TO: Interested Parties
FROM: Andy Johnson, Director, National Security Program
Scott Payne, Senior Policy Advisor, National Security Program
RE: Addressing the Growing Military Mental Health Crisis

After years of repeated deployments, our military’s ability to carry out its mission in Iraq and Afghanistan and maintain future readiness is threatened by a growing mental health crisis and increased stress on military families. Our troops and their families deserve the best possible resources to cope with this latest set of problems and it is vital that our military is prepared to perform their mission.

In this memo, Third Way highlights some of the mental health issues facing the military and offers policy proposals to address the current needs of our men and women in uniform and their families.

Outstanding Problems

Mental Health Strains

As repeat deployments became necessary to sustain the U.S. effort in Iraq and Afghanistan, the mental health crisis facing the U.S. military grew. Army data suggest that 11% of troops suffer from depression or acute stress after one deployment. This figure increases to 18% for troops on their second deployment and 27% for troops on their third or fourth deployments.¹

Soldiers are seeking mental help more than 100,000 times a month.² The number of active duty troops discharged from the Army for mental health problems increased by 64% between 2005 and 2009, and mental health problems now account for one in nine medical discharges.³ In 2009, more U.S. troops were hospitalized for mental health disorders than for any other reason for the first time.⁴

Unfortunately, due to lack of preparation and the negative stigma associated with receiving treatment for mental health problems that is prevalent throughout the military, many troops suffering from depression or Post Traumatic Stress Disorder (PTSD) symptoms are reluctant to seek help.⁵ When left untreated, mental health issues can lead to tragic consequences, as illustrated by the increasing military suicide rates. There were 312 military suicides in 2009, 239 of which were in the Army.⁶ Among active duty Army, the number of suicides annually has more than tripled since 2003.⁷ Equally alarming has been the increase in suicides among reserve and National Guard components. The Army Reserves and National Guard had 53 suicides between January 1 and June 10, 2010, compared to 42 during the same time period last year.⁸
Strain on Military Families Affects the Mission

Understandably, troops on prolonged deployments commonly express concerns about the effect their absence will have on their families. Such worries can distract their focus away from the combat mission. The number of children of U.S. troops being treated for mental health problems also has increased significantly, putting yet another burden on our troops, whose concerns about their military obligations’ strain on their families may have a negative impact on military readiness.

Between 2007 and 2008, the number of children hospitalized for mental health problems was 20% higher than in 2003. The number of outpatient visits among children of active duty troops for mental health problems doubled between 2003 and 2008 to 2 million visits per year. Children who have recently had a parent deployed are two and a half times more likely to develop psychological and social problems, such as learning disorders, developmental disabilities, and other behavioral disorders.

Military marriages have been adversely affected by the prolonged wars as well. A 2010 study found that spouses of deployed military personnel were more likely to experience mental health problems the longer their spouses were deployed. The divorce rate among military couples also has increased steadily since the wars and now is 38% higher than at the start of the Afghanistan war. Col. Pete Jones, commander of the 3rd Heavy Brigade Combat Team, stressed the importance of troops maintaining strong relationships with their spouses back home, saying that “a soldier with an unstable marriage will not have his mind on the mission.”

Policy Recommendations

1. Increase Troop Access to Mental Health Professionals

The Army currently has 414 psychiatrists for 545,000 soldiers, twenty percent less than what it needs. The shortage of mental health professionals in the military and the rural areas in which many reservists and National Guardsmen reside is complicating efforts to provide counseling and other mental health services to troops. Fully staffing their mental health needs must be a top priority for the Department of Defense and Congress should provide the necessary funding.

Other programs offer opportunities to expand access. In an effort to provide better mental health care, TRICARE, the Department of Defense’s healthcare program for military families, began providing coverage for two online behavioral health programs in August 2009. These programs are designed to help eliminate obstacles to seeking treatment. The TRICARE Assistance Program (TRIAP) provides online assessments, short term counseling and referral to more intense programs. The tele-behavioral health program provides a network of kiosks that provide teleconferencing sessions with mental health experts. By expanding access to tele-behavioral healthcare, the military could connect troops to mental health professionals. The military should continue expanding access to tele-behavioral services to provide healthcare to troops and veterans who may otherwise be unable to obtain help.
The military also should initiate a nationwide expansion of the California National Guard’s Embedded Provider pilot program, which embeds mental health professionals within National Guard units. Since the program’s beginnings in 2006, the percentage of troops self-initiating help has increased from 36 to 64%.\(^\text{17}\) Senators Patty Murray and Claire McCaskill introduced the Embedded Mental Health Providers for Reserves Act of 2010 in May, which would build on the California program and provide for a mental health professional to be embedded with each unit during drill weekends and family readiness events. The results in California suggest that such a program could help break the stigma associated with seeking mental help by allowing service members to become familiar with a single therapist, increasing the likelihood that they will talk about their problems and seek help.\(^\text{18}\)

2. **Expand Use of New Technologies for Troops**

The Army currently conducts “Battlemind” training at the Walter Reed Army Institute of Research, using virtual reality technology to allow troops to develop constructive reactions to situations they may confront in the warzone.\(^\text{19}\) By mentally preparing troops for what to expect once deployed, resiliency training seeks to minimize the stress that troops face once on the battlefield for the first time.\(^\text{20}\) While the Army mandated last year that all troops take a “resiliency test” and undergo emotional resiliency training, resiliency training is not yet mandatory across the entire military. Access to virtual reality resiliency training should be expanded to the other services, focusing first on the Marines, so that all troops undergo resiliency training prior to deployment.

In addition to decreasing the likelihood that troops will later develop PTSD, virtual reality technologies may be effective in the treatment of PTSD.\(^\text{21}\) The hope is that by using technology to simulate common environments found in Iraq or Afghanistan, psychologists can get troops to focus on those memories that they are trying to repress instead of trying to ignore them and allowing the stress to continue to build. Although virtual technology as a treatment for PTSD is still in the experimental stage, the Pentagon has expanded access to it and is continuing to research its benefits.\(^\text{22}\)

3. **Expand Counseling and Support for Military Families**

Every branch of the military is experiencing a shortage of mental health professionals, both for troops deployed overseas and for their families back home.\(^\text{23}\) President Obama requested $8.8 billion in his 2011 budget for support for military families, a 3% increase over the 2010 budget.\(^\text{24}\) If passed, $1.9 billion would be used to expand counseling and other support services,\(^\text{25}\) a $37 million increase over 2010.\(^\text{26}\) While the Department of Defense pledged to examine incentives for mental health professionals as part of its 11th Quadrennial Review of Military Compensation, the study will not be complete for two years.\(^\text{27}\) The military needs to take immediate action to increase incentives for mental health professionals in order to lessen the burden on military families.
4. **Standardize suicide prevention practices across the military and the Department of Defense.**

The military currently runs approximately 900 suicide prevention programs across 407 military installations throughout the world. Such programs are vital to the suicide prevention efforts at the Department of Defense, but these programs could benefit from standardization. The Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces recommended in its August 2010 report that the Department of Defense develop a more comprehensive suicide prevention model, beginning with the creation of a Suicide Prevention Policy Division within the Office of the Secretary of Defense. Such a division would be charged with standardizing mental health policies across the Department, including those related to resiliency, mental fitness, life skills, and suicide prevention, as well as responsible for establishing a review group comprised of officials from outside the Department to assess progress. The Department of Defense should act on this recommendation and establish a Suicide Prevention Policy Division as soon as possible to maximize coordination and effectiveness among the numerous suicide prevention programs.

**Conclusion**

While the combat mission in Iraq has finally come to an end, the ongoing war in Afghanistan continues to demand time, personnel, and resources. As U.S. commitments in Iraq and Afghanistan endure, the mental health problems and strain on military families will likely continue to grow. Our troops are warriors who deserve the best care available. By expanding access to healthcare and support for military families, we can continue to provide our troops with the resources they need to succeed.
Endnotes


15 See Mark Thompson, “Invisible Wounds: Mental Health and the Military.”


18 Ibid.

19 Though several Army websites still refer to the program as “Battlemind,” the Army has rebranded the program as the Master Resiliency Training Course as part of the Comprehensive Soldier Fitness Program.


29 Ibid.