



Health, Discipline, and Risk Reduction of the Army

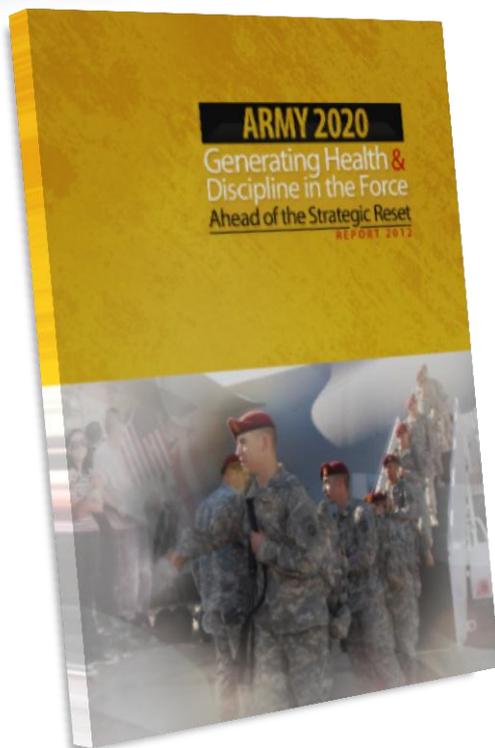
COL George Glaze, Deputy Chief of Staff, Army G-1

LTC Tom Denzler, Office of the Provost Marshal General of the Army

Mr. Bruce Shahbaz, Office of the Surgeon General of the Army

21 JUN 12

Health, Discipline, and Risk Reduction of the Army



Report Overview

- Chapter 1: *Introduction*
 - Chapter 2: *Health of the Force: The At-Risk Population*
 - Chapter 3: *Discipline of the Force: The High-Risk Population*
 - Chapter 4: *Synthesis of Army Surveillance, Detection and Response to At-Risk and High-Risk Populations*
- Inform and Educate—educate leaders regarding characteristics of the Army population
 - Assess Policy and Programs—provide an assessment of the effectiveness of health and disciplinary policy and programs and implementation throughout the Force
 - Balance Perception regarding Health and Discipline—provide context to health and disciplinary issues affecting Soldiers, Families and readiness

Health, Discipline, and Risk Reduction of the Army

A Long-Term Comprehensive Approach to

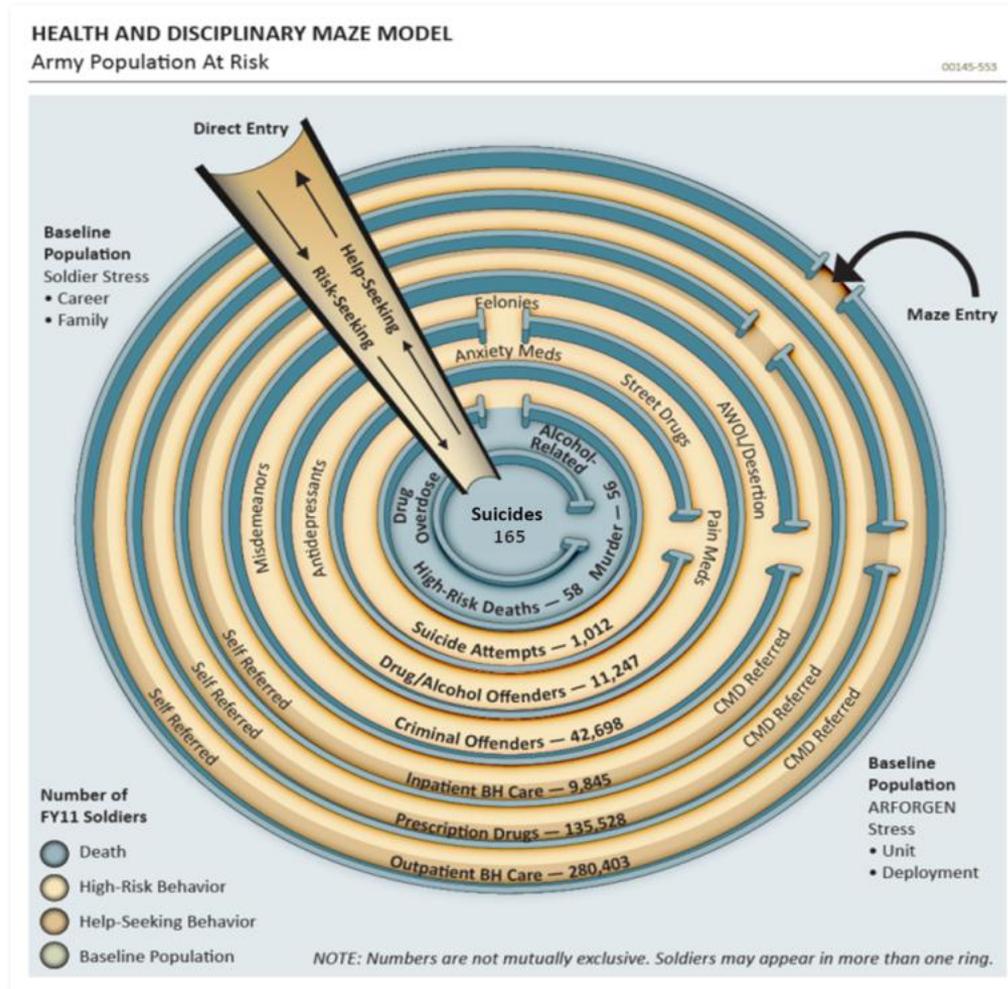
Health Promotion & Risk Reduction

“It’s all related....”



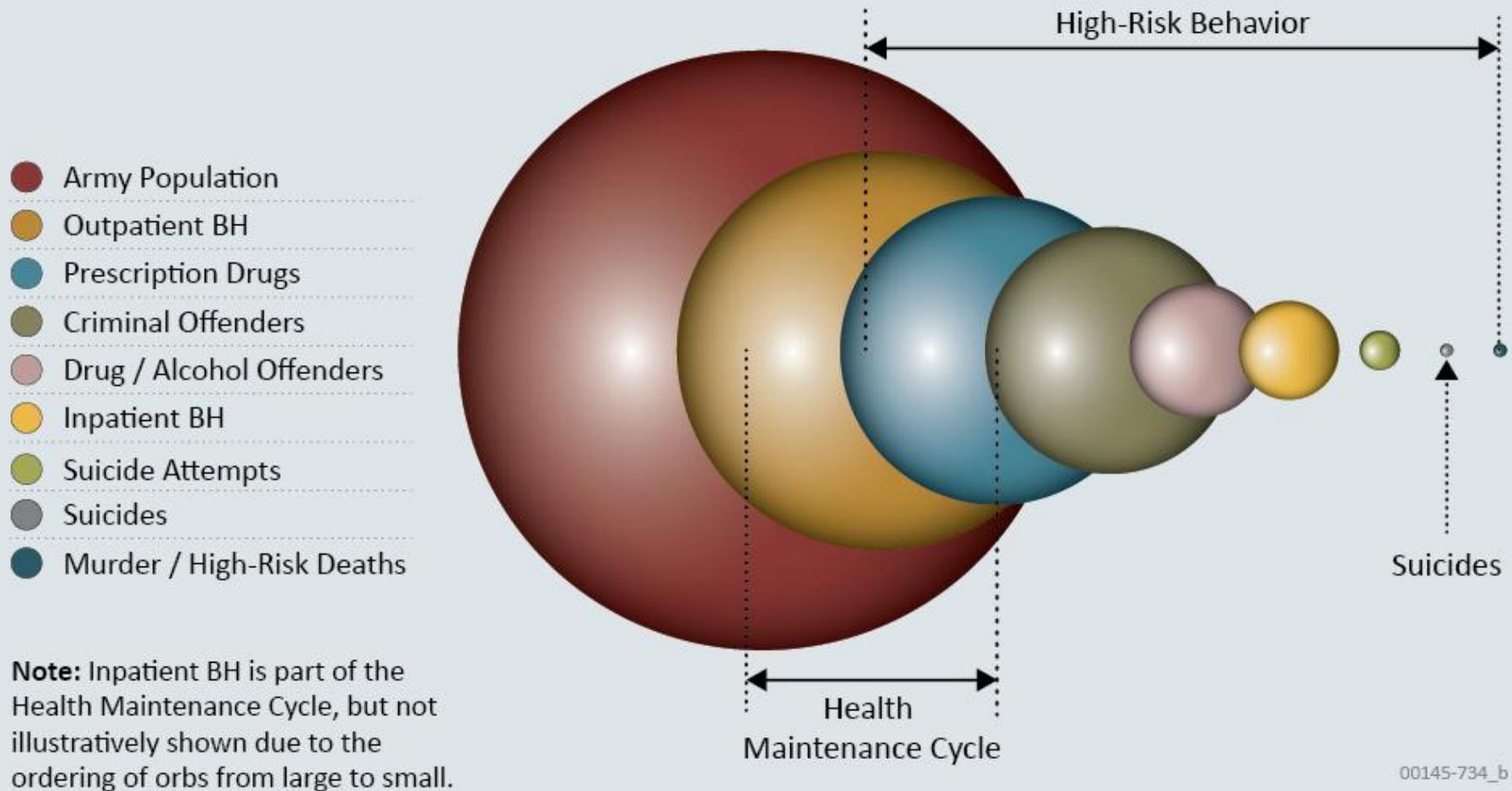
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Health and Disciplinary Maze Model, FY2011 Active Duty



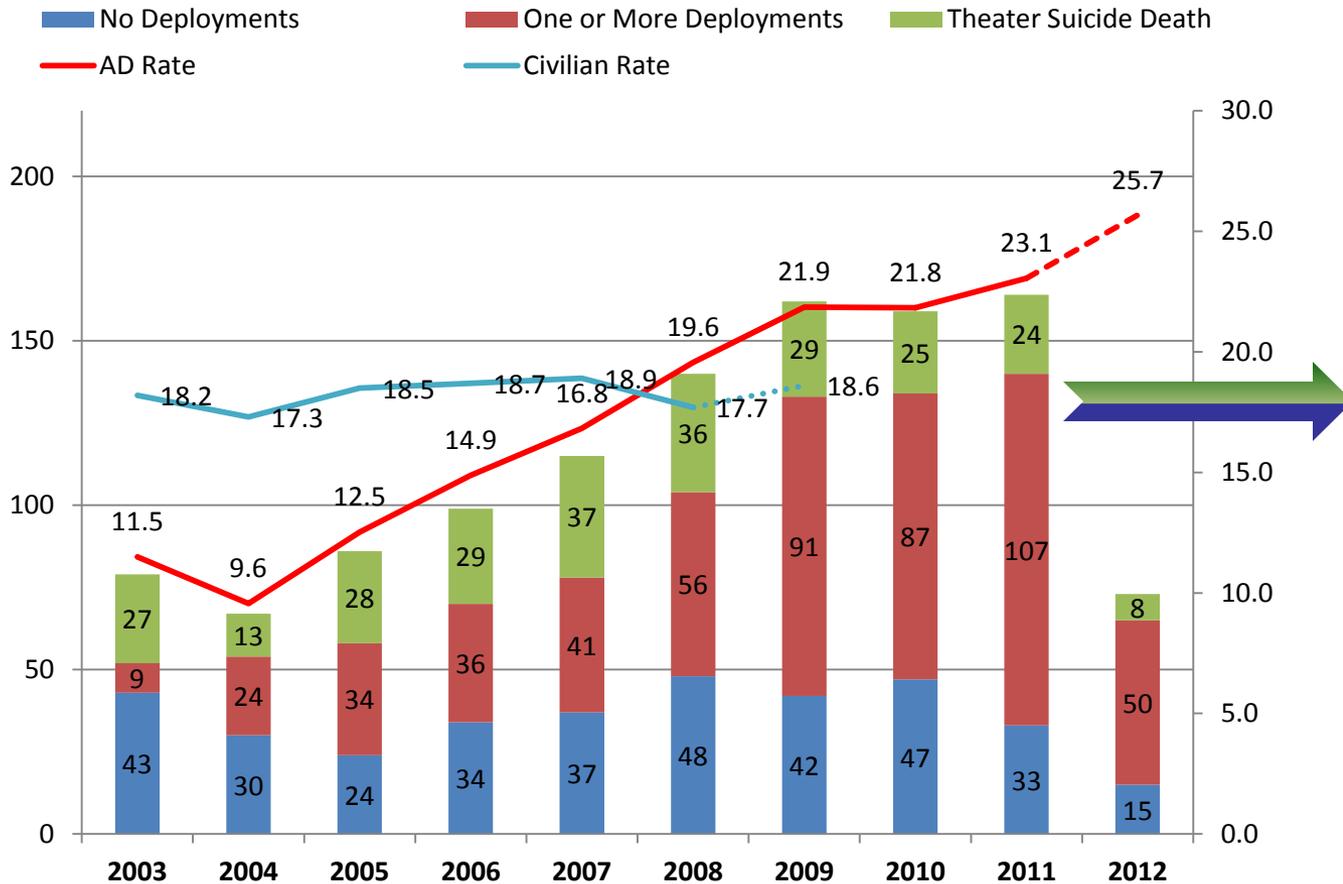
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At-Risk and High-Risk Perspective

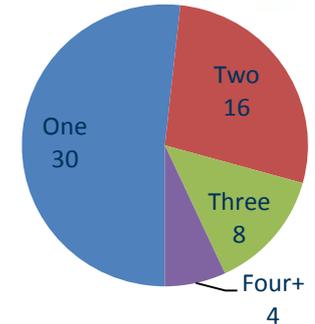


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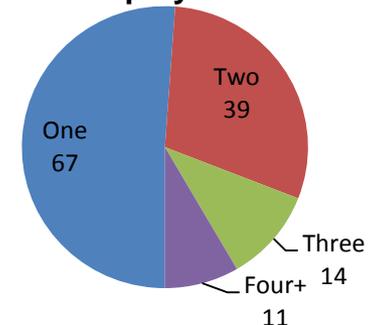
Active Duty Suicide Deaths Including Deployment History (Excludes awaiting deployment data)



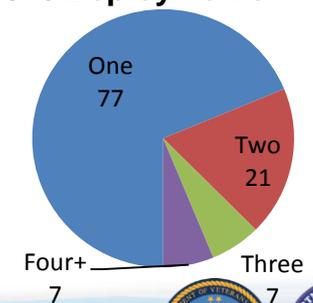
2012 Deployments



2011 Deployments



2010 Deployments



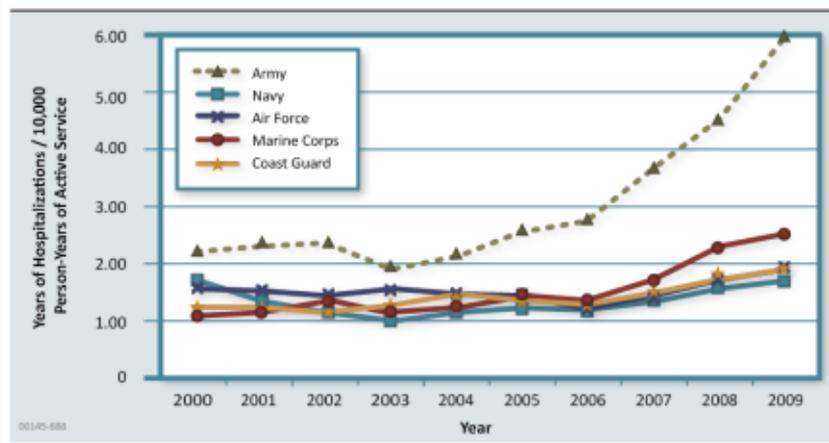
As of: 1 Jun 12

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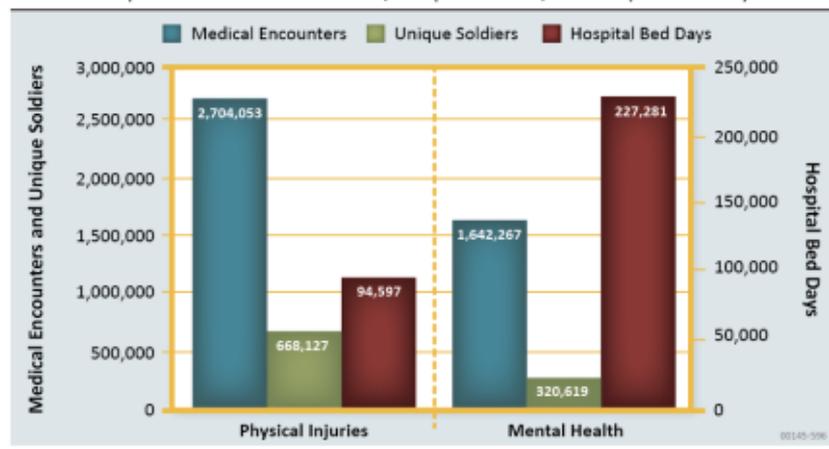
Hospitalization for Behavioral Health Conditions

- Army hospitalization for behavioral health conditions increased dramatically
 - The Army's hospitalization rate was more than double that of the other Services
 - Increase in hospitalization can be attributed to both protracted combat operations and improved screening
 - The Army's rate is expected to increase by ~10% through FY2011
- Medical encounters for physical injuries exceed behavioral health conditions
 - Encounters for physical injuries almost doubled those for behavioral health
 - However, hospitalization for behavioral health conditions more than doubled bed days required for physical injuries
- Data illustrative of the Army's capacity to treat / care for combat-related wounds, injuries and illnesses

Relative Duty Time Lost to Mental Disorder-Related Hospitalization



Active Component Medical Encounters, Unique Soldiers, and Hospital Bed Days—2010

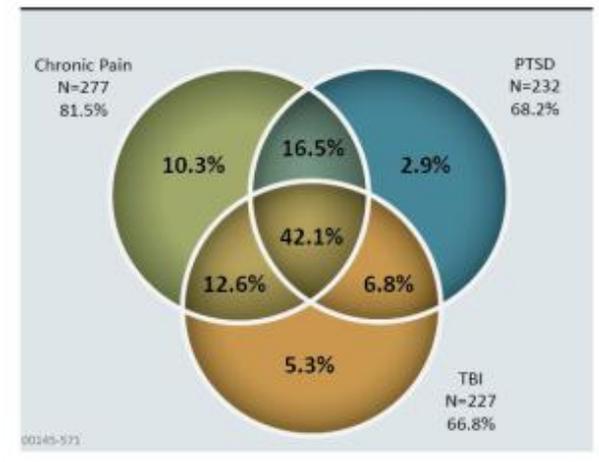


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Comorbidity (Multiple Conditions)

PCS Symptoms*	Mild TBI	PTSD	Chronic Pain
Memory Impairment ^{1,2}	✓	✓	✓
Concentration Problems ^{1,2}	✓	✓	✓
Irritability ^{1,2}	✓	✓	✓
Insomnia/Sleep Problems ^{1,2}	✓	✓	✓
Fatigue ^{1,2}	✓	✓	✓
Headache ^{1,2}	✓	✓	✓
Dizziness ^{1,2}	✓	✓	✓
Intolerance of Stress, Emotion, or Alcohol ¹	✓	✓	✓
Affective Disturbance ²	✓	✓	✓
Personality Change ²	✓	✓	✓
Apathy ²	✓	✓	✓

Prevalence of Chronic Pain, PTSD and TBI in a Sample of 340 OEF/OIF Veterans with Polytrauma

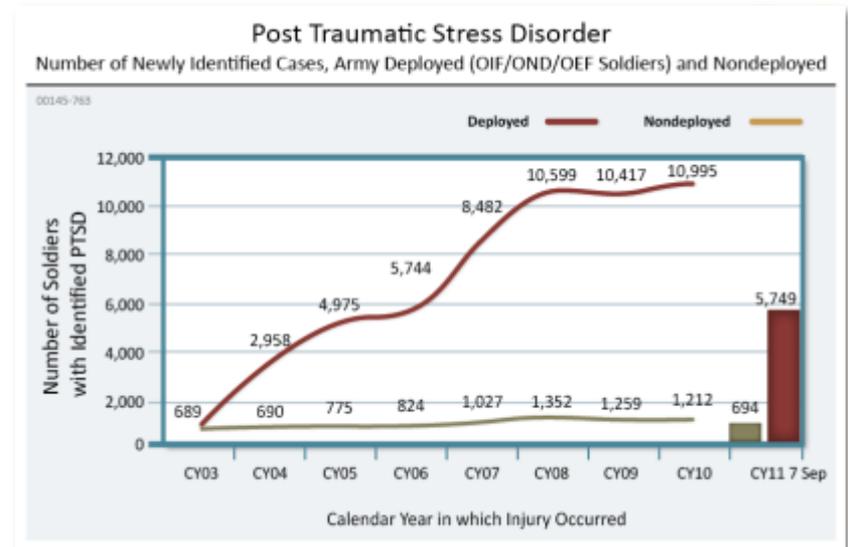


- PTSD, mTBI and Chronic Pain share common symptoms that can complicate diagnosis
- Soldiers suffering from one may be suffering from two or all three conditions
- Treating symptoms without understanding the underlying conditions can be counterproductive (e.g., narcotic meds for pain may exacerbate mTBI symptoms)
- Conditions are linked to high-risk behavior (e.g., substance abuse, partner aggression)
- Understanding the impact of comorbidity on Soldiers and Families will improve surveillance, detection and response across the at-risk population

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Post Traumatic Stress Disorder (PTSD)

- PTSD represents a prevalent psychological injury (invisible wound)
- VA reported 187,133 OIF/OEF veterans were diagnosed with PTSD by mid-2011
- ~70,000 Soldiers have been diagnosed by the Army since CY2003
- Even non-combat traumatic stressors can predispose Soldiers to PTSD (e.g., childhood trauma, accidents)

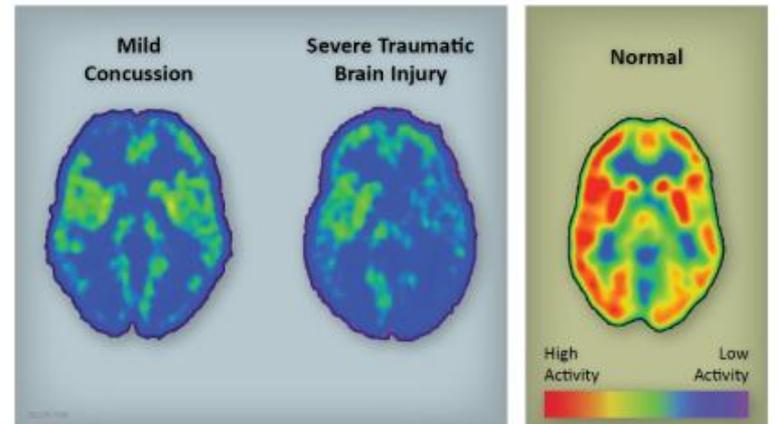


- Veterans who were problem drinkers were 2.7 times more likely to have PTSD
- Male veterans with PTSD were 1.9 to 3.1 times more likely to demonstrate partner aggression
- Research demonstrates the importance of strong social support (e.g., family, friends, coworkers) in the recovery from PTSD
- 20% of returning RC Soldiers (compared to 11% of AC Soldiers) reported ≥ 2 PTSD symptoms 3-6 months post deployment
 - Difference may be due to loss of team cohesion and geographical dispersion of RC Soldiers

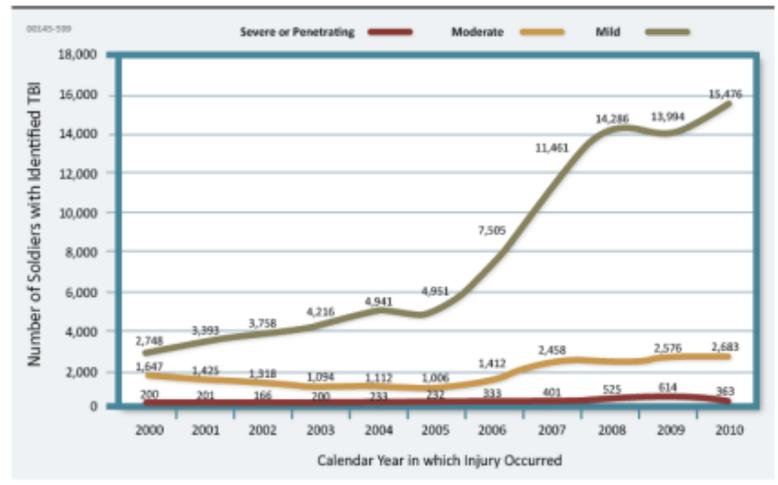
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Traumatic Brain Injury

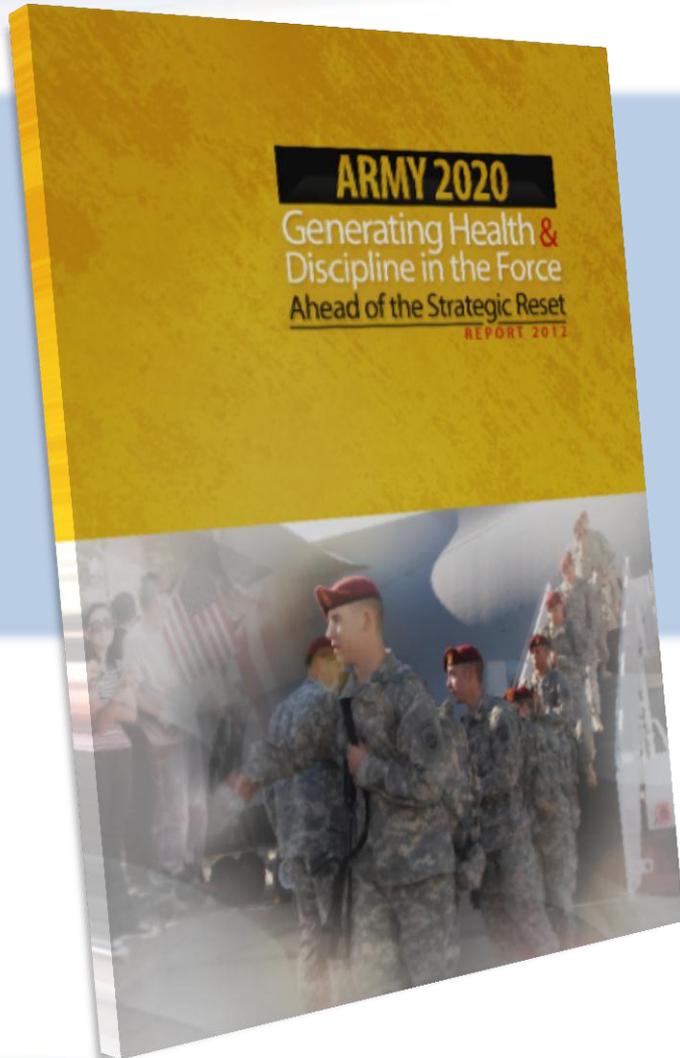
- Physical injuries from concussive events can affect both the brain, as a physical injury, and the mind, as a psychological injury
- mTBI can be treated, but a second event before the first has healed can be lethal
- Most Soldiers with TBI—especially those with mTBI—fully recover
- The Army implemented protocols to screen Soldiers for mTBI after experiencing a concussive event
- There has been a dramatic increase in the diagnoses of mTBI as a result of improved training and screening
 - Diagnosed and treated over 126,000 cases of TBI since the beginning of the war
 - Of the 126,000 cases of TBI, 54% were diagnosed in the last four years



Traumatic Brain Injury Trend For Total Army



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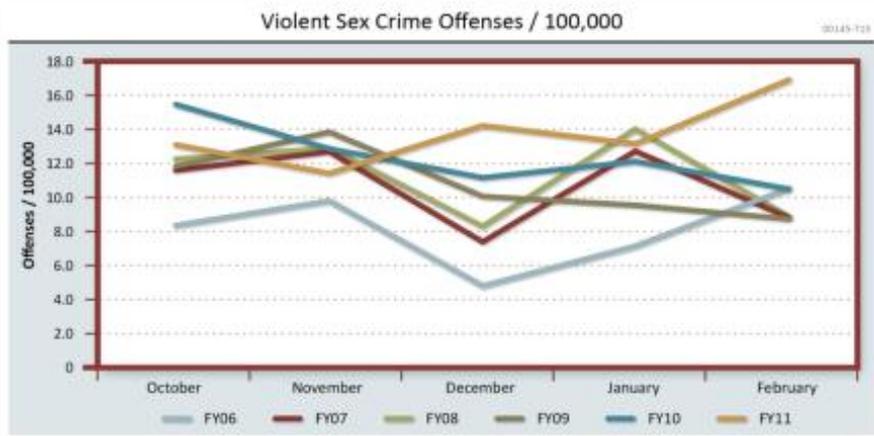
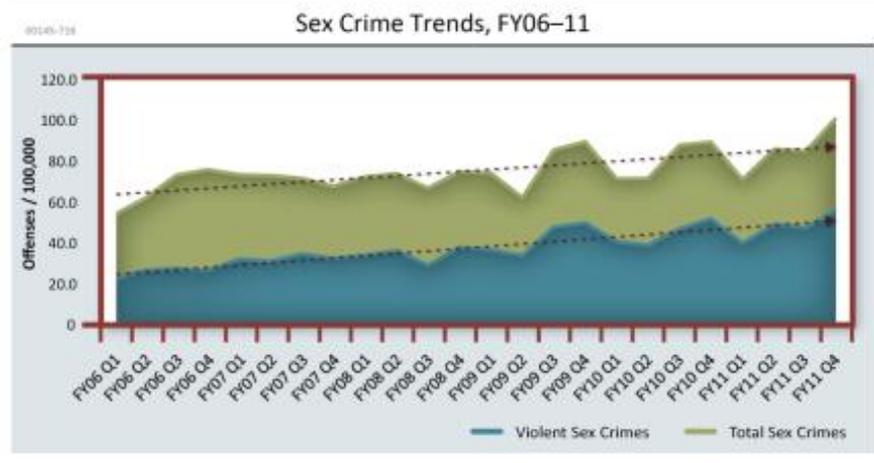


Discipline in the Force: The High-Risk Population

Health, Discipline, and Risk Reduction of the Army

Crime Trends FY2006-11: Violent Sex Crime

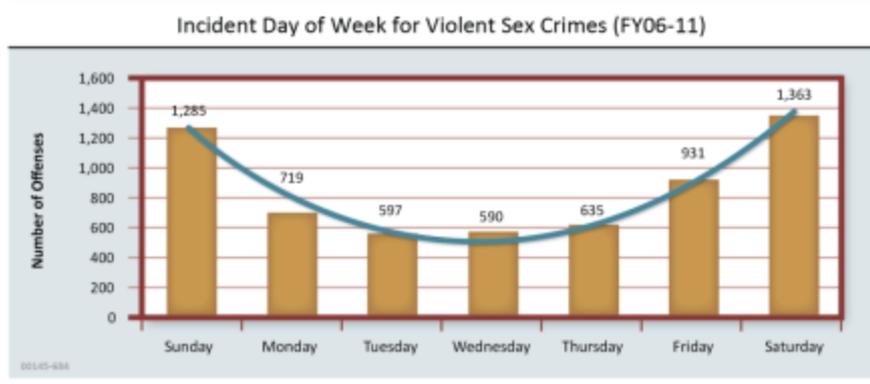
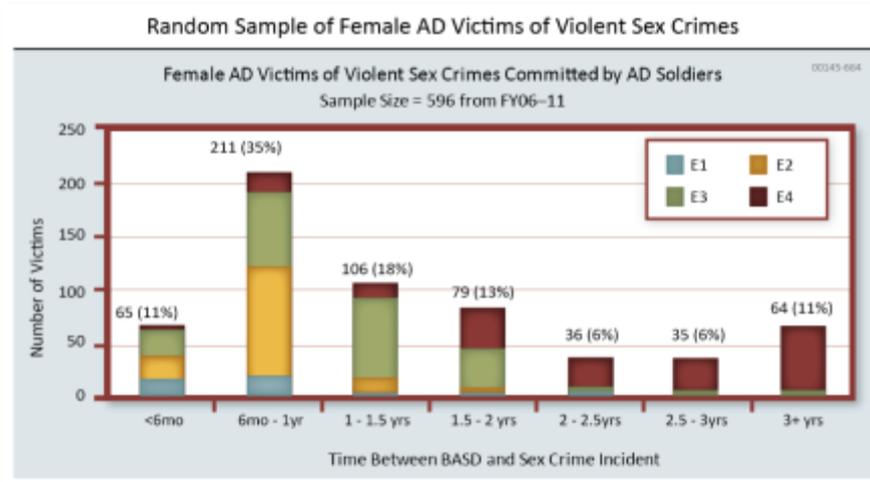
- Sex crimes have increased by 20% in offender rate per 100,000 from FY2006-11
- Violent sex crime offender rate increased by 64% from FY2006-11 (75 to 123 per 100,000)
 - Violent sex crime is the main driver in overall increase; other sex crimes relatively flat
- Females represent 14% of the Force but compose 95% of all sex crime victims
- Cyclical peaks in sex crimes during the 4th quarters from FY2008-11 (PCS season)
- FY2011 broke out of a fairly consistent trend
 - Increased in December against backdrop of previous decreases in rates per 100,000
 - Departed the FY2007-10 “January formation” in a remarkably strong trend upward
- Consistent with national data, 73% of violent sex crimes were founded—allegations require thorough investigation



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Violent Sex Crime Risk Factors

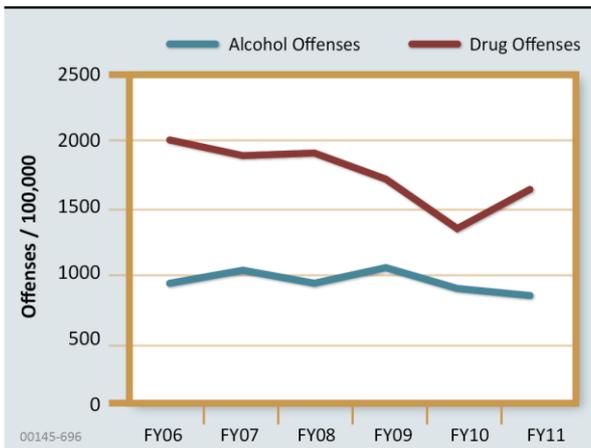
- Analyses identified the following risk factors involved in violent sex crimes:
 - 63% involved known alcohol use; 54% occurred in high density housing (e.g., barracks)
 - Of female AD victims, 56% were 18-21 years old and 64% in first 18 months of service
 - 97% of victims at least casually knew their attacker
 - 60% of violent sex crimes occur Friday-Sunday (and holidays), consistent with increased social activity and reduced leader presence
- Mitigation strategy
 - Aggressive sponsorship and integration (especially young, female Soldiers)
 - Greater leader oversight in barracks
 - MTT for 17,000 SHARP personnel (2010)



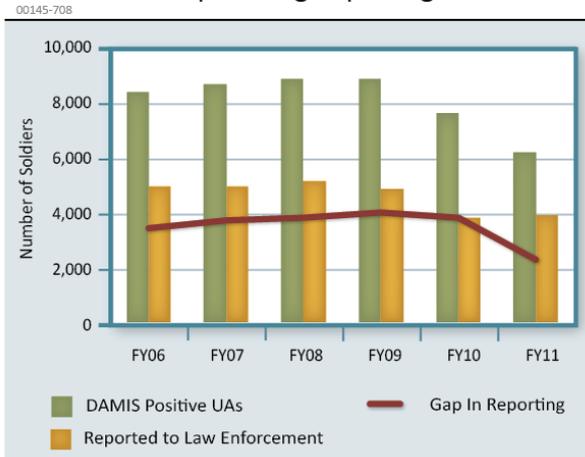
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Crime Trends FY2006-11: Alcohol and Drug

Alcohol and Drug Offenses, FY06-11



Gap In Drug Reporting



- The Army is closing surveillance and detection gaps
 - Streamlining drug crime reporting by referring positive urinalyses to both commanders and CID
 - Increase in drug offenses was due largely to leaders' efforts to decrease gaps in law enforcement reporting
 - Increased drug suppression teams and unit drug testing; mandated CID purview over all drug crimes
- Potential shift from street drugs to pharmaceutical drugs due to the proliferation of prescription drugs
 - Changes in pain management and drug testing should reverse this trend
- Increase in use of synthetic drugs (e.g., spice, bath salts); over 3,500 incidents in FY2011
 - Army has recently enacted a blanket ban on designer drugs; use is UCMJ violation
- Drug abuse often transmitted horizontally (to other Soldiers) and vertically (use of other drugs)
 - 36% of first-time drug offenders will commit a 2^d drug offense; of those, 47% will go on to commit 3 or more

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Domestic Violence and Child Abuse

From FY2006-11, domestic violence increased by 33% (293 to 383) and child abuse increased by 43% (201-287) per capita
 An increase in referral numbers to the Family Advocacy Program from 2008-11*

- Soldier offenders of domestic violence increased by 50% (4,827 to 7,228)
- Soldier offenders of child abuse increased by 62% (3,172 to 5,149) from FY2008-11

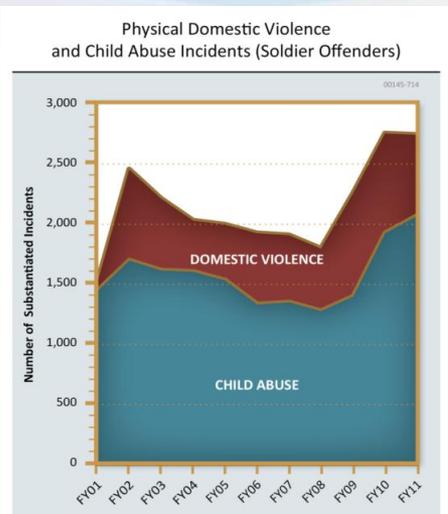
Alcohol associated with [physical] domestic violence increased by 54% and with child abuse by 40% from FY2001-11

- This may be associated with research linking increased alcohol consumption with partner aggression among veterans suffering from combat-related wounds, injuries and illnesses

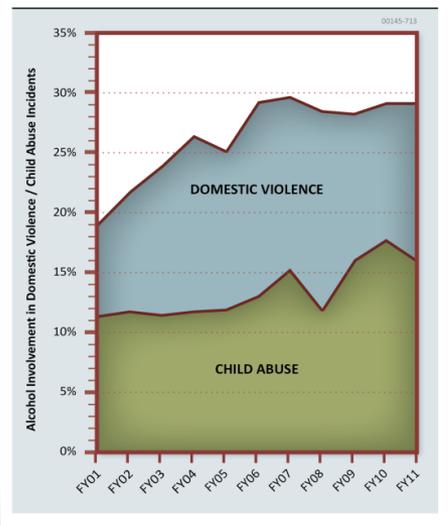
Analysis reflects a potential gap in the visibility of prior domestic violence as Soldiers PCS / relocate

- The Army will increase information sharing among installation program managers and commanders

*Increase in referrals limited to FY2008-11 due to a change in policy that incorporated all referral numbers (substantiated and unsubstantiated) beginning in FY2008



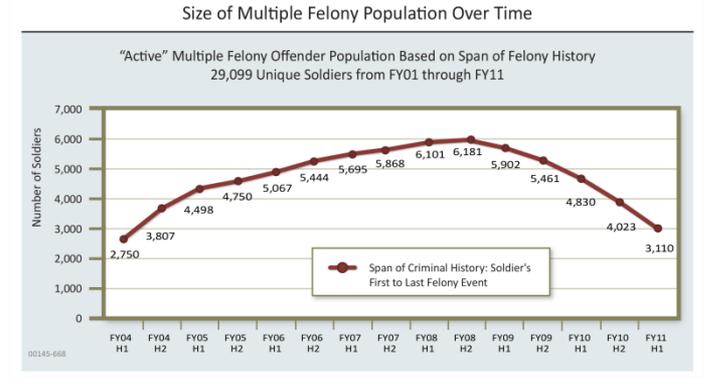
Alcohol Involvement in Physical Domestic Violence and Child Abuse Incidents (Soldier Offenders)



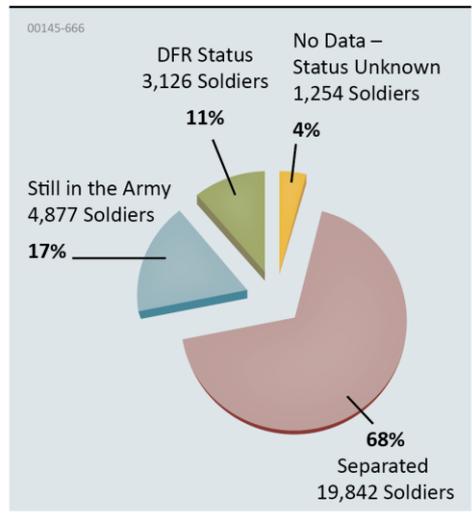
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Multiple Felony Offenders

- Multiple felony offenders represent significant cost to the Army in terms of leader time, resources and unit readiness
- 29,099 multiple felony offenders from FY2001-11
- The Army continues to reduce the number of Soldiers who committed multiple felonies
 - 21% reduction from a high in FY08



Status of 29,099 Multiple Felony Offenders



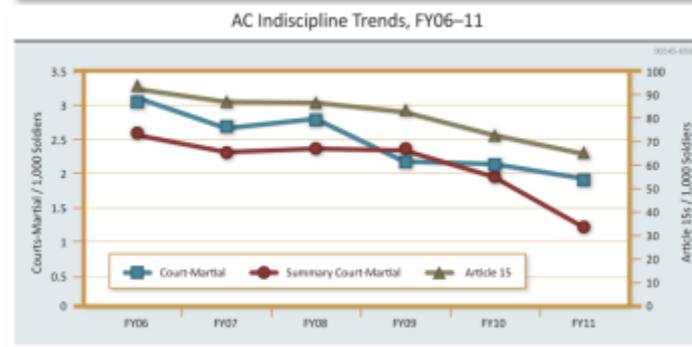
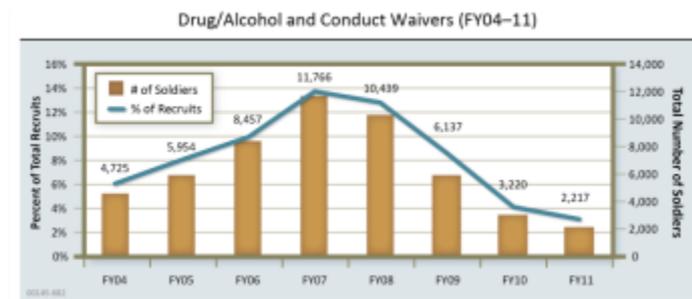
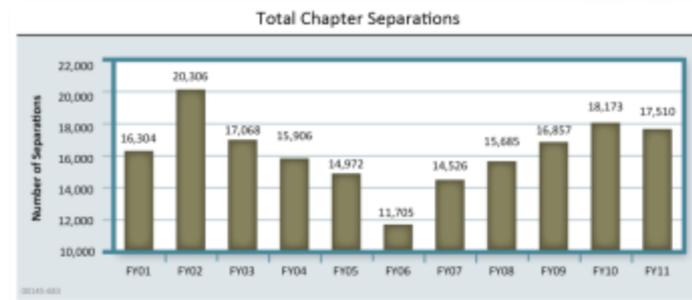
- 19,842 multiple felony offenders separated with 4,877 retained as of August 2011
- Potential inappropriate disciplinary and administrative actions taken against multiple felony offenders may be the result of two critical components
 - Lack of command visibility of prior offenses
 - Need for enhanced education on disciplinary and administrative policy
- Senior commander withholds should be based on a systemic review of disciplinary and administrative actions

Multiple Felony Offenders are based on closed, founded investigations that have received a legal opine demonstrating that there is probable cause to title the Soldier with the crime. It is not dependent on judicial decision / commander adjudication.

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Discipline and Administrative Accountability

- Commanders at all levels are rebalancing unit readiness through appropriate administrative and disciplinary actions
- Administrative separations have increased dramatically since their low in FY2006
 - Primarily driven by misconduct separations
- The Army has dramatically decreased the number of accession conduct waivers
 - Drug/Alcohol waivers peaked in FY2007 at 1,307, dropping to 337 in FY2009 and 0 in FY2010/11
- Despite the above progress, the rate of judicial and non-judicial punishment has steadily trended downward from FY2006-11
 - Courts-martial and summary courts-martial decreased by 28% and 55%
 - Articles 15 decreased by 31%
 - Trend is puzzling given the fact that there were approximately 64,000 more Soldiers and 13% more crime in FY2011 compared to FY2006



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Command Team Actions

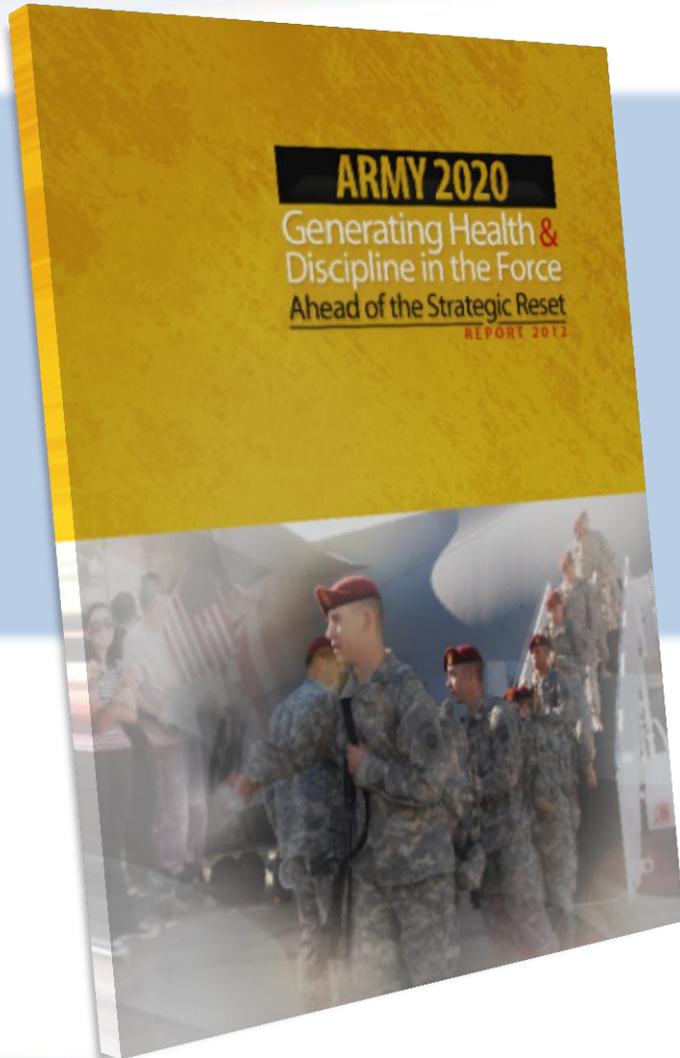
- Educate Leaders on health and accountability policies, programs and processes
- Monitor completion of DA Forms 4833; ensure 360° surveillance/awareness of prior offenses and other administrative and disciplinary actions
- Establish appropriate administrative and disciplinary withholds
- Ensure housing policies provide appropriate good order and discipline (visitation, alcohol, Health & Welfare inspections, leader presence) - Avoid CHU “mentality”
- Monitor UA compliance; ensure positive UA results are referred to Law Enforcement
- Monitor unit flag and bar actions
- Set conditions to promote help-seeking behavior
- Implement an active sponsorship and integration/reintegration program
- Become involved in Community Health Promotion Council (CHPC) and other risk reduction forums
- Informal communication avenues (i.e., FRGs)
- Senior CDRs should review health, administrative and disciplinary trends
- Enhance situational awareness with climate surveys
- Detailed discussion of problems and recommendations in the Army Gold Book

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Army Support to Commanders

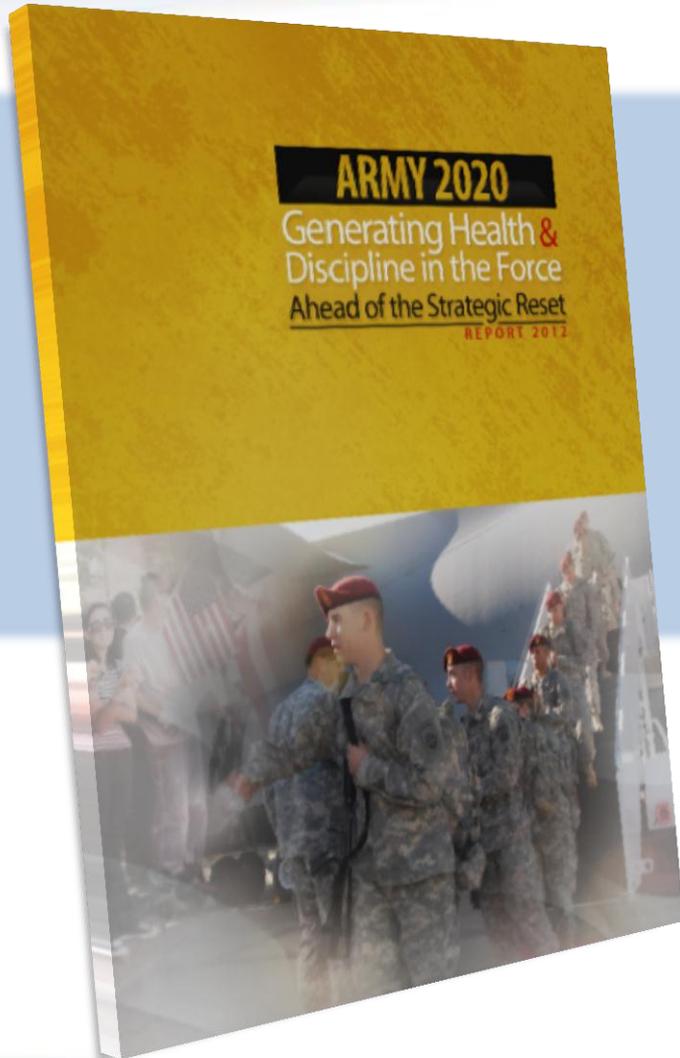
- Completed
 - Chain of command notified when Soldiers interviewed by LE
 - Consolidation of all drug offense investigations under CID
 - Reconstitution of Drug Suppression Teams at the 13 major installations
 - Enhanced information sharing with other LE agencies (insider threat)
 - Limited prescription medication to 30 days with maximum of five refills
 - Pharmacy / Peer-Review conducted when 4+ controlled substances are prescribed
 - Policy allowing CDRs to immediately declare a Soldier a deserter
 - Reduced conduct waivers; eliminated drug/alcohol waivers
- Pending
 - Implementation of e4833; automating process
 - Enhancing AIE to vet visitors against DMDC and NCIC data
 - Assisting CDRs in identifying high-risk Soldiers and multiple-felony offenders
 - Providing LE information to support Commander's Dashboard
 - Simultaneous ASAP notifications to commanders and CID on positive UAs
 - Blanket ban on designer drugs

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Generating Health & Discipline in the Force Ahead of the Strategic Reset

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Back-Up Slides

Health, Discipline, and Risk Reduction of the Army

Programs and Services

Program	Level of Care	Confidential	DoD or Army
Chaplain / Family Life Chaplain	Counseling	Yes	DoD
Military Family Life Consultant	Counseling	Yes	DoD
Military OneSource	Treatment	Yes	DoD
Real Warriors	Information	Yes	DoD
Army Substance Abuse Program	Treatment	No	Army
Confidential Alcohol Treatment and Education Program	Treatment	Yes	Army
TRICARE Assistance Program	Counseling	Yes	DoD
TRICARE Tele-Behavioral Health	Treatment	Yes	DoD
Behavioral Health	Treatment	No	DoD
RESPECT-MIL (BH @ Primary Care)	Treatment	No	Army
National Suicide Prevention Lifeline	Intervention	Yes	DoD
Wounded Soldier and Family Hotline	Information		Army
inTransition Mental Health Coaching & Support	Counseling	Yes	DoD

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www.preventsuicide.army.mil

Program	
Chaplain / Family Life Chaplain	http://www.usachcs.army.mil/
Military Family Life Consultant	https://www.mhngs.com/
Military OneSource & Army Community Services	http://www.militaryonesource.com/ http://www.myarmyonesource.com/default.aspx
Real Warriors	http://realwarriors.net/
Army Substance Abuse Program	http://www.acsap.army.mil/sso/pages/index.jsp
Confidential Alcohol Treatment and Education	http://www.acsap.army.mil/sso/pages/index.jsp
TRICARE Assistance Program	http://www.tricare.mil/mentalhealth/
TRICARE Tele-Behavioral Health	http://www.tricare.mil/mentalhealth/
Behavioral Health	http://www.behavioralhealth.army.mil/
RESPECT-MIL (BH @ Primary Care)	http://www.pdhealth.mil/respect-mil/
National Suicide Prevention Lifeline	1-800-273-TALK (8255)
Wounded Soldier and Family Hotline	1-800-984-8523
inTransition Mental Health Coaching & Support	http://www.health.mil/InTransition/default.aspx