helped Soldiers survive in combat instead of focusing on the negative effects of combat. www.battlemind.org

- The Army Medical Command's pursuit for improvement continues with BATTLEMIND training program for Soldiers and spouses prior to deployments; a behavioral health web site http://www.behavioralhealth.army.mil; creation of a Behavioral Health Proponency Office in March 2008; and a new PTSD training course started in June 2008.

- Two DVD/CDs that deal with Family deployment issues are now available: an animated video program for 6 to 11 year olds, called "Mr. Poe and Friends," and a teen interview for 12 to 19 year olds, "Military Youth Coping with Separation: When Family Members Deploy." Viewing the interactive video programs with children can help decrease some of the negative outcomes of Family separation. Parents, guardians and community support providers will learn right along with the children by viewing the video and discussing the questions and issues provided in the facilitator's guides with the children during and/or after the program. This reintegration Family tool kit provides a simple, direct way to help communities reduce tension and anxiety, and use mental health resources more appropriately, and promote healthy coping mechanisms for the entire deployment cycle that will help Families readjust more quickly on redeployment. Go to www.behavioralhealth.army.mil and click on children.

- On average 200 behavioral health personnel are deployed in support of Operation Iraqi Freedom, and about 30 in Operation Enduring Freedom. (These numbers include providers from all the Services).

- In mid-July 2007 the Army launched a PTSD and mTBI Chain Teaching Program that reached more than 1 million Soldiers, a measure that will ensure early intervention. The objective of the chain teaching package was to educate all Soldiers and leaders on PTSD and TBI so they can help recognize, prevent and treat these debilitative health issues.

- In 2008 the DoD revised Question 21, the questionnaire for national security positions regarding mental and emotional health. The revised question now excludes non-court ordered counseling related to marital, family, or grief issues, unless related to violence by members; and counseling for adjustments from service in a military combat environment. Seeking professional care for these mental health issues should not be perceived to jeopardize an individual's professional career or security clearance. On the contrary, failure to seek care actually increases the likelihood that psychological distress could escalate to a more serious mental condition, which could preclude an individual from performing sensitive duties.

- We've also instituted post-traumatic stress training for our health care providers so that they can accurately diagnose and treat combat stress injuries; we're dedicating time and energy toward provider resiliency training; and we have hired 250 more behavioral health care providers and over 40 marriage and family therapists in recent months to work in military treatment facilities in the United States. We also have numerous longer-term efforts to enhance recruitment and retention of uniformed behavioral health providers.

- In 2008, the Army began piloting Warrior Adventure Quest (WAQ). WAQ combines existing high adventure, extreme sports and outdoor recreation activities (e.g. rock climbing, mountain biking, paintball, scuba, ropes courses, skiing, and others) with a leader-led after action debriefing (L-LAAD). The L-LAAD is a leader decompression tool that addresses the potential impact of executing military operations and enhances cohesion and bonding among and within small units. L-LAAD integrates WAQ and bridges operational occurrences to assist Soldiers transition their operational experiences into a "new normal", enhancing military readiness, reintegration and adjustment to garrison or "home" life.

- The Army put out ACE "Ask, Care, Escort." Beginning February 15, 2009, the Army started a "standdown" to ensure that all Soldiers learned not only the risk factors of suicidal Soldiers but how to intervene if they are concerned about their buddies. The "Beyond the Front" interactive video is the core training for this effort. It was followed by a chain teach which focuses on a video "Should to Shoulder; No Soldier Stands Alone" and vignettes drawn from real cases.

- There are numerous ongoing efforts to improve pain management. We plan to reduce dependence on medications such as opiates and implement the use of complementary and alternative medicines. Examples include acupuncture, yoga and biofeedback.