APPENDIX B: BEHAVIORAL HEALTH SURVEY RESULTS

Appendix A: All Behavioral Health Survey Results

STANDARDS OF CLINICAL CARE (% AGREE)	MHAT 5 OEF	MHAT 6 OEF	MHAT 6 OIF		
The standard of BH care in this theater or Area of Operations are clear	60.9%	75.0%	57.7%		
The standards of COSC services in this theater or Area of Operations are clear The standards for clinical documentation in this theater or	56.5%	78.6%	53.6%		
Area of Operations are clear The standards for records management in this theater or	30.4%	50.0%	66.6%		
Area of Operations are clear The standards for transfer of clinical BH information	26.1%	39.3%	51.1%		
between levels of care in this theater or Area of Operations are clear Commanders are satisfied with the amount of information I	30.4%	75.0%	37.5%		
can provide I encountered situations involving medical ethics in this AO	60.9%	74.1%	75.4%		
to which I did not know how to respond The standards of how much patient information I can share	17.4%	14.3%	30.1%		
with commanders is clear	73.9%	75.0%	64.0%		
RESOURCES FROM COMMAND (% ARGEE) My higher headquarters provides us with the resources					
required to conduct our BH or COSC mission My higher headquarters encourages us to provide feedback/comments to theater/Area of Operations BH or	52.2%	50.0%	50.9%		
COSC policies We coordinate or integrate our BH or COSC activities with	60.9%	67.9%	52.5%		
the Unit Ministry Teams in our Area of Operations We coordinate or integrate our BH or COSC activities with primary care medical personnel in the battalion aid stations	65.2%	64.3%	53.9%		
or medical companies	91.3%	85.7%	82.7%		
COMBAT AND OPERATIONAL STRESS CONSULTING (% AGREE)					
During this deployment how frequently did you: provide COSC outreach services (weekly)	30.4%	60.7%	49.3%		
conduct educational classes (weekly)	17.3%	32.1%	47.1%		
consult with unit leaders (weekly)	56.5%	65.4%	79.1%		
conduct Battlemind psychological debriefings (monthly)	17.4%	7.1%	19.7%		
conduct psychological debriefings (CED/CISD; monthly) conduct systematic unit needs assessments (every 2-3	39.1%	14.8%	17.8%		
months)	34.8%	21.4%	30.6%		
conduct Suicide Prevention Training (monthly)	13.0%	25.0%	32.8%		
provide one-to-one BH counseling with Service Members					
at their worksite (weekly) provide one-to-one COSC services with Service Members	31.8%	10.7%	18.0%		
at their worksite (weekly) provide one-to-one BH counseling with Service Members	26.1%	21.4%	30.8%		
at the BH/COSC unit location (weekly) provide one-to-one COSC services with Service Members	91.3%	78.6%	82.0%		
at BH/COSC unit location (weekly)	65.2%	82.1%	77.1%		

CONFIDENCE IN SKILLS AND TRAINING (% AGREE)			
I feel confident in my ability to:			
use the COSC Workload and Activity Reporting System			
(COSC-WARS)	13.0%	67.9%	72.3%
help Service Members adapt to the stressors of combat or			
deployment	93.1%	92.9%	94.8%
evaluate and manage Service Members with suicidal			
thoughts or behaviors	92.4%	96.4%	95.4%
evaluate and manage Service Members with substance			
Abuse or Dependence	60.9%	60.7%	76.1%
evaluate and treat Combat and Operational Stress Reaction	100.09/	92.9%	95.7%
evaluate and treat acute Stress Disorder or PTSD	100.0% 91.3%	92.9%	95.7 % 87.1%
evaluate and treat acute offess bisorder of 1 135	82.6%	63.0%	74.0%
perform clinical evaluation and treatment of detainees	26.1%	10.7%	15.8%
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COMBAT AND OPERATIONAL STRESS COURSE TRAINING	(% AGREE)		
I attended pre-deployment COSC Training Course (e.g.	,		
AMEDD)	56.5%	82.1%	77.1%
I received adequate training pre-deployment to prepare me			
for my COSC duties	45.0%	53.7%	47.9%
STIGMA AND BARRIERS TO CARE (% AGREE)			
The medical leadership does not support BH/COSC	40.00/	0.004	5.00/
outreach The supported units leadership does not support BH or	13.0%	0.0%	5.3%
COSC outreach	8.7%	3.6%	13.7%
There is inadequate transportation to conduct outreach	0.7 70	3.070	10.770
activities	39.1%	25.0%	31.0%
There is inadequate communication between BH or COSC	22.170		
and supported units	17.4%	21.4%	27.3%
Service Members feel uncomfortable talking to BH or			
COSC personnel about their problems	21.7%	14.3%	32.1%
BH or COSC personnel are unfamiliar with supported unit	00.40/	40.70	0.00/
leadership and Service Members	26.1% 26.1%	10.7% 7.1%	9.6% 7.3%
Traveling to supported units is too dangerous Arranging convoys to supported units is too difficult	26.1% 39.1%	28.6%	7.3% 32.7%
The inability to arrange convoys has led to mission	39.176	20.076	32.176
cancellations	52.2%	35.7%	30.9%
BH or COSC personnel do not like to perform outreach			
services	21.7%	3.6%	8.3%
BH or COSC personnel are not trained to conduct outreach			
services	30.4%	3.6%	12.9%
BH or COSC personnel are not available due to performing	47.40	- 404	4.004
non-BH or COSC missions	17.4%	7.1%	4.8%
BH or COSC personnel do not think preventive outreach activities are effective	21.7%	0.0%	12.2%
Commander's support BH provider recommendations for	21.170	0.076	12.270
medevac out of theatre	56.5%	46.4%	55.6%
Commanders respect patient confidentiality when it comes	, •		20.0.0
to mental health issues	47.8%	50.0%	46.4%
There are sufficient BH assets in theater to cover the			
mission across the AO	30.4%	17.9%	29.7%

DOING THEIR JOB (% AGREE) How <i>often</i> do you:			
talk informally to the Service Members	100.0%	92.9%	98.2%
conduct focus groups with Service Members	47.8%	51.9%	62.7%
talk with the chaplains	95.7%	85.7%	93.1%
talk with the units commander	95.7%	85.7%	96.2%
talk with the units medical personnel	100.0%	85.7%	97.0%
use validated surveys or instruments	69.6%	32.1%	75.1%
use locally developed surveys or instruments develop a BH or COSC unit prevention and early	56.5%	32.1%	56.6%
interventionplan	59.5%	42.9%	69.9%
conduct Command Consultation	60.9%	75.0%	88.7%
WELL-BEING(Yo AGREE) My ability to do my behavioral health job is impaired by the			
stressors of deployment or combat	4.3%	3.6%	9.2%
My mental well-being has been adversely affected by the events I have witnessed on this deployment	13.0%	7.1%	12.9%
My spiritual well being has been adversely affected by the			
events I have witnessed on this deployment Since this deployment, I have become less sensitive to the	4.3%	7.1%	4.0%
needs of the Service Members I serve or support	4.3%	7.1%	11.1%
My ability to do my job is impaired by listening to the combat experiences of Service Members I have talked with			
while performing my BH or COSC mission	4.3%	3.6%	8.1%
Rate your personal morale	65.2%	64.3%	53.2%
Rate your energy level	43.5%	60.7%	37.2%
Rate your level of burnout	17.4%	21.4%	32.5%
Rate your motivation	73.9%	67.9%	45.5%
PSYCHMEDS (% AGREE)			
The procedures for ordering or replenishing psychiatric			
medications in this theater or Area of Operations are clear In general, there has been adequate availability of	66.7%	11.1%	57.4%
appropriate psychiatric medications in the area of			
operations	66.7%	16.7%	91.9%
There has been adequate availability of appropriate	00.7 70	10.7 70	31.370
psychiatric medication at Level I (Battalion Aid Station)	66.7%	16.7%	60.2%
There has been adequate availability of appropriate	00.770	10.770	50.270
psychiatric medication at Level II (Forward Support Medical			
Company)	50.0%	16.7%	82.8%
There has been adequate availability of appropriate			
psychiatric medication at Level III (Combat Support			
Hospital)	50.0%	0.0%	98.1%