

12. APPENDIX A: COMPLETE BH SURVEY RESULTS

Complete BH Results (non-significant changes)

| | MHAT V | MHAT VI | $p < .05$ |
|--|--------|---------|-----------|
| WELL-BEING (% Agree) | | | |
| My spiritual well being has been adversely affected by the events I have witnessed on this depl | 5.2% | 4.0% | 0.63 |
| My ability to do my job is impaired by listening to the combat experiences of Service Members I | 15.5% | 8.1% | 0.17 |
| Rate your personal morale | 44.4% | 53.2% | 0.17 |
| Rate your energy level | 33.4% | 37.2% | 0.52 |
| Rate your level of burnout | 35.8% | 32.5% | 0.63 |
| Rate your motivation | 43.0% | 45.5% | 0.69 |
| COMBAT OPERATIONAL STRESS TRAINING (% Agree) | | | |
| <i>I feel confident in my ability to:</i> | | | |
| use the COSC Workload and Activity Reporting System (COSC-WARS) | 65.0% | 72.3% | 0.21 |
| help Service Members adapt to the stressors of combat or deployment | 93.3% | 94.8% | 0.58 |
| evaluate and manage Service Members with suicidal thoughts or behaviors | 92.4% | 95.4% | 0.29 |
| evaluate and manage Service Members with substance Abuse or Dependence | 75.6% | 76.1% | 0.92 |
| evaluate and treat Combat and Operational Stress Reaction | 95.6% | 95.7% | 0.99 |
| evaluate and treat acute Stress Disorder or PTSD | 90.3% | 87.1% | 0.38 |
| evaluate and treat victims of sexual assault | 72.4% | 74.0% | 0.78 |
| perform clinical evaluation and treatment of detainees | 22.8% | 15.8% | 0.11 |
| perform clinical evaluation and treatment of Iraqi Security Force personnel | 33.6% | 26.0% | 0.18 |
| STANDARDS OF CLINICAL CARE (% AGREE) | | | |
| The standards of COSC services in this theater or Area of Operations are clear | 42.5% | 53.6% | 0.09 |
| Commanders are satisfied with the amount of information I can provide | 78.3% | 75.4% | 0.57 |
| I encountered situations involving medical ethics in this AO to which I did not know how to resp | 32.1% | 30.1% | 0.75 |
| The standards of how much patient information I can share with commanders is clear | 61.1% | 64.0% | 0.65 |
| RESOURCES FROM COMMAND (% ARGEE) | | | |
| We coordinate or integrate our BH or COSC activities with primary care medical personnel in th | 81.3% | 82.7% | 0.75 |
| COMBAT AND OPERATIONAL STRESS (CONSULTING (% Agree)) | | | |
| <i>During this deployment how frequently did you:</i> | | | |
| provide COSC outreach services (weekly) | 55.5% | 49.3% | 0.34 |
| conduct educational classes (weekly) | 49.1% | 47.1% | 0.75 |
| consult with unit leaders (weekly) | 82.3% | 79.1% | 0.46 |
| conduct systematic unit needs assessments (every 2-3 months) | 41.0% | 30.6% | 0.11 |
| conduct Suicide Prevention Training (monthly) | 28.6% | 32.8% | 0.47 |
| provide one-to-one BH counseling with Service Members at the BH/COSC unit location (weekly) | 85.1% | 82.0% | 0.47 |
| provide one-to-one COSC services with Service Members at BH/COSC unit location (weekly) | 80.5% | 77.1% | 0.49 |

| | | | |
|---|-------|-------|------|
| COMBAT AND OPERATIONAL STRESS COURSE TRAINING (% AGREE) | | | |
| I attended pre-deployment COSC Training Course (e.g. AMEDD) | 80.5% | 77.1% | 0.49 |
| DOING THEIR JOB (% Agree) | | | |
| <i>How often do you:</i> | | | |
| talk informally to the Service Members | 97.3% | 98.2% | 0.49 |
| conduct focus groups with Service Members | 67.8% | 62.7% | 0.41 |
| talk with the chaplains | 95.6% | 93.1% | 0.26 |
| talk with the units commander | 95.2% | 96.2% | 0.62 |
| talk with the units medical personnel | 97.4% | 97.0% | 0.76 |
| use validated surveys or instruments | 64.7% | 75.1% | 0.08 |
| use locally developed surveys or instruments | 56.4% | 56.6% | 0.97 |
| develop a BH or COSC unit prevention and early intervention plan | 68.0% | 69.9% | 0.76 |
| conduct Command Consultation | 92.7% | 88.7% | 0.20 |
| STIGMA AND BARRIERS TO CARE (% AGREE) | | | |
| The medical leadership does not support BH/COSC outreach | 9.2% | 5.3% | 0.32 |
| The supported units leadership does not support BH or COSC outreach | 12.0% | 13.7% | 0.70 |
| There is inadequate transportation to conduct outreach activities | 30.2% | 31.0% | 0.90 |
| There is inadequate communication between BH or COSC and supported units | 25.4% | 27.3% | 0.74 |
| Service Members feel uncomfortable talking to BH or COSC personnel about their problems | 23.7% | 32.1% | 0.17 |
| BH or COSC personnel are unfamiliar with supported unit leadership and Service Members | 8.6% | 9.6% | 0.75 |
| Arranging convoys to supported units is too difficult | 33.9% | 32.7% | 0.85 |
| The inability to arrange convoys has led to mission cancellations | 29.8% | 30.9% | 0.86 |
| BH or COSC personnel do not like to perform outreach services | 13.1% | 8.3% | 0.26 |
| BH or COSC personnel are not trained to conduct outreach services | 21.6% | 12.9% | 0.11 |
| BH or COSC personnel do not think preventive outreach activities are effective | 21.9% | 12.2% | 0.08 |
| Commander's support BH provider recommendations for medevac out of theatre | 49.4% | 55.6% | 0.33 |
| Commanders respect patient confidentiality when it comes to mental health issues | 51.1% | 46.4% | 0.46 |
| There are sufficient BH assests in theatre to cover the mission across the AO | 23.1% | 29.7% | 0.23 |
| PSYCHE MEDS (% Agree) | | | |
| The procedures for ordering or replenishing psychiatric medications in this theater or Area of O | 50.5% | 57.4% | 0.52 |
| In general, there has been adequate availability of appropriate psychiatric medications in the ar | 82.5% | 91.9% | 0.10 |
| There has been adequate availability of appropriate psychiatric medication at Level I (Battalion | 46.9% | 60.2% | 0.25 |
| There has been adequate availability of appropriate psychiatric medication at Level II (Forward | 71.7% | 82.8% | 0.23 |
| There has been adequate availability of appropriate psychiatric medication at Level III (Combat | 90.8% | 98.1% | 0.05 |