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STATEMENT BY

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Chairman Nelson and distinguished Members of the Committee, thank you for the opportunity to discuss the Army's Mental Health Advisory Team (also called "MHAT") assessments. I am Colonel Charles W. Hoge, M.D., director of psychiatric research at Walter Reed Army Institute of Research. Accompanying me today is Colonel Carl A. Castro, who is director of the Military Operational Medicine Research Program, Medical Research and Materiel Command. We have both participated in and supervised elements of all five of the MHATs.

The MHAT missions were established by the Army Surgeon General at the request of the Commanding General, Multinational Force-Iraq, and U.S. Central Command. The MHATs have been conducted annually in Iraq since the start of Operation Iraqi Freedom and twice in Afghanistan in 2005 and 2007. The mission of the MHATs has been to assess the mental health and well-being of deployed forces, examine the delivery of behavioral health care in theater, and provide recommendations for sustained and improved mental health services to theater Commanders. Some of the MHATs have also included assessments of morale, the effect of multiple deployments, the status of training in behavioral health, and battlefield ethics.

The MHATs are not representative of all Soldiers deployed throughout Iraq or Afghanistan, but have maintained a consistent focus on Soldiers in brigade combat teams (BCTs), to include Active and National Guard BCTs, as well as units that directly support these BCTs. Marine Regimental Combat Teams were studied two years ago. The assessment methods have included surveys of Soldiers, focus group interviews, and surveys of behavioral health providers, unit chaplains, and primary care professionals.

The results of these investigations have shown that rates of mental health have remained consistent from year to year among Soldiers in Iraq; 15-20% of combat troops deployed to Iraq experience significant symptoms of acute stress, post-traumatic stress disorder, or depression, and 15-20% of married service members experience serious marital concerns. The MHATs have shown that longer deployments, multiple deployments, greater time away from the base camps, and combat frequency and intensity all contribute to higher rates of PTSD, depression, and marital problems. The full report on the findings of MHAT V will be released soon. However the initial review shows that rates of mental health problems rose significantly with each deployment, reaching nearly 30% among Soldiers on their 3rd deployment to Iraq. The 2007 effort also showed that Soldiers in brigade combat teams deployed to Afghanistan are now experiencing levels of combat exposure equivalent to levels in Iraq, and that mental health rates are now comparable between Iraq and Afghanistan. Suicide rates have increased compared with baseline rates prior to OIF. The data collected from the MHAT missions have also been compared with data obtained in the post-deployment period. These studies have shown that 12 months is insufficient to reset the mental health of Soldiers, and that rates of mental health, particularly PTSD, remain elevated and even increase somewhat during the first 12 months after return from deployment.

The last two MHAT missions have shown that combat experiences, such as losing a team member, and mental health problems are associated with approximately a two-fold elevated risk of reporting ethical mistreatment of non-combatants, such as damaging Iraqi property when it was not necessary or hitting or kicking an Iraqi non-combatant when it was not necessary. All of the MHATs have shown that good unit

leadership is vital in sustaining mental health and well-being among combat troops, as well as reducing the likelihood of ethical mistreatment of non-combatants.

The data from all the MHAT missions have led to a number of important policy changes. The data have been used to improve the training and distribution of behavioral health personnel in theater. They have assured that sufficient mental health personnel (credentialed providers and mental health technicians) are deployed in theater and are providing support to Soldiers at remote locations. The MHAT findings were the impetus for revising the Combat and Operational Stress Control doctrine and training that behavioral health personnel receive. All behavioral health professionals deploying to theater are now mandated to take the new Army Medical Department Combat and Operational Stress Control Course. The MHAT assessments have also led to the implementation of new Army-wide mental health training, called Battlemind, for all Soldiers and leaders, as well as improved training in battlefield ethics and suicide prevention. When the findings of the most recent MHAT are released, we will further refine our policies to meet the mental health needs of Soldiers.

Thank you very much for your continued interest in our research and your continued support for our service members. We look forward to answering your questions.