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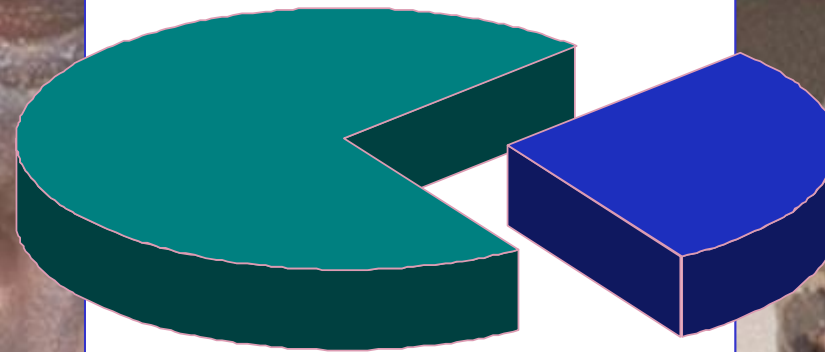
National Guard Psychological Health

DCoE, Warrior Resiliency Conference

3 NOV 2009

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National Guard Manpower



*Army
National
Guard
77%
350,000*

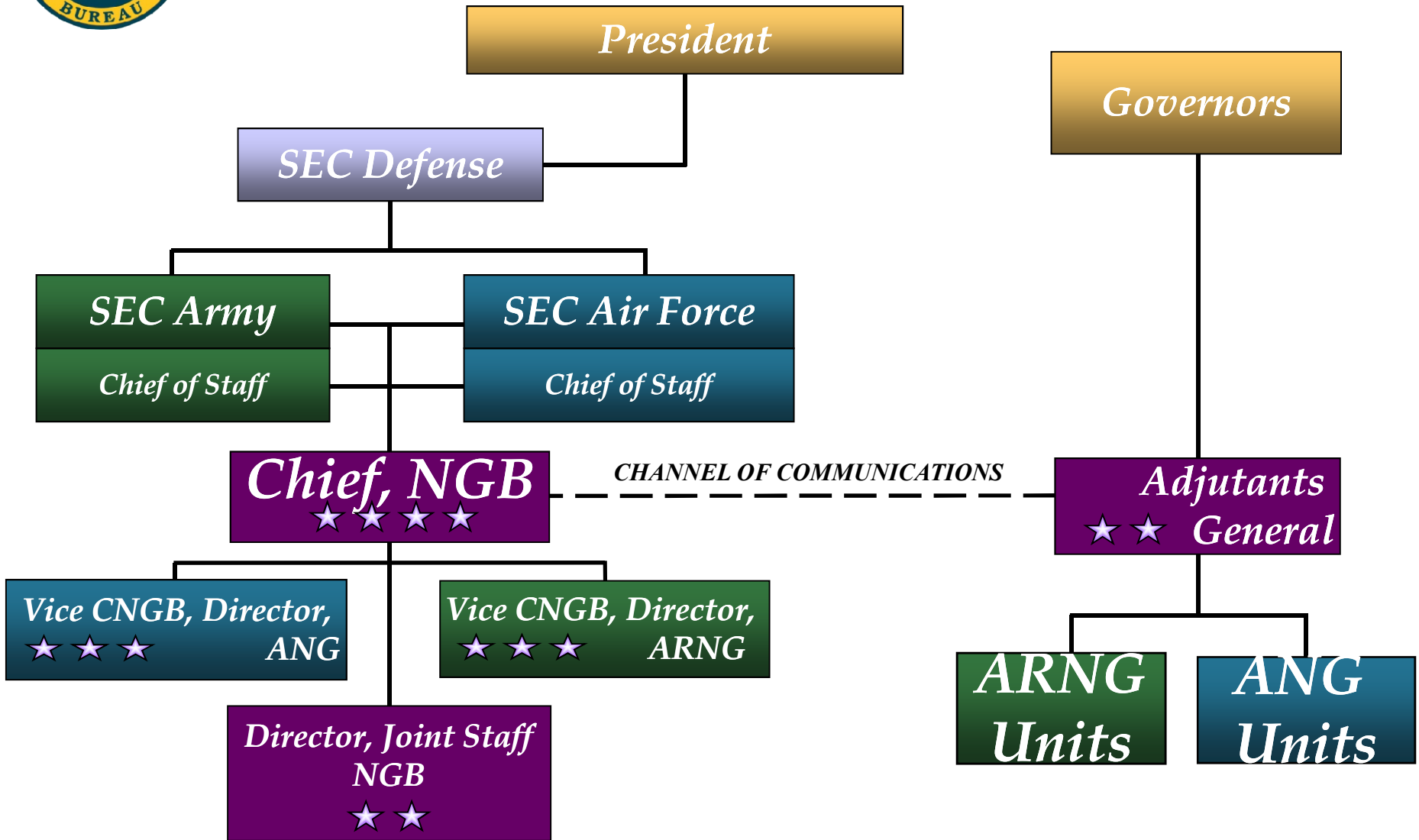
*Air
National
Guard
23%
107,000*



Majority of Guard members are “traditional” or “part-timers”

80-85% traditional; 15-20% Active Duty (AGR – Active Guard and Reserve – T32 at State level)

Constitutionally Unique





Psychological Health Challenges

- Armories and wings are community-based
- Locations are seldom within the catchment area of a military treatment facility
- Non-provision of health care treatment
 - All care is received externally through TRICARE, the Veterans Health Administration, and health insurance provided through a Guard member or spouse's civilian employer
- Varying degrees of capability between communities
- Psychological health is not a core competency
- Inconsistency between a state's ability to design and implement a psychological health program



Functions of State Directors of Psychological Health

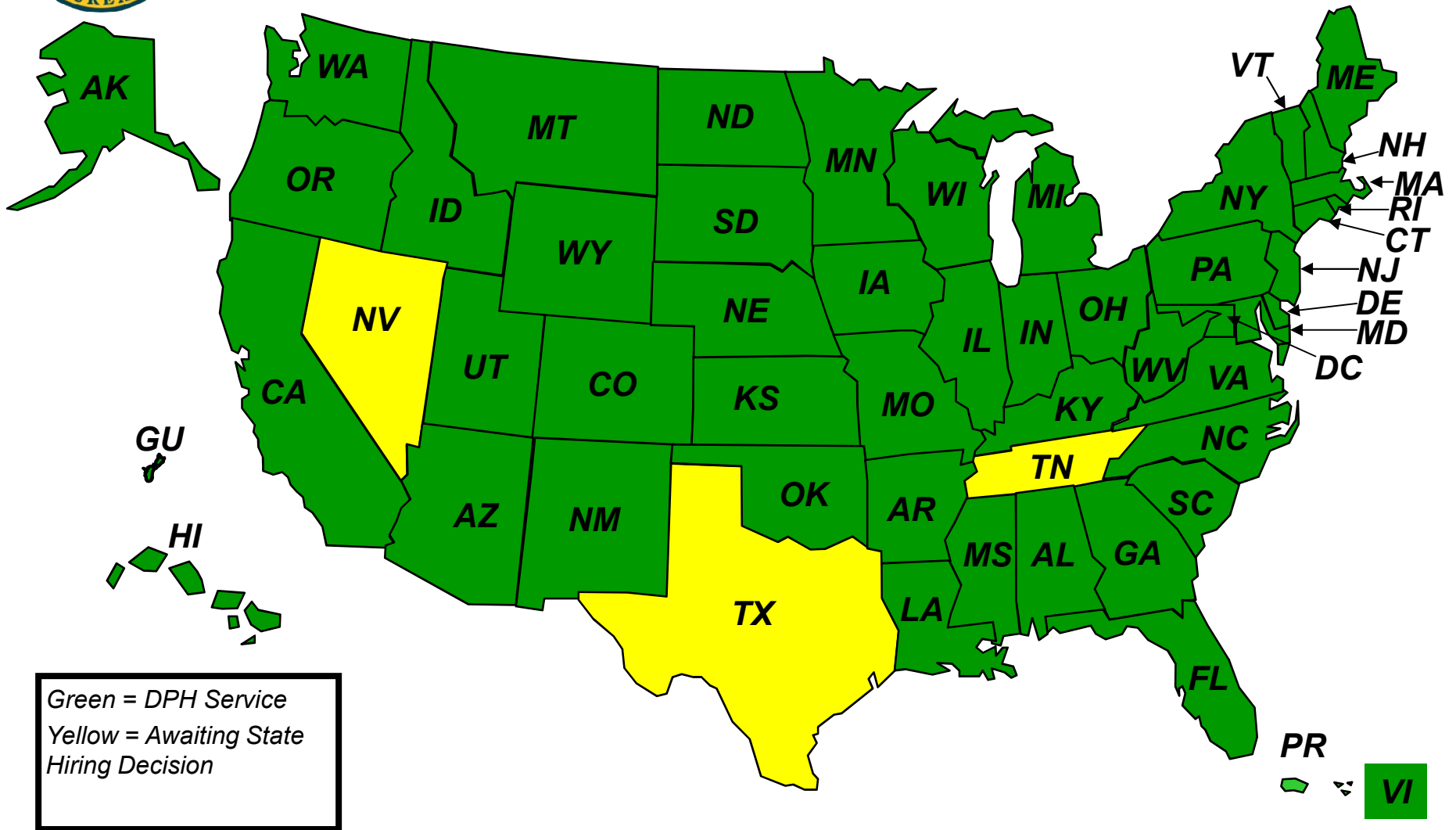
NGB Psychological Health Mission:

To advocate for and support NG members and families by promoting mental fitness and personal wellness for operational readiness.

- Develop community-based behavioral health networks to improve access to mental health providers
- Educate NG members and their families on how to access behavioral health services
- Assess and refer NG members (families) who may have behavioral health issues
- Conduct Leadership Education and training
- Build psychological health fitness and resilience while dispelling stigma
- Document and track data to provide quality services and identify needs/trends



State DPH Status





NGB PH Preliminary Data

n=655 (approx. 35 state reports from JAN 2009 to JUN 2009)

Problem Identification: 1. Family/Marital Discord
2. Post Traumatic Stress
3. Psychiatric/Behavioral Health Concerns

Demographics: E-4 to E-6 (55 %)
Age: 19-25 (31%) 26-50 (46%)
Marital status: Single, separated, divorced (53%)
Education: 4th grade to High School (55%)

Referral Source: Self Referral: 37%
Facilitated Referral: 53%
Mandatory: 10%



Psychological Health Related Programs

- **National Guard and Reserve Psychological Health Council**
- **ARNG Suicide Prevention Program:** F/T state managers encourages Community Health Promotion Councils and Suicide Awareness activities.
- **ANG:** USAF Suicide Prevention: 11 Initiatives
- **ANG :** “Frontline” Supervisor Training
- **ARNG Decade of Health Outreach:** ARNG SG office-multimedia tactics with annual themes: “2009: Ready and Resilient”.
- **ARNG- “Blast Tracker”:** ARNG tracks personnel with blast or contaminant exposure during post mobilization, auto-populates the PDHRA.
- **Joint Tele-Behavioral Health Pilot Programs:** T2 at DCoE/Ft. Lewis: mobile van on circuitous route through 4 states in NW and ARNG partnership with ARC.



Psychological Health

National Guard Resiliency

- (2006) Kansas Adjutant General, MG Bunting's vision
- (2007) DoD, Task Force Report on Mental Health
- (2008) DoD, TFMH recommendations implemented at NGB
- (2008) ANG leadership and Congressional support

Collaboration: content analysis, AD military leadership, Israeli military personnel and mental health experts, Researchers and Academia

- (2009) Pilot program testing:

“Flash Forward”

8 plug and play modules

the genesis for National Guard Holistic Fitness



National Guard: State Best Practices

- **California:** Peer Support and Embedded Counselors
- **Kansas:** Resiliency
- **Ohio:** “Ohio Cares”
- **Michigan:** “Buddy to Buddy”
- **Montana:** Deployment Cycle Support Plan Campaign
- **New Hampshire:** Leveraging state, local and community assets

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Joint Services Support Network





Psychological Health Future

A CULTURAL AWARENESS and Long term COMMITMENT

- Continue to capitalize on National Guard infrastructure/assets *via integrated service delivery models*
- Identify and address concerns of National Guard “*special populations*”; i.e. UAV/Predator mission, Medics, Chaplains, Senior Enlisted Leadership etc.
- Telehealth and Technology (T2)
- Think Practically: 10 days AC training = 5 months for the Reserve Component
- Continued relationship building with local and community assets
- Make available technology available for us to adapt

“We’re Different, but not Difficult...”

-MG Tod Bunting, Kansas Adjutant General



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