12. APPENDIX A: COMPLETE BH SURVEY RESULTS

Complete BH Results (non-significant changes)

<table>
<thead>
<tr>
<th>WELL-BEING (% Agree)</th>
<th>MHAT V</th>
<th>MHAT VI</th>
<th>p &lt; .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>My spiritual well being has been adversely affected by the events I have witnessed</td>
<td>5.2%</td>
<td>4.0%</td>
<td>0.63</td>
</tr>
<tr>
<td>on this deployment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My ability to do my job is impaired by listening to the combat experiences of</td>
<td>15.5%</td>
<td>8.1%</td>
<td>0.17</td>
</tr>
<tr>
<td>Service Members I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate your personal morale</td>
<td>44.4%</td>
<td>53.2%</td>
<td>0.17</td>
</tr>
<tr>
<td>Rate your energy level</td>
<td>33.4%</td>
<td>37.2%</td>
<td>0.52</td>
</tr>
<tr>
<td>Rate your level of burnout</td>
<td>32.5%</td>
<td>35.8%</td>
<td>0.63</td>
</tr>
<tr>
<td>Rate your motivation</td>
<td>43.0%</td>
<td>45.5%</td>
<td>0.69</td>
</tr>
</tbody>
</table>

COMBAT OPERATIONAL STRESS TRAINING (% Agree)

I feel confident in my ability to:
- 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 or 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 the area 81.3% 82.7% 0.75

COMBAT AND OPERATIONAL STRESS (CONSULTING (% Agree))

During this deployment how frequently did you:
- 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)

How often do you:
- 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 assets 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