Behavioral Health / Combat and Operational Stress Control Personnel Survey

Multi-National Force - Iraq

This survey is being conducted under the direction of the MNF-I Commander. The purpose of this questionnaire is to gather data about the current mental well-being of Soldiers and behavioral health personnel in theater and the functioning of the mental health system in OIF. Your responses will not be linked to you as an individual.

Definition: In this survey, Combat and Operational Stress Control (COSC) is used synonymously with preventive, educational and outreach services, and the management of combat and operational stress reactions as described in FM 8-51. Behavioral Health is used synonymously with clinical care for behavioral health disorders (i.e. evaluation and treatment).

A. Demographics

Today's Date: _____

1. AGE
- 18-19
- 20-24
- 25-29
- 30-39
- 40 or older

2. GENDER
- Male
- Female

3. GRADE/RANK
- E1-E4
- E5-E6
- E7-E9
- O1-O3
- O4-O9
- WO1-WO5

4. What type of work environment did you practice in?
- COSC
- DMH
- Level II
- Level III
- Other _____

5. Branch of Service
- Army
- Navy
- Air Force
- Marines
- Other _____

6. PRIMARY COMPONENT
- Active Component
- Reserve (USAR)
- National Guard
- AGR
- Individual Ready Reserve (IRR)

7. Occupational Speciality:
- Psychiatrist
- Occ Therapist
- Psych Nurse
- Social Worker
- Clin Psychologist
- OT Specialist
- Healthcare Specialist/Corpsman
- Other _____

8. Which region best describes where you are currently serving?
- Northern Iraq (Mosul area)
- North East Iraq (Kirkuk area)
- North Central Iraq (Tikrit/Balad area)
- Central Iraq (Baghdad area)
- South Central Iraq (Karbala to Nasiriyah)
- South Iraq (Basra area)
- North Kuwait (Udairi, Virginia, etc.)
- South Kuwait (Doha, Arifjan, etc.)
- Other _____

9. For **THIS** deployment, please indicate **MONTH/YEAR** you arrived in theater:

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	2	3	4	5	6	7	8	9	10	11	12

YEAR	2003	2004	2005	2006
	1	2	3	4

10. How long (**MONTHS**) should a deployment last?

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

11 How many **TOTAL DAYS** have you been deployed (combat or peacekeeping) in the **past two years**)?

0 0 0
1 1 1
2 2 2
3 3 3
4 4 4
5 5 5
6 6 6
7 7 7
8 8 8
9 9 9

12. How many **MONTHS** have you been assigned to the current unit?

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

13. How many **MONTHS** has your current unit been deployed to Iraq/Kuwait?

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

B. Standards

1. Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
The standards of BH care in this theater/Area of Operations are clear.	1	2	3	4	5
The standards of COSC services in this theater/Area of Operations are clear.	1	2	3	4	5
The standards for clinical documentation in this theater/Area of Operations are clear.	1	2	3	4	5
The standards for records management in this theater/Area of Operations are clear.	1	2	3	4	5
The standards for transfer of clinical BH information between levels of care in this theater/Area of Operations are clear.	1	2	3	4	5
I encountered situations involving medical ethics in Iraq to which I did not know how to respond.	1	2	3	4	5

C. Coordination

1. Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
My higher headquarters provides us with the resources required to conduct our BH/COSC mission.	1	2	3	4	5
My higher headquarters encourages us to provide feedback/comments to theater/Area of Operations BH/COSC policies.	1	2	3	4	5
We coordinate/integrate our BH/COSC activities with the Unit Ministry Teams in our Area of Operations.	1	2	3	4	5
We coordinate/integrate our BH/COSC activities with primary care medical personnel in the battalion aid stations/medical companies.	1	2	3	4	5

D. Combat and Operational Stress Control and Behavioral Health Services

1. During this deployment, how frequently did you:

	NEVER	ONLY ONCE	ONCE EVERY 2-3 MONTHS	ONCE A MONTH	TWO TO THREE TIMES A MONTH	ONCE A WEEK	SEVERAL TIMES A WEEK
Provide COSC outreach services?							
Conduct educational classes?							
Consult with unit leaders?							
Conduct psychological debriefings (CED/CISD)?							
Conduct systematic unit needs assessments?							
Conduct Suicide Prevention Training?							
Provide one-to-one BH counseling with Soldiers at their worksite?							
Provide one-to-one COSC services with Soldiers at their worksite?							
Provide one-to-one BH counseling with Soldiers at the BH/COSC unit location?							
Provide one-to-one COSC services with Soldiers at BH/COSC unit location?							

2. How many people are on your BH/COSC team?

0 0
1 1
2 2
3
4
5
6
7
8
9

3. Approximately how many Soldiers does your team support?
Example: If 200, then bubble "0200"

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

4. How many locations (base camps/FOBs) does your BH/COSC team support?
Example: If 20, then bubble "020"

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
	6	6
	7	7
	8	8
	9	9

5. On average, how many hours does it take to travel to the base camps you support (including preparation time)?
Example: If 20, then bubble "020"

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
	6	6
	7	7
	8	8
	9	9

E. Skills and Training

Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

1. I feel confident in my ability to:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
Use the COSC Workload and Activity Reporting System (COSC-WARS).					
Help Soldiers adapt to the stressors of combat/deployment.					
Evaluate and manage Soldiers with suicidal thoughts/behaviors.					
Evaluate and treat Soldiers with substance Abuse/Dependence.					
Evaluate and treat Combat and Operational Stress Reaction.					
Evaluate and treat Acute Stress Disorder/PTSD.					
Evaluate and treat victims of sexual assault.					
Perform clinical evaluation and treatment of Iraqi civilians.					
Perform clinical evaluation and treatment of detainees.					
Perform clinical evaluation and treatment of Iraqi Security Force personnel.					

2. On average, how many hours per week do you provide clinical care to Iraqi civilians, detainees, and Iraqi Security forces (ISF)?

0	0	0
1	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

F. Stigma and Barriers to Care

1. Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
Commanders welcome back Soldiers who have received COSC services from my team.					
Commanders welcome back Soldiers who have been assessed for suicidal thoughts/behaviors and returned to duty.					
Commanders welcome back Soldiers who have been assessed for homicidal thoughts/behaviors and returned to duty.					
Commanders welcome back Soldiers who have received other BH services from my team.					
The medical leadership doesn't support BH/COSC outreach.					
The supported units' leadership doesn't support BH/COSC activities.					
There is inadequate transportation to conduct outreach activities.					
There is inadequate communication between BH/COSC and supported units.					
Soldiers feel uncomfortable talking to BH/COSC personnel about their problems.					
BH/COSC personnel are unfamiliar with supported unit's leadership and Soldiers.					
Traveling to supported units is too dangerous.					
Arranging travel to supported units is too difficult.					
The inability to arrange travel has led to mission cancellations.					
BH/COSC personnel don't like to perform outreach services.					
BH/COSC personnel aren't trained to conduct outreach services.					
BH/COSC personnel are not available due to performing non-BH/COSC missions.					
BH/COSC personnel don't think preventive outreach activities are effective.					
Commander's support BH provider recommendations for medevac out of theater.					
Commanders respect patient confidentiality when it comes to mental health issues.					
There are sufficient BH assests in theater to cover the mission across the Area of Responsibility (AOR).					

G. Soldier Needs

1. How often do you assess the BH/COSC needs of the units you support?

	Never	Seldom	Frequently	Always
Talk informally to the Soldiers				
Conduct focus groups with Soldiers				
Talk with the chaplains				
Talk with the unit's commander				
Talk with the unit's medical personnel				
Use validated surveys/instruments				
Use localy developed surveys/instruments				
Develop a BH/COSC unit prevention and early intervention plan				
Conduct Command Consultation				

2. Who do you think is the most appropriate teacher of ethics on the battlefield?

- Chaplain's
- Mental health personnel
- Officers in unit
- NCOs in unit
- Other _____

3. Who should participate in the teaching of ethics on the battlefield?

Mark all that apply.

- Chaplain's
- Mental health personnel
- Officers in unit
- NCOs in unit
- Other _____

H. Personal Well-being

1. Please indicate how much you **DISAGREE** or **AGREE** with the following statements:

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
My ability to do my behavioral health job is impaired by the stressors of deployment/combat.					
My mental well-being has been adversely affected by the events I have witnessed on this deployment.					
My spiritual well-being has been adversely affected by the events I have witnessed on this deployment.					
Since this deployment, I have become less sensitive to the needs of the Soldiers I serve/support.					
My ability to do my job is impaired by listening to the combat experiences of Soldiers I've talked with while performing my BH/COSC mission.					

2. Please rate the following:

	Very Low	Low	Medium	High	Very High
Your personal morale					
Your energy level					
Your level of burnout					
Your motivation					

3. The following equipment/supplies would have improved my team's ability to complete our BH/COSC mission:

_____

_____

_____

I. Psychiatric Medication (ONLY providers credentialed to prescribe medications)

1. The procedures for ordering/replenishing psychiatric medications in this theater/Area of Operations are clear.
   - Strongly Disagree
   - Disagree
   - Neither Agree nor Disagree
   - Agree
   - Strongly Agree

2. In general, there has been adequate availability of appropriate psychiatric medications in the area of operations.
   - Yes
   - No

3. There has been adequate availability of appropriate psychiatric medication at these levels of care:

Level I (Battalion Aid Station)	Yes	No
Level II (Forward Support Medical Company)	Yes	No
Level III (Combat Support Hospital)	Yes	No

4. What medications were needed by Soldiers this deployment, but were not able to prescribe: _____

_____

_____

5. Have you ever prescribed a medication that you felt uncomfortable prescribing?
   - No
   - Yes, reason _____

6. Did you ever practice outside the scope of your privilege?
   - No
   - Yes, reason _____

THANK YOU FOR COMPLETING THIS SURVEY!

Please provide any additional comments below and on the back of the survey, if needed.