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BEFORE THE
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POST TRAUMATIC STRESS DISORDER

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Mr. Chairman and distinguished members of this committee, thank you for the opportunity today to discuss Department of Defense efforts to prevent, identify and treat post-traumatic stress disorder. Safeguarding the health of our servicemembers and their families is the primary mission of the military medical system. Deployments place added stressors on service members and their families, and can potentially affect their mental health. We've made a great deal of progress in the area of education, prevention, identification, and care for anxiety, depression, acute stress reaction and other stress-related health risks. We are focused on early intervention of these issues during and after deployment. The Department's ongoing education programs for military health care providers focus on prevention programs at home and while deployed.

All of these conditions are part of a continuum of mental health issues, but may or may not result in a diagnosis which may include Post-Traumatic Stress Disorder or PTSD. Operational stressors and combat trauma can result in service members experiencing anxiety and depression symptoms. Sometimes acute stress symptoms can persist to become posttraumatic stress disorder.

Part of our challenge is that service members facing behavioral health concerns may avoid professional help because they are unaware of available services, perceived stigma, or because the acute stress reaction or anxiety may affect their judgment. The military services actively encourage an attitude for "buddy care" to get service members to look out for one another's physical and mental health and to help their fellow military

members get help when necessary. The Services also provide multiple opportunities for members to identify their needs.

Before deployment, service members are screened for mental health problems annually, when they complete a preventive health assessment. Service members attend educational briefings about the psychological challenges of deployment cycles during pre- and post-deployment processing, often with family members. They learn what to expect on homecoming, about experiencing anxiety and family tensions, and how to reduce these symptoms. They also learn to recognize when to seek professional help and how to find it.

Early intervention is important to prevent post-traumatic stress disorder. We provide supportive care immediately in theater. From the beginning of the current OIF deployment, we employed medical and environmental surveillance to monitor any possible health risks. Based on lessons learned, the Service have deployed combat stress teams to provide education and address specific service member concerns. At the request of the Operation Iraqi Freedom leadership, General James Peake, then-Army Surgeon General, sent the a 12-person Mental Health Advisory Team to Iraq and Kuwait – the first such team fielded in history – to assess behavioral health care for OIF military members. Based on the advisory team's recommendations, we have augmented the support available with additional combat stress teams for the OIF deployed force.

Deployed military units embed mental health teams to support the unique needs of each service. The Army utilizes Combat Stress Control Teams in addition to mental

health providers in Troop Medical Clinics. The Navy employs Specialized Psychiatric Intervention Teams to rapidly respond to civilian disasters. The Marines use an Operational Stress Control and Readiness program. The Air Force deploys Mental Health Rapid Response and Augmentation Teams for deployments and to respond to civilian disasters. Behavioral health specialists evaluate their units' morale and provide consultation and advice to leadership under challenging circumstances to address morale and mental health needs. In addition to the medical support, members of the chaplaincy provide counseling before departure, in theater, and after troops return.

When service members redeploy, they receive a post-deployment health assessment. That assessment includes a face-to-face health discussion with a licensed health care provider and documentation of the individual's responses to the health assessment questions on the four-page form, including specific questions that screen for behavioral health issues associated with deployments. This assessment is a screening tool and individuals whose responses indicate a risk of behavioral health issues will receive referral for medical consultation. At that consultation, possible behavioral health issues or PTSD will be identified. Of the 138,000 thousand troops who returned in 2004 and received a post-deployment health assessment, 16 percent have been referred to mental health providers for further evaluation.

As part of our ongoing efforts to safeguard the health of members of our servicemembers, DoD has recently begun implementation of the Post-Deployment Health Re-assessment program. The purpose of this new program is to identify and recommend

treatment for deployment-related health concerns that may arise during the three- to six-month time period after military members return from deployment. The re-assessment begins with a questionnaire that can be filled out electronically and contains questions designed to highlight possible stress-related health issues. Importantly, the questionnaire is followed by a one-on-one consultation with a licensed health care provider. Our purpose in reaching out to veterans of deployments three to six months after they have returned is to provide a proactive wellness check, to see how they're doing – especially those servicemembers transitioning from active duty to inactive or civilian status. Again, the professional administering the re-assessment will refer individuals to follow-up evaluation when it is indicated.

After service members return from deployments, military and VA providers use the jointly developed Post-traumatic Stress Clinical Practice Guideline and Post-Deployment Health Clinical Practice Guideline to provide health care focused on post-deployment problems and concerns. The guidelines provide a structure for the evaluation and care of service members and veterans with deployment-related concerns, including possible stress-related issues. Our education program also prepares primary care personnel to use the when indicated during patient care. And the Deployment Health Clinical Center provides health care professionals access to expert clinical support for patients with stress-related symptoms, as well as deployment-related information.

Among the resources available to military leaders to help service members during acute crises are the Air Force's and Navy's CD- and web-based *Leaders' Guides for*

Managing Personnel in Distress. These resources provide direct guidance to supervisors and commanders to respond to soldiers in specific crises.

Military members and their families may also use *Military OneSource*, a 24-hour, seven-day a week toll-free family support service, accessible by telephone, Internet and e-mail. *Military OneSource* offers information and education services, referrals, and face-to-face counseling for individuals or families. *OneSource* is confidential, and especially helpful for those members seeking to know whether their symptoms merit medical attention. Should they show evidence of mental health disorders, counselors refer members for suitable care. *OneSource* is provided in addition to local installation family support services.

Paying particular attention to our reserve component members, the National Guard Bureau has recently signed a memorandum of understanding with the Department of Veterans Affairs to promote a seamless transition of services from DoD to the VA. DoD provides timely data regarding the demobilization of National Guard troops, so that the VA can provide those individuals with information regarding the care and support they can receive. This includes the use of Vet Centers, which provide a continuum of care that includes professional readjustment counseling and provides a link between veterans and the VA. And the Department of Defense and the Department of Veterans Affairs set up the Council on Post-Deployment Mental Health, increasing collaborative efforts to provide a seamless transition of care from the Department of Defense to the Department of Veterans Affairs.

Mr. Chairman, the Department recognizes that anxiety, depression, acute stress reaction and other stress-related health risks are ongoing threats to our service members, and that we must continue to improve our efforts to safeguard their emotional and behavioral health. Our educational programs for military and family members, leaders and health care providers have been well received. Our early intervention programs, combat stress teams, and health assessments are proving to be effective. All of this has been done in partnership with the VA, bringing us closer to our ultimate goal of a seamless transition from DoD to VA care.

Mr. Chairman, this concludes my statement. I thank you and the members of this committee for your outstanding and continuing support for our veterans.