Mental Health Advisory Team (MHAT) IV Brief

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Outline

- MHAT IV Purpose, Mission & Background
- MHAT IV Scope of Activities
- Summary of Key Findings
- Soldier and Marine Well-being
  - Combat Experiences
  - Deployment Concerns
  - Individual & Unit Morale
  - Mental Health Status
  - Combat and Mental Health
  - Multiple Deployments & Deployment Length
  - Marital Concerns
  - Suicide Rate
  - Battlefield Ethics
- Transition Teams
- Behavioral Health Care in Iraq
- Recommendations
- Point of Contact

MHAT IV Purpose, Mission & Background

- Purpose of Brief: Provide findings and recommendations from the Mental Health Advisory Team (MHAT) IV.

- Mission: MHAT IV assesses Soldier and Marine mental health and well-being; examines the delivery of behavioral health care in OIF; analyzes information obtained; provides recommendations for sustainment and improvement to command.

- Background:
  - Data collected using anonymous surveys and focus groups.
  - There have been three previous MHATs in which to compare current findings:
    - September and October 2003 (MHAT I / OIF I) (N=756)
    - September and October 2004 (MHAT II / OIF II) (N=2064)
    - October and November 2005 (MHAT III / OIF 04-06) (N=1124)
    - August to October 2006 (MHAT IV/OIF 05-07) (N=1882)

Unique MHAT IV Contributions

- MHAT IV consisted of three personnel as opposed to the past MHATs which comprised 12-15 personnel.
- Focus on three populations:
  - Soldiers (n=1,320 representative samples in all OIF regions
    - 29% have been deployed to Iraq 2 or more times
  - Marines (n= 447 – first time that Marines have been studied in-theatre)
    - 31% have been deployed to Iraq 2 or more times
  - Iraqi Assistance Groups (MiTT, BTT, & NPTT; n=115)
- Evaluate ethical issues faced by Soldiers & Marines to enhance future battlefield ethics training. This is the first time ethical behavior has been studied during on-going combat operations; therefore, no comparison sample exists.
- Assess the impact of junior leader behaviors on the mental health and well-being of Soldiers and Marines.

Summary of Key Findings (1 of 2)

- **Not all Soldiers and Marines deployed to Iraq are at equal risk for screening positive for a mental health problem. The level of combat is the main determinant of mental health status.**

- **For Soldiers, deployment length and family separation were top non-combat issues; Marines had fewer non-combat deployment concerns, perhaps due to shorter deployment lengths.**

- **Soldier morale was similar to OIF 04-06 Soldier morale; only 5% of Soldiers took in-theatre R&R.**

- **Overall, Soldiers had higher rates of mental health problems than Marines. When matched for deployment length and deployment history, Soldiers' mental health rates were similar to those of Marines.**

- **Multiple deployers reported higher acute stress than first-time deployers. Deployment length was related to higher rates of mental health problems.**

- **Good NCO leadership is key to sustaining Soldier and Marine mental health and well-being.**

- **Marital concerns among Soldiers are higher than in OIF 04-06, and these concerns were related to deployment length.**

Summary of Key Findings (2 of 2)

- 2003-2006 OIF (Iraq only) Soldier suicide rates are higher than the average Army rate, 16.1 vs. 11.6 Soldier suicides per year per 100,000.

- The current Army suicide prevention program is not designed for a combat/deployed environment.

- Approximately 10% of Soldiers and Marines report mistreating non-combatants (damaged/destroyed property when not necessary or hit/kicked non-combatant when not necessary).

- Soldiers with high levels of combat, high levels of anger or that screened positive for a mental health problem were twice as likely to mistreat non-combatants.

- Transition Team Soldiers have lower rates of mental health problems compared to Brigade Combat Team Soldiers.

- Behavioral health providers require additional Combat and Operational Stress Control (COSC) training prior to deploying to Iraq; very few attended the AMEDD C&S COSC Course.

- There is no standardized in-theatre joint reporting system for monitoring mental health status and suicide surveillance of service members in a combat/deployed environment.

Recommendations (1 of 3)

- **Pre-Deployment**
  - To prepare Soldiers and Marines for handling the stresses of combat and deployment, mandate all Soldiers and Marines receive small-group PRE-Deployment Battlemind Training **(FORSCOM/ HQMC)***
    - **Status – The DAS has mandated all Soldiers receive PRE-deployment Battlemind Training prior to deploying.**
  - Develop Battlefield Ethics training based on the "Soldiers' Rules," using OIF-based scenarios, so that Soldiers and Marines know exactly what is expected of them in terms of battlefield ethics and the procedures for reporting violations. **(TRADOC/TECOM)**
    - **Status – TRADOC/JAG is revising their training**
  - Revise the OIF suicide prevention program to ensure it is specific to the OIF area of operations and uses scenario-based training that focuses on buddy-aid and leader actions. **(Army G-1/BUPERS)**
    - **Status – AMEDDC&S is revising the Suicide Prevention Program**
  - Ensure all behavioral health personnel and chaplains (regardless of service) are proficient in Combat Stress Doctrine by mandating that they complete the AMEDD Combat and Operational Stress Control Course prior to deploying to the OIF theatre. **(OTSG:AMEDD C&S/OPNAV093:BUMED)**
    - **Status – MEDCOM requires all COSC Personnel attend the revised COSC Course prior to deploying**

Recommendations (2 of 3)

- **Deployment**
  - Re-structure the in-theatre R&R policy to ensure that Soldiers and Marines who primarily work outside the basecamp receive in-theatre R&R. **(Lead: J-3/J-1, MNF-I)**
    - **Status – No action taken**
  - Share Soldier/Marine mental health information with commanders in the same manner and detail as information is shared about a wounded Soldier/Marine is shared. **(Lead: MEDCOM/OPNAV 093)**
    - **Status – No action taken**
  - Develop standardized procedures for conducting in-theatre Battlemind Psychological Debriefings to replace Critical Event Debriefings and Critical Incident Stress Debriefings following deaths, serious injuries and other significant events. **(Lead: MNF-I Surgeon:MRMC/OPNAV093:NMRC)**
    - **Status – WRAIR has developed Battlemind Psychological Debriefing standardized training that is being taught at the COSC Course.**
  - Focus behavioral health outreach to units that have been in theatre longer than six months. **(Lead: 3rd MEDCOM; MNF-I Surgeon)**
    - **Status – Behavioral Health Assets are focusing outreach on units that have been in-theatre more than six months**

Recommendations (3 of 3)

- **Post Deployment/Sustainment**
  - To facilitate Soldiers and Marines reintegrating with their families and transitioning home, mandate all Soldiers and Marines receive small group POST-Deployment Battlemind Training. **(FORSCOM/HQMC)**
    - **Status – The DAS has mandated that all Soldiers receive POST-deployment Battlemind Training upon return from combat.**
  - Provide Spouse/Couples Battlemind Training to improve relationships and facilitate transitioning home. **(CFSC/FORSCOM/HQMC)**
    - **Status – Spouse/couples Battlemind Training is being offered to all Spouses when their Soldiers' return from combat.**
  - Educate and train junior NCOs in the important role they play in maintaining Soldier/Marine mental health and well-being by including behavioral health awareness training in ALL junior leader development courses, beginning with the Warrior Leader Course and OBC. **(TRADOC/TECOM)**
    - **Status – TRADOC, AMEDDC&S, and WRAIR are developing new junior leader training.**
  - Extend the interval between deployments to 18-36 months or decrease deployment length to allow time for Soldiers/Marines to mentally re-set. **(FORSCOM/HQMC)**
    - **Status – No action taken**

Combat Experiences (1 of 2)

- Combat experiences are high for both Soldiers and Marines in OIF 05-07.

- Soldiers are reporting an increase in IED attacks.

- Over three-quarters of Soldiers and Marines reported being in situations where they could be injured or killed.

"The most stressful part of my job is going out every day and waiting to get blown up."

---Junior NCO

"Iraqis throw rocks, cinder blocks and gasoline bottles at Strykers. And we can't respond."

---Junior NCO

Receiving incoming artillery, rocket, mortar
- 76
- 83
- **82**
- **64**

Receiving small arms fire
- 80
- 61
- **62**
- **57**

Being in threatening situations where you were unable to respond due to ROEs
- 50
- 45
- **46**
- **45**

IED/ booby trap exploded near you*
- 55
- **62**
- **58**

* Not asked during OIF I

Legend:
- OIF I Soldiers
- OIF 04-06 Soldiers
- OIF 05-07 Soldiers
- OIF 05-07 Marines

X-axis: 0 20 40 60 80 100

Percent Experienced at Least Once
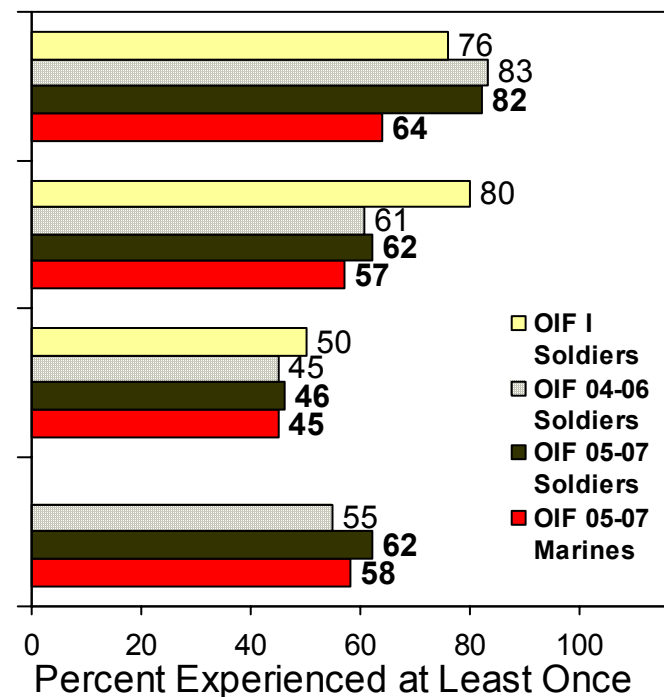
Combat Experiences (2 of 2)

- The war in Iraq remains very personal, with nearly two-thirds of Soldiers and Marines surveyed reporting knowing someone seriously injured or killed.

- Seeing the reality of death causes many Soldiers (and Marines) to seek a greater meaning in life, and question the purpose of the war.

"Ya know, this is really why Americans go crazy over here; they see their friends get killed."
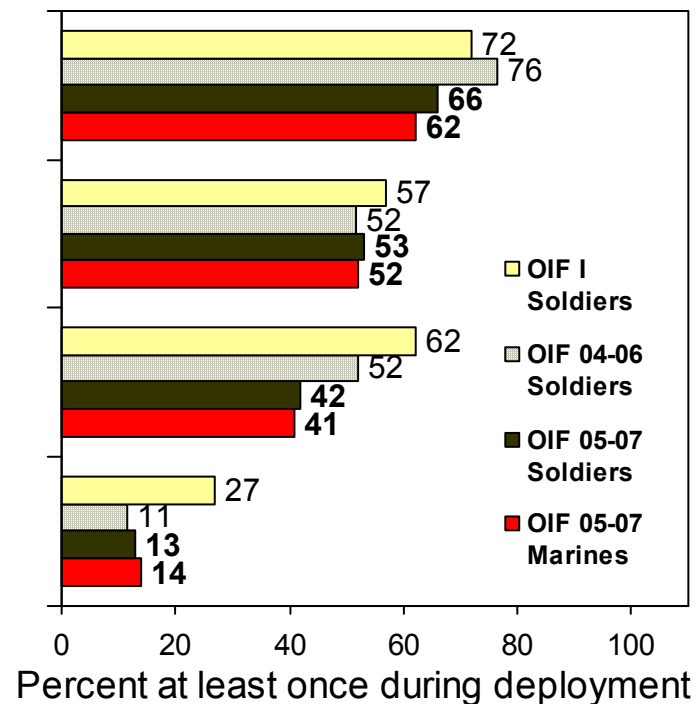
---Junior Enlisted Soldier

Knew someone seriously injured or killed
- OIF I Soldiers: 72
- OIF 04-06 Soldiers: 76
- OIF 05-07 Soldiers: **66**
- OIF 05-07 Marines: **62**

Having a member of your own unit become a casualty
- OIF I Soldiers: 57
- OIF 04-06 Soldiers: 52
- OIF 05-07 Soldiers: **53**
- OIF 05-07 Marines: **52**

Seeing dead or seriously injured Americans
- OIF I Soldiers: 62
- OIF 04-06 Soldiers: 52
- OIF 05-07 Soldiers: **42**
- OIF 05-07 Marines: **41**

Being directly responsible for the death of an enemy combatant
- OIF I Soldiers: 27
- OIF 04-06 Soldiers: 11
- OIF 05-07 Soldiers: **13**
- OIF 05-07 Marines: **14**

Legend:
- OIF I Soldiers
- OIF 04-06 Soldiers
- OIF 05-07 Soldiers
- OIF 05-07 Marines

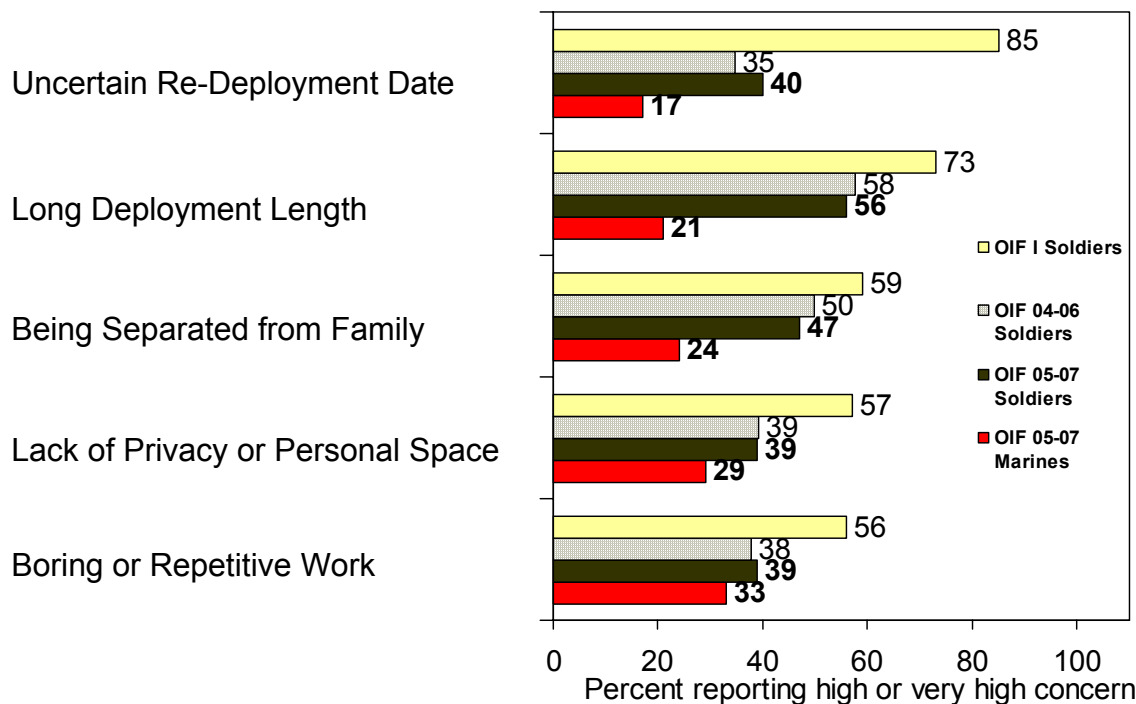Percent at least once during deployment

Deployment Concerns

- Long deployment length continues to be the top concern for Soldiers, along with uncertain re-deployment date and being separated from their family.

- Marines tend to have fewer current deployment concerns than Soldiers, possible due to a shorter deployment length.

> "The Army has f@#%ed up my life after I gave five years of my life…[I've missed] 4 of 5 anniversaries, two years in Iraq. I've done my part, let me go home!"
>
> ---*Junior Enlisted Soldier*

Uncertain Re-Deployment Date
- OIF I Soldiers: 85
- OIF 04-06 Soldiers: 35
- OIF 05-07 Soldiers: 40
- OIF 05-07 Marines: 17

Long Deployment Length
- OIF I Soldiers: 73
- OIF 04-06 Soldiers: 58
- OIF 05-07 Soldiers: 56
- OIF 05-07 Marines: 21

Being Separated from Family
- OIF I Soldiers: 59
- OIF 04-06 Soldiers: 50
- OIF 05-07 Soldiers: 47
- OIF 05-07 Marines: 24

Lack of Privacy or Personal Space
- OIF I Soldiers: 57
- OIF 04-06 Soldiers: 39
- OIF 05-07 Soldiers: 39
- OIF 05-07 Marines: 29

Boring or Repetitive Work
- OIF I Soldiers: 56
- OIF 04-06 Soldiers: 38
- OIF 05-07 Soldiers: 39
- OIF 05-07 Marines: 33

Legend:
- OIF I Soldiers
- OIF 04-06 Soldiers
- OIF 05-07 Soldiers
- OIF 05-07 Marines

Percent reporting high or very high concern (0 – 100)
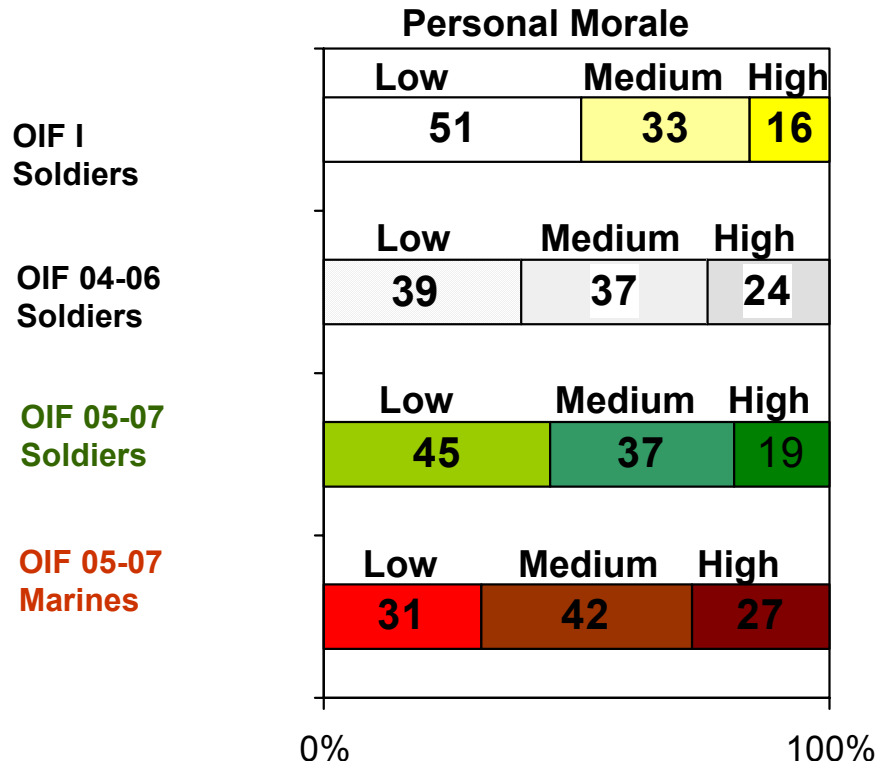
Individual and Unit Morale

- **Soldier morale in OIF 05-07 is comparable to OIF 04-06, with 45% of OIF 05-07 Soldiers reporting low or very low morale compared to 39% of OIF 04-06 Soldiers.**

- **Only 5% of Soldiers reported taking in-theatre R&R, even though the average time of deployment was nine months.**

> **"This is a combat zone so get rid of all the f@#$ing rules around the FOBs."**
>
> *-NCO-*

Deployment Tempo Impacts Soldier Morale

Junior enlisted who are multiple deployers report lower personal morale (56%) compared to Soldiers who are on their first deployment (46%).

Personal Morale

	Low	Medium	High
OIF I Soldiers	51	33	16
OIF 04-06 Soldiers	39	37	24
OIF 05-07 Soldiers	45	37	19
OIF 05-07 Marines	31	42	27

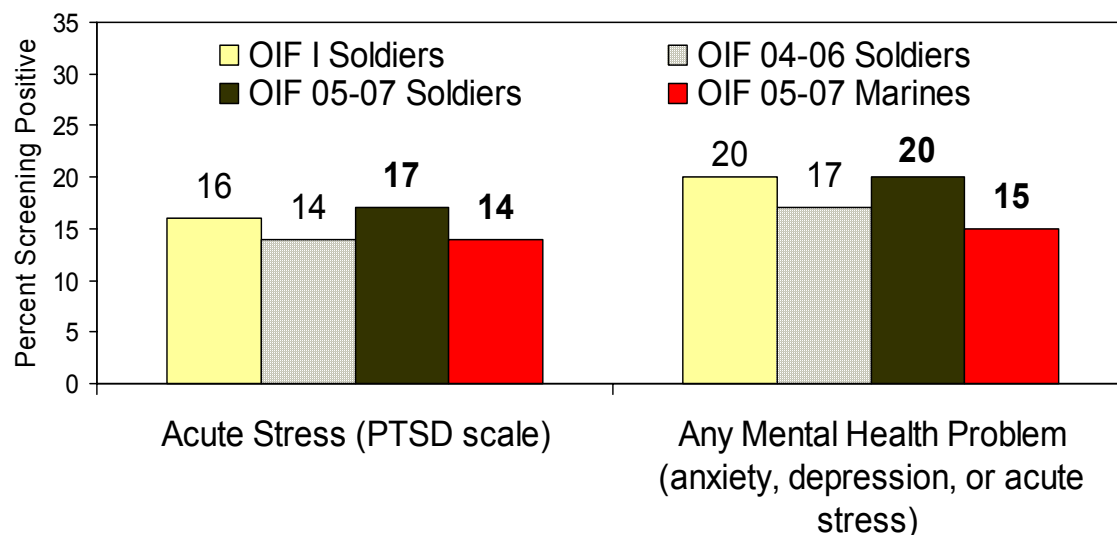0%   100%

Mental Health Status

- A similar percentage of OIF 05-07 Soldiers screened positive for PTSD (called Acute Stress in theatre).

- Findings from the WRAIR Land Combat Study indicate that these rates may increase further at 6 and 12 months post-deployment, highlighting the need for conducting Battlemind transition training.

Stigma prevents Soldiers from Using Mental Health

13% of ALL Soldiers and 7% of ALL Marines reported being interested in receiving help for a stress, emotional, alcohol or family problem.

Only 42% of Soldiers who screened positive for a mental health problem sought help from a behavioral health provider, primary care provider or chaplain.

Chart: Percent Screening Positive

Legend: OIF I Soldiers, OIF 04-06 Soldiers, OIF 05-07 Soldiers, OIF 05-07 Marines

Acute Stress (PTSD scale): 16, 14, **17**, **14**

Any Mental Health Problem (anxiety, depression, or acute stress): 20, 17, **20**, **15**

Combat and Mental Health

- Soldiers and Marines were divided into low, medium and high combat based on frequency of combat events during the deployment.

- Soldiers and Marines with higher levels of combat were more likely to screen positive for anxiety, depression, or acute stress (PTSD scale), indicating that all Soldiers and Marines are NOT at the same level of risk for a mental health problem.
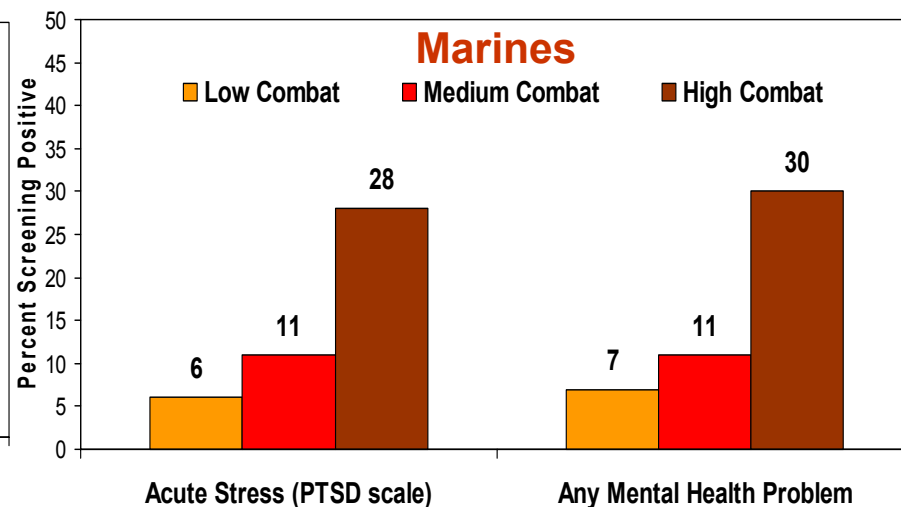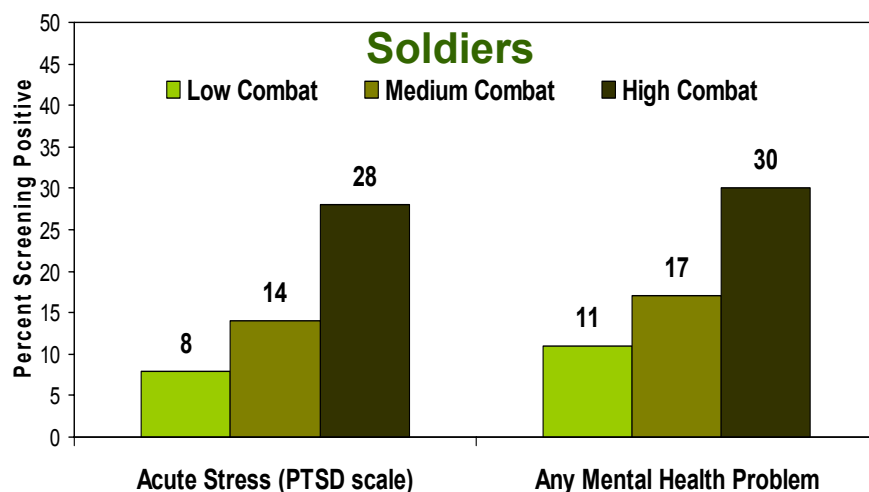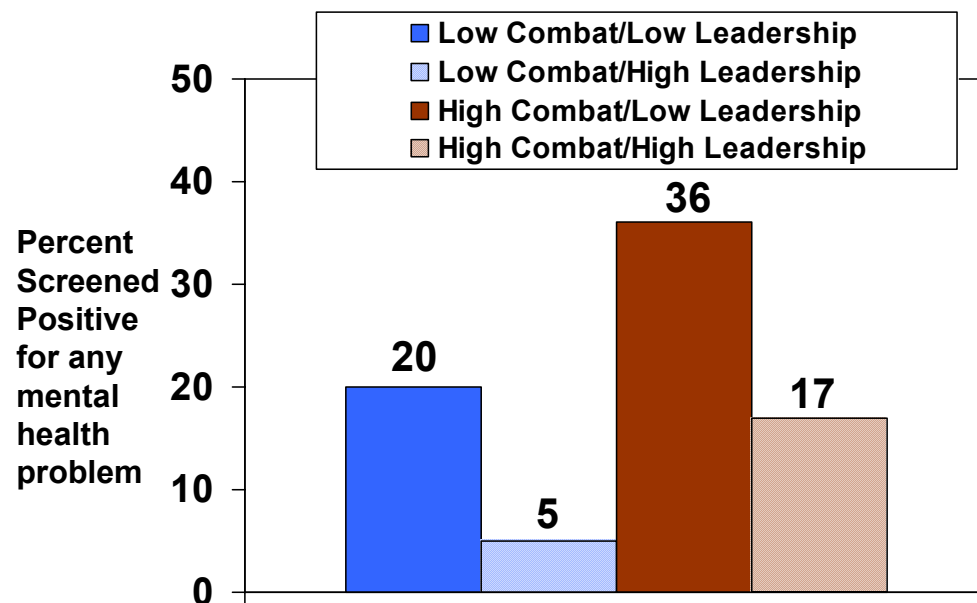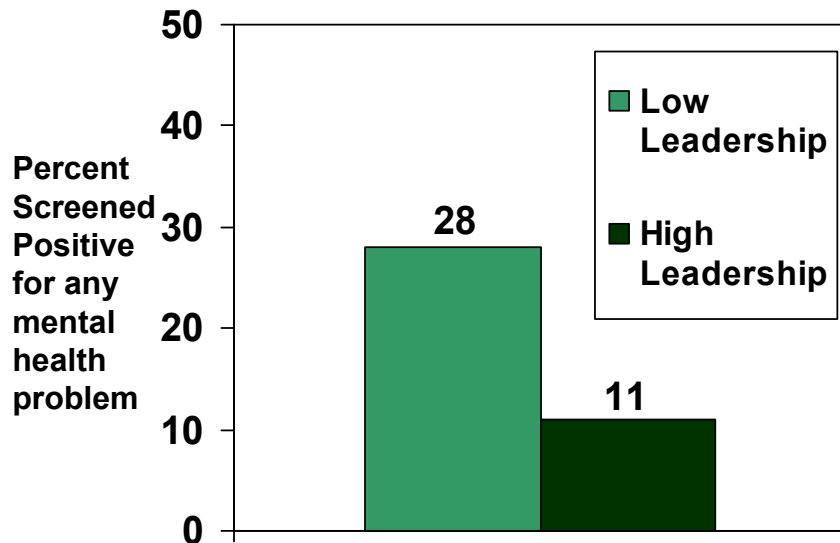
Mental Health Problems by NCO Leadership & Level of Combat

- Soldiers who rated their NCOs highly were significantly less likely to screen positive for a mental health problem (anxiety, depression, or Acute Stress (PTSD scale)) than those who rated their NCOs poorly.

- Good leadership "protects" Soldiers' mental health from the effects of combat exposure.

Percent Screened Positive for any mental health problem

Low Leadership: 28
High Leadership: 11

Percent Screened Positive for any mental health problem

- Low Combat/Low Leadership: 20
- Low Combat/High Leadership: 5
- High Combat/Low Leadership: 36
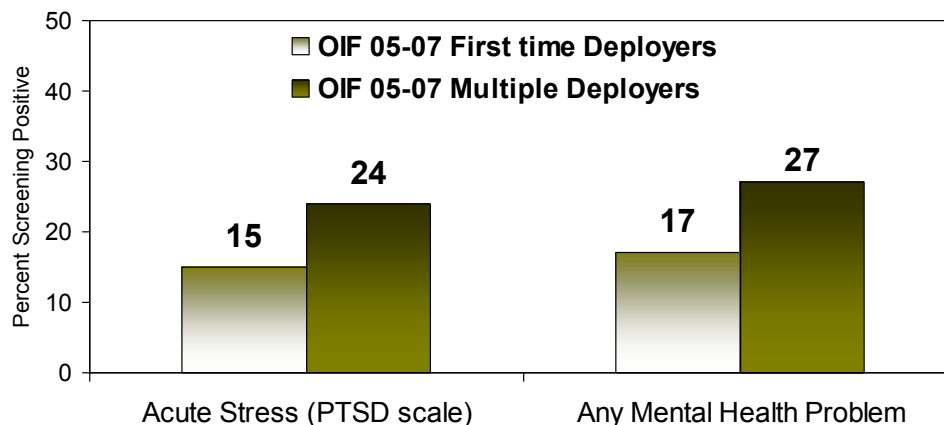- High Combat/High Leadership: 17

Soldier Multiple Deployments

- Findings from the WRAIR Land Combat Study indicate that Soldiers' mental health status does not "re-set" prior to deploying to Iraq a second time.

- Soldiers deployed to Iraq more than once were more likely to screen positive for a mental health problem than first-time deployers.

"January 04 to January 05, October 05 to September 06; somebody give me a f@#%ing break!"

---*Rank Unknown*

Bar chart — Percent Screening Positive:
- Acute Stress (PTSD scale): OIF 05-07 First time Deployers = 15; OIF 05-07 Multiple Deployers = 24
- Any Mental Health Problem: OIF 05-07 First time Deployers = 17; OIF 05-07 Multiple Deployers = 27

Soldier Deployment Length

- Soldiers deployed longer than 6 months were more likely to screen positive for a mental health problem than those deployed for 6 months or less.

- Behavioral health outreach should be targeted at units deployed longer than six months.

"Deployments should be 6 months."

---*Junior Officer*

"One year is too long to be here."

---*Junior NCO*

Among Soldiers and Marines who were on their first deployment and in-theatre for less than six months, the rates for screening positive for any mental health problem were similar (12% vs. 11%).

Percent Screening Positive

- Deployed 6 months or less
- Deployed more than 6 months

Acute Stress	Any Mental Health Problem
12 / 19	15 / 22
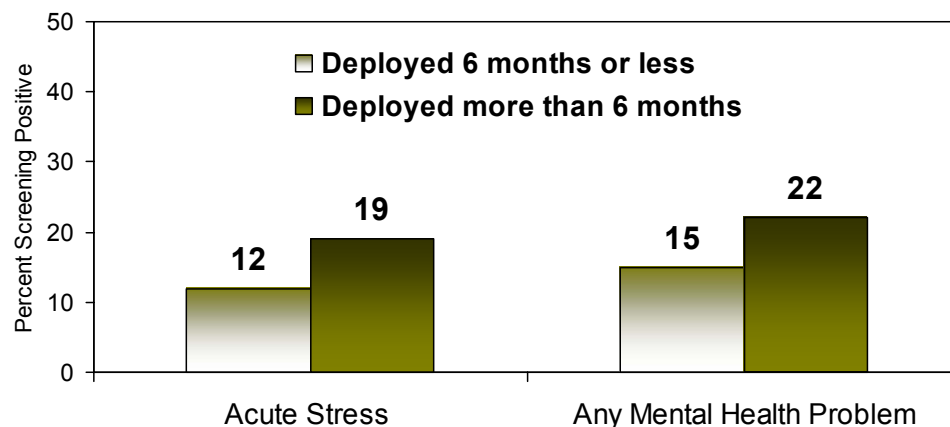
Marital Concerns

- Overall, marital satisfaction is high, yet a higher percentage of OIF 05-07 Soldiers reported marital problems than OIF I and OIF 04-06 Soldiers, and for Marines.

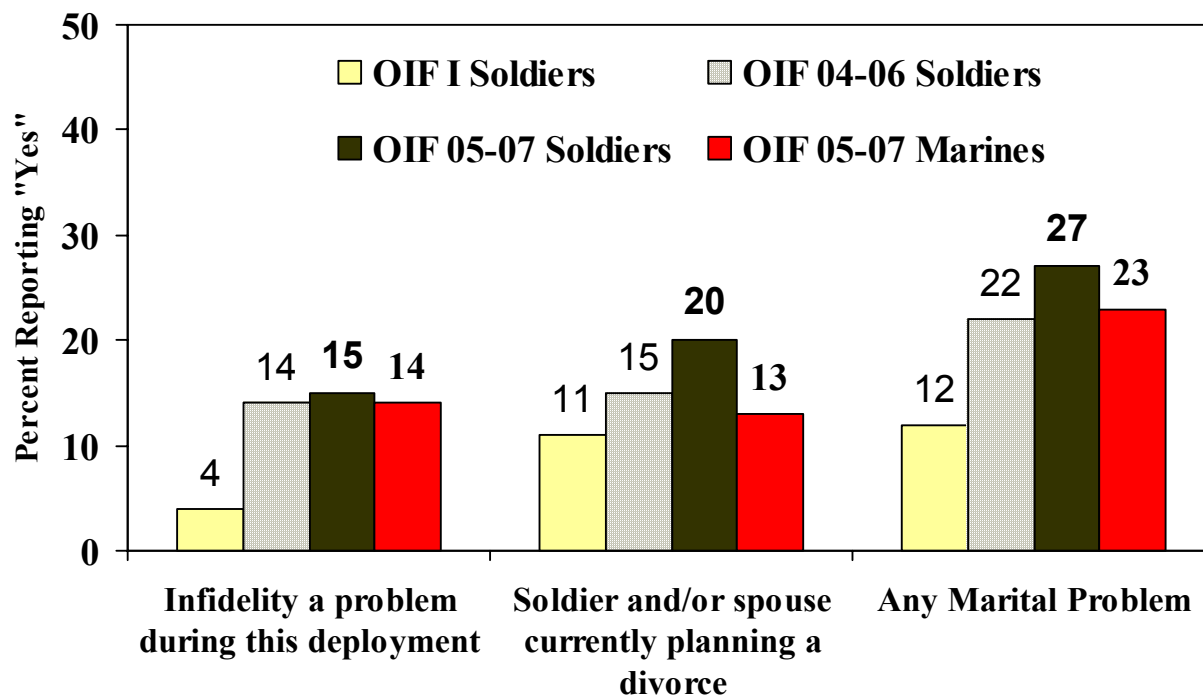**"Marriages that were once solid as rock are crumbling."**

---*Junior Enlisted Soldier*

"The Army as a whole doesn't care about families…."

---*Junior Enlisted Soldier*

Longer Deployments Negatively Impact Families

31% of Soldiers deployed for more than six months report marital concerns compared to 19% of Soldiers deployed for six months or less (p<.01).

Percent Reporting "Yes"

Legend:
- OIF I Soldiers
- OIF 04-06 Soldiers
- OIF 05-07 Soldiers
- OIF 05-07 Marines

Infidelity a problem during this deployment
- OIF I Soldiers: 4
- OIF 04-06 Soldiers: 14
- OIF 05-07 Soldiers: 15
- OIF 05-07 Marines: 14

Soldier and/or spouse currently planning a divorce
- OIF I Soldiers: 11
- OIF 04-06 Soldiers: 15
- OIF 05-07 Soldiers: 20
- OIF 05-07 Marines: 13

Any Marital Problem
- OIF I Soldiers: 12
- OIF 04-06 Soldiers: 22
- OIF 05-07 Soldiers: 27
- OIF 05-07 Marines: 23

OIF 05-07 Army Suicide Rates

- There have been 80 confirmed (as of 31 DEC 06) OIF Soldier suicides since the beginning of OIF.

- The 2006 OIF adjusted suicide rate is 17.3 Soldier suicides per year per 100,000 Soldiers, which is higher than the average Army rate of 11.6 (Poisson, $p < .05$).

- Although 89% of Soldiers report receiving suicide prevention training, only 52% of Soldiers reported the training to be sufficient, indicating the need to revise the suicide prevention training so that it is applicable in a combat environment.

63% of Soldiers and 69% of Marines are confident in identifying other Soldiers/Marines at risk for suicide.

OIF Soldier Suicides: 2003-2006				
SUICIDE UPDATE	**2003**	**2004**	**2005**	**2006**
OIF Confirmed	25	11	22	22
OIF Pending	0	0	0	0
OIF Confirmed Adjusted Rate *Poisson, p < .01	18.8*	9.6	19.9*	17.3*

Battlefield Ethics: Attitudes

- Treatment of non-combatants and views on torture

Statement	OIF 05-07 Soldiers	OIF 05-07 Marines
All non-combatants should be treated with dignity and respect	47	38
All non-combatants should be treated as insurgents	17	17
Torture should be allowed if it will save the life of a Soldier/Marine	41	44
Torture should be allowed in order to gather important info about insurgents	36	39
I would risk my own safety to help a non-combatant in danger	25	24

Percent Agree/Strongly Agree (0 – 100)
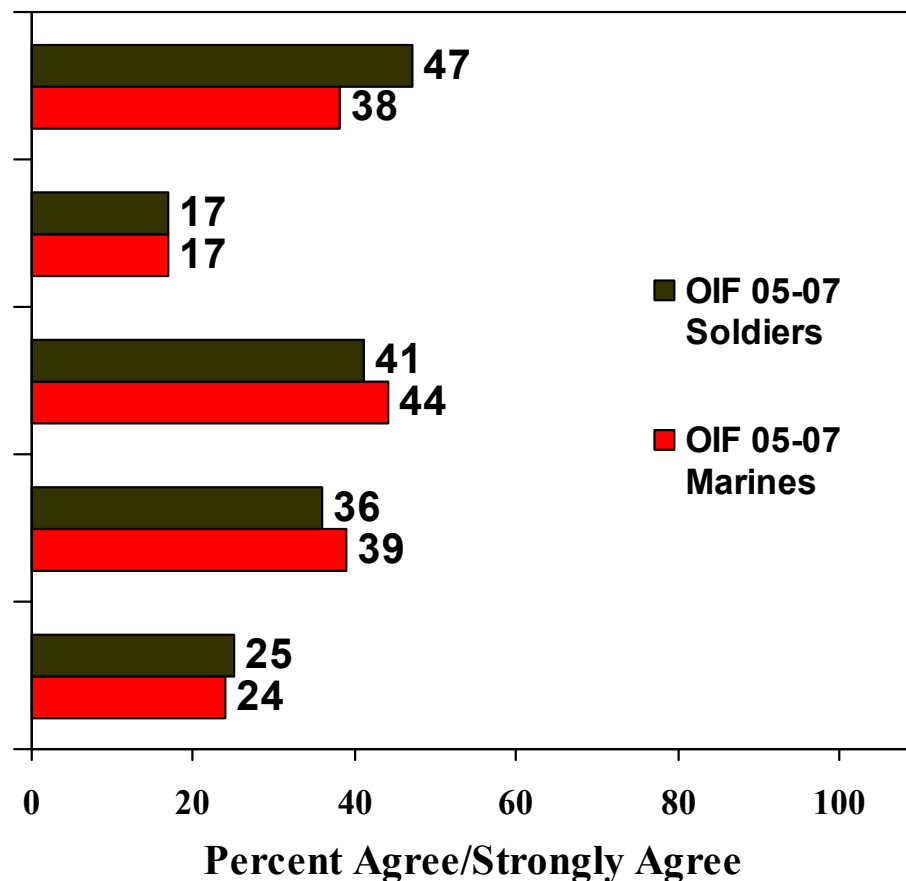
Battlefield Ethics: Behaviors
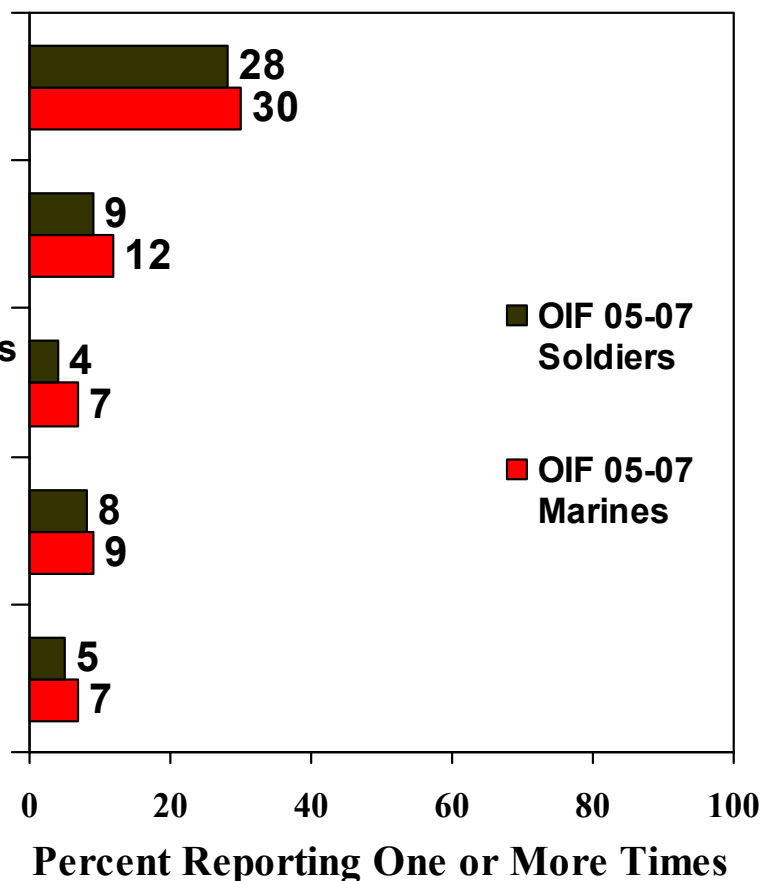
- Treatment of Noncombatants and ROEs

Insulted/cursed at non-combatants in their presence
28
30

Damaged / destroyed Iraqi property when it was not necessary
9
12

Physically hit / kicked non-combatant when it was not necessary
4
7

Members of unit modify ROEs in order to accomplish the mission
8
9

Members of unit ignore ROEs in order to accomplish the mission
5
7

■ OIF 05-07 Soldiers

■ OIF 05-07 Marines

0   20   40   60   80   100

Percent Reporting One or More Times

Soldiers and Marines who report better officer leadership are more likely to follow the ROE.

Battlefield Ethics: Reporting

I would report a unit member for:

injuring or killing an innocent non-combatant

stealing from a non-combatant

mistreatment of a non-combatant

not following general orders

violating ROEs

unnecessarily destroying private property

Chart data (Percent Agree or Strongly Agree):

Statement	OIF 05-07 Soldiers	OIF 05-07 Marines
injuring or killing an innocent non-combatant	55	40
stealing from a non-combatant	50	33
mistreatment of a non-combatant	46	32
not following general orders	46	35
violating ROEs	47	34
unnecessarily destroying private property	43	30

Percent Agree or Strongly Agree
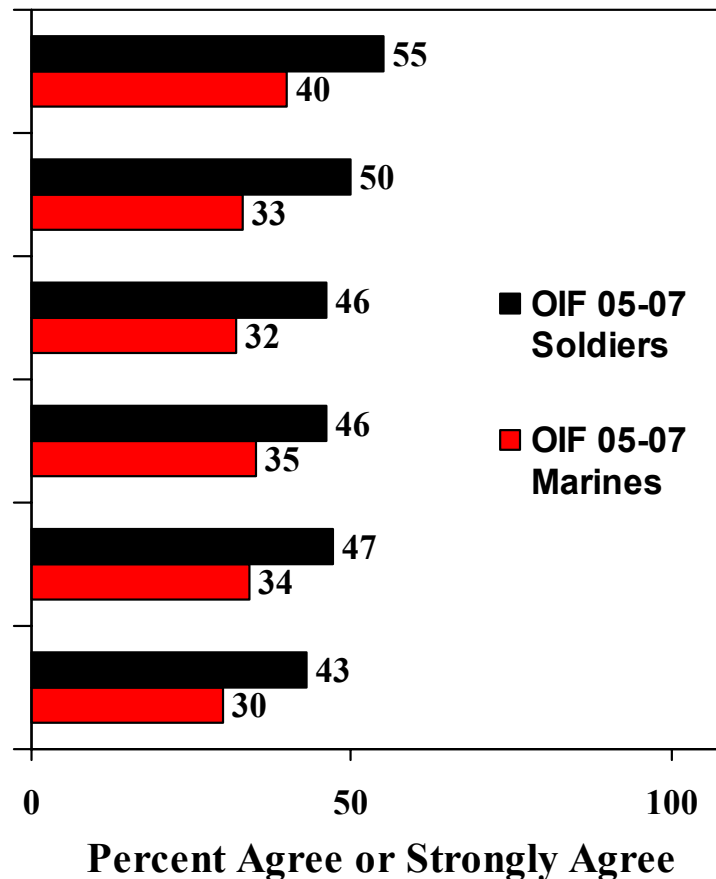
"We prefer to handle things within the unit; would only turn someone in if it put the safety of unit members in jeopardy."

---*Junior NCO*

Battlefield Ethics: Training

• Although Soldiers and Marines reported receiving adequate battlefield ethics training, over one quarter reported encountering situations in which they didn't know how to respond.
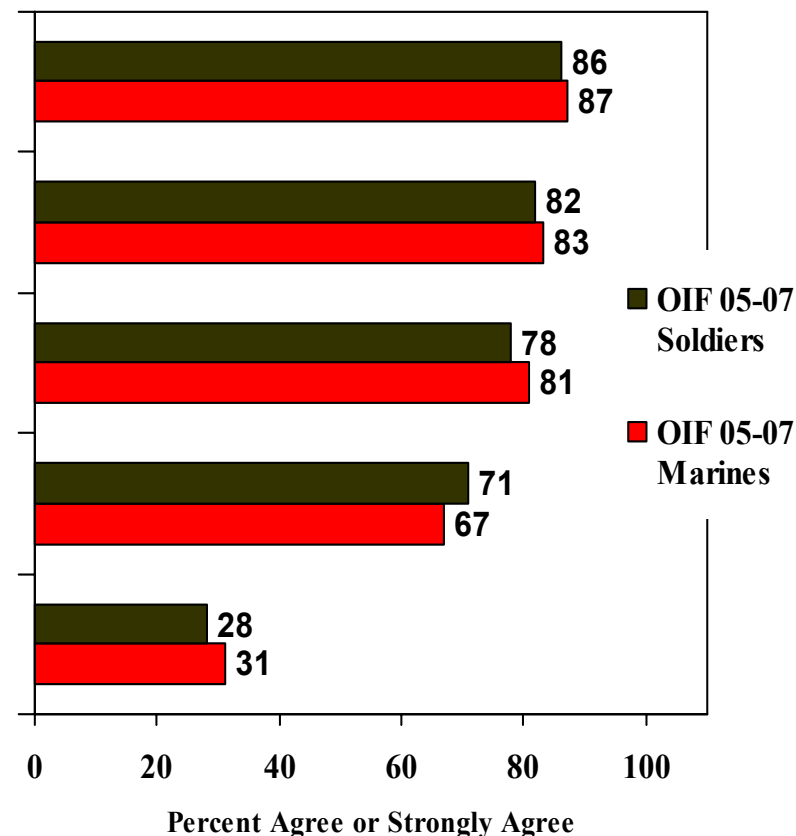
Received training that made it clear how I should behave toward non-combatants.
86
87

Received training in the proper treatment of non-combatants.
82
83

Training in proper treatment of non-combatants was adequate.
78
81

NCOs and Officers in my unit made it clear not to mistreat non-combatants
71
67

Encountered ethical situations in Iraq in which I did not know how to respond.
28
31

■ OIF 05-07 Soldiers

■ OIF 05-07 Marines

0   20   40   60   80   100

Percent Agree or Strongly Agree

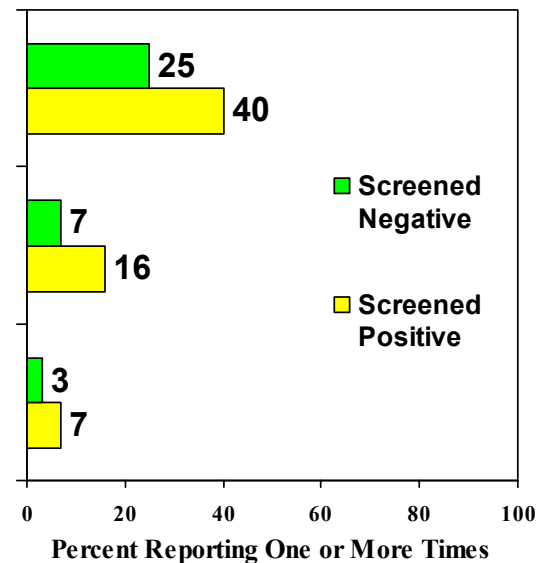# Soldier Mental Health, Combat and Ethics

- Soldiers who screened positive for a mental health problem or who had high levels of anger were twice as likely to engage in unethical behavior on the battlefield compared to those Soldiers who screened negative or who had low levels of anger.

- Soldiers with high levels of combat were more likely to engage in unethical behaviors than Soldiers with low levels of combat.

• The relationship between mental health and unethical behavior holds even when controlling for anger.

• These findings indicate the need to include Battlefield Ethics awareness in all mental health counseling and anger management courses.

Insulted/cursed at non-combatants in their presence

Damaged and/or destroyed Iraqi private property when it was not necessary

Physically hit / kicked non-combatant when it was not necessary

25
40

7
16

3
7

■ Screened Negative

□ Screened Positive

0   20   40   60   80   100

Percent Reporting One or More Times

Army Transition Teams Findings

- Soldiers on Transition Teams are more senior (higher rank; average of 10 years of service versus 3 years).

- Transition Team Soldiers have higher personal morale (31% versus 19%) and unit morale (19% versus 7%) compared to Brigade Combat Team Soldiers.

- Lower rates of self-reported mental health problems (7% versus 13%), and less likely to screen positive for a mental health issue (13% versus 20%).

- Have limited access to needed mental health resources.
  - Relying on Combat Stress Control (CSC) Detachments and Mental Health (MH) assets for treatment at the places they pass through does not give Transition Team Soldiers the access they need. If they have a CSC or MH needs, they have to scramble to find someone or (as is usually the case) they have to "suck it up and move on."

Behavioral Health Care in Iraq

- Behavioral health care providers (83%) are executing aggressive outreach programs.

- 71% of primary care providers are referring Soldiers to behavioral health.

- Behavioral health personnel distribution was sufficient (at least 1 provider per 1,000 service members) in all regions except for MNF-W.

- Need for more Combat and Operational Stress Control training prior to deployment (especially for occupational therapists and 91Xs).

- No standardized reporting system across the services or within the Army for monitoring mental health status and suicide surveillance.

- No standardized procedure or policy for conducting Critical Event Debriefings (CEDs)/Critical Incident Stress Debriefings (CISDs). 74% of behavioral health personnel across services are conducting CEDs/CISDs, with wide variability in when and how they are conducted.

Conclusions

- Multiple deployments and longer deployments are linked to more mental health and marital problems.

- Good NCO leadership is related to better Soldier/Marine mental health and adherence to good battlefield ethics.

- Good officer leadership results in Soldiers/Marines following ROE.

- Soldiers/Marines with mental health problems were more likely to mistreat non-combatants, highlighting the importance of getting them help early.

- Mental health services are most needed during the last six months of a year-long deployment since this is when Soldiers experience the most problems.

Way Ahead

- Continue to support the MNF-I Surgeon and the deployed force in implementing the proposed recommendations.

- Continue to work with the Army and Navy/Marine Corps to fully implement the MHAT IV recommendations.

- Brief remaining key stakeholders: HQ DA, National Guard Bureau, AMEDD C&S, USACHPPM & MRMC to execute proposed recommendations.

- Brief Navy, Marine Corps and Air Force lead agencies to implement proposed recommendations.

- Release MHAT IV Report to the public, ICW OSD PAO.

- Begin planning for MHAT V.

Point of Contact & Team Membership

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