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<b>13. SUPPLEMENTARY NOTES</b>					
<b>14. ABSTRACT</b> This research will assess mental health and mental health service utilization over time among a representative sample of National Guard forces, within a multivariate causal framework taking into account life course experiences together with combat history, other military experience and civilian traumatic event experiences as determinants of mental health. We focus on the prevalence and correlates of PTSD and other mental illness and health service utilization, but also on the trajectories of PTSD and co-occurring psychopathology over time. The scope includes developing, piloting and implementing a structured survey for a random sample of National Guard members. Findings from analyses of all three waves of the survey will be disseminated to key stakeholders. To date, we have constructed a survey for initial data collection as well as subsequent waves that contains modules on (1) risk or protective factors for psychological morbidity over the life course (general traumas, psychological resources, life and family concerns), (2) mental health (depression, PTSD, emotional health history), (3) service utilization patterns (use of mental health resources). We have recently completed baseline enrollment and data collection on 1000 National Guard soldiers. We are currently planning the second wave of surveys and have initiated analysis of the data from the baseline survey.					
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## INTRODUCTION

This work will assess mental health and mental health service utilization over time among a representative sample of the National Guard forces, within a multivariate causal framework that takes into account life course experiences and circumstances together with combat history, other military experience (e.g. humanitarian activity and activation for state missions) and civilian traumatic event experiences as determinants of mental health in this group. We focus here not only on documenting the prevalence and correlates of PTSD and other mental illness and health service utilization among these forces, but also on documenting the *trajectories* of PTSD and co-occurring psychopathology over time among these forces. Although there is a growing literature about the mental health and mental health needs of active duty military personnel, this would be the first study, as best we know, that has focused explicitly on the experience of the National Guard. For the reasons mentioned above, this group needs to be identified as a separate study population so that the special issues associated with their service can be examined. This study has implications for early intervention after exposure to traumatic events (including combat experiences and domestic deployment), training of the RC, and education of commanding officers and military leadership.

## BODY

### STATEMENT OF WORK

Task 1. To develop a structured survey instrument that will assess (a) factors throughout the lifecourse that may be risk or protective factors for psychological morbidity among National Guard members, (b) mental health, and (c) service utilization patterns among National Guard members.

Milestone: The final version of the survey instrument has been developed and contains: (a) risk or protective factors for psychological morbidity over the life course (e.g. modules on general traumas, psychological resources, life and family concerns), (b) mental health (e.g. modules on depression, PTSD, emotional health history) (c) service utilization patterns among National Guard members (e.g. use of mental health resources). Please see Appendix 1 for a copy of the survey.

Task 2. To obtain final IRB approval from relevant local institutions (CU and USUHS) and Department of Defense.

Milestone: Final IRB approval was approved for the baseline survey from the original three institutions (UM, USUHS and DOD).

Task 3. To pilot test the instrument with a random sample of National Guard soldiers and modify the instrument as necessary to adequately reflect Guard experiences.

Milestone: The survey instrument has been piloted with a random sample of the Guard and the instrument has been modified as necessary to adequately reflect Guard experience and shortened to reduce participant burden, and approved by DoD.

Task 4. To implement the survey among a randomly selected sample of 1,000 National Guard members using a combination of telephone and web-based techniques.

Milestone: Participant population selected and baseline survey, N=1003 interviews completed.

Task 5. To analyze survey data and to produce reports that are accessible to military, civilian, and scientific audiences and to prepare first follow-up survey wave

Milestone: Data collection finished July 2010 and weights have been calculated to account for sampling of specific branches. We have begun preliminary analysis on the baseline data and will finalize analyses throughout the upcoming year.

Task 6. To implement the first survey follow-up, re-contacting all persons in the original sample and administering the follow-up survey using telephone and web-based methods.

Milestone: Continuing IRB approval has been obtained from the current institutions (CU and USUHS) and is in the final stages of approval at the Department of Defense. Approval will be met before initiating wave 2 data collection. See Appendix 2 for a copy of the first follow-up survey.

Task 7 – 9 not yet applicable

## KEY RESEARCH ACCOMPLISHMENTS

- Baseline survey piloted and implemented
- 1000 Reservists enrolled and interviewed
- Preliminary analysis of baseline data collection begun
- Follow-up survey is currently being completed and will be piloted in November 2010 (please see appendix 2)

## REPORTABLE OUTCOMES

None at this time

## CONCLUSIONS

We completed the baseline data collection of the study in July 2010. This entailed completing and piloting the survey and enrolling and interviewing 1000 National Guard members. Preliminary data analysis has begun.

We are preparing the follow-up survey and will pilot the survey to 30 participants in the fall of 2010 and begin implementation of follow-up surveys in January 2011.

## REFERENCES

None at this time