

## 21. APPENDIX D: PROVIDER SURVEY NON-SIGNIFICANT RESULTS

Table of Non-Significant Results from the Behavioral Health Personnel Survey

	MHAT IV	MHAT V	p = .05
<b>STANDARD OF CLINICAL CARE (Agree or Strongly Agree)</b>			
The standards for record management are clear.	41%	43%	NS
<b>COORDINATION OF SERVICES (Agree or Strongly Agree)</b>			
We coordinate/integrate our BH/COSC activities with the Unit Ministry Teams in our Area of Operations.	57%	63%	NS
We coordinate/integrate our BH/COSC activities with the primary care (PC) medical personnel in our AO.	76%	77%	NS
<b>COMBAT AND OPERATIONAL STRESS (Agree or Strongly Agree)</b>			
<i>During this deployment how frequently did you:</i>			
Consult with unit leaders (regarding mental health issues) weekly?	60%	65%	NS
Conduct systematic unit needs assessments at least 1/ every 2-3 months.	35%	41%	NS
<b>WELL-BEING (Agree or Strongly Agree)</b>			
Your level of burnout high.	27%	33%	NS
<b>CONFIDENCE IN SKILLS AND TRAINING (Agree or Strongly Agree)</b>			
Help Service Members adapt to the stressors of combat/deployment.	98%	93%	NS
Evaluate and manage Service Members with suicidal thoughts/behaviors.	93%	92%	NS
Evaluate and treat combat and Operational Stress Reaction.	98%	94%	NS
Evaluate and treat Acute Stress Disorder/PTSD.	86%	86%	NS
<b>DOING THEIR JOB</b>			
Develop a BH COSC unit prevention and early intervention plan. (Frequently/Always)	44%	49%	NS
Commanders support bh provider recommendations for medevac out of theatre. (Frequently/Always)	50%	43%	NS
Commanders respect patient confidentiality when it comes to mental health issues. (Frequently/Always)	44%	49%	NS
The supported units leadership does not support BH/COSC activities. (Agree/Strongly Agree)	11%	12%	NS
There is inadequate transportation to conduct outreach services. (Agree/Strongly Agree)	26%	32%	NS

Table of Non-Significant Results from the Primary Care Survey

	MHAT IV	MHAT V	p = .05
<b>STANDARD OF CLINICAL CARE (Agree or Strongly Agree)</b>			
The standards for clinical documentation are clear.	59%	67%	NS
The standards for medical care in this theatre are clear.	61%	71%	NS
The standards for records management in this theatre are clear.	49%	57%	NS
The standards of mental health (BH) care (services) are clear.	65%	62%	NS
The standards for transferring BH information between levels of care in this theatre are clear.	38%	38%	NS
<b>COORDINATION OF SERVICES (Agree or Strongly Agree)</b>			
We coordinate/integrate our BH/COSC activities with the Unit Ministry Teams in our Area of Operations.	40%	49%	NS
We coordinate/integrate our BH/COSC activities with the behavioral health (BH) personnel in our AO.	58%	65%	NS
<b>COMBAT AND OPERATIONAL STRESS (Agree or Strongly Agree)</b>			
<i>During this deployment how frequently did you:</i>			
Consult with unit leaders (regarding mental health issues) weekly?	9%	15%	NS
<b>WELL-BEING (Agree or Strongly Agree)</b>			
My mental well being has been adversely affected by the events I have witnessed on this deployment.	29%	24%	NS
Your level of morale is high.	28%	35%	NS
Your level of burnout high.	43%	35%	NS
<b>CONFIDENCE IN SKILLS AND TRAINING (Agree or Strongly Agree)</b>			
Help Service Members with a mental health problem.	75%	71%	NS
Evaluate and treat combat and Operational Stress Reaction.	59%	61%	NS
Evaluate and treat Acute Stress Disorder/PTSD.	49%	55%	NS
<b>PSYCH MEDS (Percent Yes)</b>			
Level I Battalion Aid Station.	66%	68%	NS
Level II Forward Support Medical Company.	88%	89%	NS
Level III Combat Support Hospital.	96%	94%	NS

Table of Non-Significant Results from the Unit Ministry Survey

	MHAT IV	MHAT V	p = .05
<b>RESOURCES FROM COMMAND (Agree or Strongly Agree)</b>			
My higher HQ (command) provides us with the resources required to conduct our mission.	72%	82%	NS
My chaplain chain of command provides us the resources required to conduct our mission.	87%	87%	NS
<b>COORDINATION OF SERVICES (Agree or Strongly Agree)</b>			
We coordinate/integrate our UMT activities with BH/COSC in our Area of Operations.	49%	55%	NS
We coordinate/integrate our UMT activities with the primary care medical personnel in our AO.	71%	70%	NS
<b>UMT ACTIVITIES (Frequency of Event)</b>			
<i>During this deployment how frequently did you:</i>			
Conduct suicide prevention training (every 2-3 months).	83%	84%	NS
Identify Soldiers for battle fatigue (monthly).	50%	62%	NS
Conduct grief facilitation and counseling (monthly).	70%	61%	NS
reinforce soldiers faith and hope (weekly).	82%	83%	NS
Consult with unit leaders regarding Soldier mental health issues & well-being (weekly).	74%	83%	NS
<b>WELL-BEING (Agree or Strongly Agree)</b>			
My ability to do my job is impaired by the stressors of depolyment/combat.	12%	11%	NS
My spiritual well being has been adversely affected by the events I have witnessed on this deployment	12%	17%	NS
My mental well being has been adversely affected by the events I have witnessed on this deployment.	12%	12%	NS
Your level of motivation is high.	50%	58%	NS
Your level of burnout is high.	25%	25%	NS
Your level of morale is high.	65%	58%	NS
<b>CONFIDENCE IN TRAINING &amp; SKILLS (Agree or Strongly Agree)</b>			
Help Service Members adapt to the stressors of combat/deployment.	92%	93%	NS
Identify and assist Soldiers with suicidal thoughts/behaviors.	92%	95%	NS
Conduct (identify and assist individuals with) suicide (thoughts) prevention classes/training for Service Members.	91%	94%	NS
Identify Service members with Combat and Operational Stress Reactions.	91%	90%	NS
<b>DOING THEIR JOB</b>			
Conduct focus groups with service members (Frequently or Allways).	25%	36%	NS
Develop a religious support plan (Frequently or Allways).	75%	86%	NS
Talk informally to soldiers/service members (Frequently or Allways).	92%	96%	NS
Talk with BH COSC personnel (Frequently or Allways).	44%	52%	NS
There is inadequate transportation to conduct religious activities (Agree or Stongly Agree).	30%	27%	NS
Traveling to supported units is to dangerous (Agree or Stongly Agree).	8%	7%	NS