



DOD/VA Red Cell Report on Two Strategic Planning Conferences: Women's Health and Embedding Providers in Operational Units

Information Briefing

Defense Health Board

11 Dec 2007



- **Line of Action 2 Actions**
 - LOA 2 Red Cell convened two conferences in order to clarify more specific actions to carry out the intent of Mental Health Task Force Recommendations in two important areas.
- **Women's Psychological Health**
 - Convened on 22 Oct 2007
 - Recommended Specific Actions in several areas
 - Clinical
 - Research
 - Policy
 - Domestic Violence and Sexual Assault
 - Ongoing assessment
- **Embedding Providers in Operational Forces**
 - Convened 14 Sep 07
 - Delineated Core elements for developing Embedded Operational Mental Health

Conference on Women's Psychological Health

22 October 2007

Mandate from Mental Health Task Force



- **Recommendation 5.5.2.1**--The needs of women service members and veterans should remain a focus of high-level planning groups in the DoD (with all military Services represented) and the DVA. The DoD Psychological Health Strategic Plan should include specific attention to the psychological health needs of women. The annual report on the Status of Female Members of the Armed Forces should include information about the adequacy of support for psychological health of women.
- **Recommendation 5.5.2.2**--DoD should develop treatment programs specifically geared toward the psychological health needs of female service members.
- **Recommendation 5.5.2.3**--DoD should continue to aggressively conduct prevention, early identification and treatment of military sexual trauma among service members of both sexes. DoD should continue to evaluate the effectiveness of restricted reporting for domestic violence and sexual assault.



- Increase availability of evidence based practices (EBPs) for combat-related trauma and sexual trauma in women
- Increase number of mental health providers in MTF women's health clinics (embedding in primary care)
- Educate commanders
- Improve access and capacity with female providers
- Better understanding of types of support needed by women service members
 - Transitioning back to the role of caretaker
 - Reconnecting emotionally with children and loved ones
- Screening relevant to women service members
- Increase provider cultural competence in women's MH issues
- Programs such as Battlemind should incorporate sensitivity for issues faced by women and should include images of women in combat zones.



- Include gender in research priorities
- Future rounds of DoD/DVA research funding priorities should include a focus on the following:
 - Gender differences in effects of trauma, risk and resilience
 - Rates of Military Sexual Trauma in theatre for both genders
 - Interaction between combat trauma and military sexual trauma exposure
 - Psychological health needs specific to women in Guard and Reserve Components
 - Potential barriers to women accessing mental health care in the DoD and DVA.
- DoD and DVA should increase collaboration in trauma research



- Ensure Women's Psychological Health Needs are fully represented
 - DoD Center of Excellence (COE) for Psychological Health and Traumatic Brain Injury
 - DoD Psychological Health Council

Domestic Violence and Sexual Assault



- Continue to study prevalence rates of military sexual trauma (MST) and domestic violence (DV) through anonymous, population-based surveys
- Continue to resolve the ability of National Guard and Reserve Component to do restricted reporting
- Continue to resolve issues related to responding to DV in single (non-cohabitating) service members.
- DOD and VA should better coordinate definitions of sexual assault, sexual harassment, and domestic violence for better statistical comparison.

***Operational Psychological Health
Joint Planning Group Meeting:
Embedding Providers in Operational
Units***

14 Sep 2007



- **DoD Mental Health Task Force Recommendation (5.1.1.1.)**
 - “The military Services should embed mental health professionals as organic assets in line units”
- **Current State**
 - Each of the services has pioneered various models for embedding mental health providers in operational units
 - No consistent application of principles and elements within services, let alone across the services



- **Key Functions**
 - Command Consultation
 - Outreach
 - Surveillance
 - Resilience Promotion
 - Intervention and Care Coordination
- **Key Considerations**
 - Line Commander's Program
 - Multidisciplinary Staffing
 - Active and Reserve Integration
 - Job Satisfaction, Career Progression and Leadership
- **Way Ahead**
 - Consensus findings listed in conference report

Questions



- The Annual Report on the Status of Female Members of the Armed Forces should include:
 - Self-reported satisfaction with access to support services for psychological health in women service members.
 - Self-reported satisfaction with quality of support services for psychological health in women service members.
 - Self-reported satisfaction with timeliness of appointments for psychological health services in women service members.
- Additional measures of the psychological health of women service members could include:
 - Life satisfaction
 - Family functioning
 - How their children are doing in school
 - Conflict with spouse/partner, coworkers, family
 - Job satisfaction – both military and civilian
 - Smoking rates
 - Rates of attempted/completed suicide
 - High risk behaviors
 - Divorce rates
 - Rates of seeking continued/higher education
 - Rates of promotion/retention
 - Rates of enrollment in wellness programs and parenting classes