2011 Military Health System Conference

Keeping Tabs: DoD's Response to Psychological Risks
Lessons Learned from Health Assessments

The Quadruple Aim: Working Together, Achieving Success
COL Robert DeFraites, LtCol Hans Ritschard, & CDR Meena Vythilingam
January 25, 2011

Armed Forces Health Surveillance Center
Psychological Health Strategic Operations
Office of Deputy Assistant Secretary of Defense for
Force Health Protection And Readiness Programs
Outline

- Introduction & Alibis
- Who are we helping?
- Where do we stand?
- What do the numbers show?
- Where are we going?
The Quadruple Aim: The MHS Value Model

**Readiness**
Ensuring that the total military force is medically ready to deploy and that the medical force is ready to deliver health care anytime, anywhere in support of the full range of military operations, including humanitarian missions.

**Population Health**
Reducing the generators of ill health by encouraging healthy behaviors and decreasing the likelihood of illness through focused prevention and the development of increased resilience.

**Experience of Care**
Providing a care experience that is patient and family centered, compassionate, convenient, equitable, safe and always of the highest quality; effectiveness.

**Per Capita Cost**
Creating value by focusing on quality, eliminating waste, and reducing unwarranted variation; considering the total cost of care over time, not just the cost of an individual health care activity.
Background

FY1998 NDAA
Pre-DHA (DD 2795)
PDHA (DD 2796)

2008
PDHA and
PDHRA forms
are updated

FY2005 NDAA
PDHRA (DD 2900)

FY2010 NDAA
Additional mental
health assessments
Total Service Members Ever Deployed Since September 2001 by Service

N = 2,200,594
Source: DMDC CTS Roster Sep 2001- October 2010
Total Service Members Ever Deployed Since September 2001 by Gender & Age

N = 2,200,594
Source: DMDC CTS Roster Sep 2001- October 2010
**PDHA/RA Completion Rates CY 2009-2010**

<table>
<thead>
<tr>
<th></th>
<th>DoD Total CY 2009-2010</th>
<th>Number of Service Members who Returned from Deployment</th>
<th>Number Completed Forms</th>
<th>% Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDHA (January 2009-September 2010)</td>
<td>695,444</td>
<td>489,261</td>
<td></td>
<td>70%</td>
</tr>
<tr>
<td>PDHRA (January 2009-March 2010)</td>
<td>494,792</td>
<td>275,909</td>
<td></td>
<td>56%</td>
</tr>
</tbody>
</table>

Source: Defense Medical Surveillance System (DMSS), 17DEC2010
PTSD & Depression Screening

- Positive PTSD screening (2 of 4 questions)
  - Nightmares
  - Avoid situations
  - Constantly on guard, easily startled
  - Detachment

- Positive depression screening (1 of 2 questions)
  - Little interest or pleasure in doing things
  - Feeling down, depressed, or hopeless
Screening for Risky Drinking

- **AUDIT C: 3 questions**
  - Frequency
  - Quantity
  - Binge drinking frequency

- **Cut offs for risky drinking**
  - Men ≥ 4
  - Women ≥ 3
## Health Assessment Results

<table>
<thead>
<tr>
<th></th>
<th>Pre-DHA since 2003 (DD 2795)</th>
<th>PDHA since 2003 (DD 2796)</th>
<th>PDHRA since 2005 (DD 2900)</th>
</tr>
</thead>
<tbody>
<tr>
<td># Completed (# of Individuals)</td>
<td>1,176,432</td>
<td>1,740,909</td>
<td>1,147,918</td>
</tr>
<tr>
<td><strong>Self-reported Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent, Very Good, Good</td>
<td>97%</td>
<td>91%</td>
<td>85%</td>
</tr>
<tr>
<td>Health Concerns</td>
<td>11%</td>
<td>23%</td>
<td>35%</td>
</tr>
<tr>
<td>Positive PTSD Screen</td>
<td>n/a</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>Positive Depression Screen</td>
<td>n/a</td>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>Referred for Further Evaluation</td>
<td>4%</td>
<td>18%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Source: Defense Medical Surveillance System (DMSS), 09JAN2011
Screening for Disorders

- Active Component Mental Disorders
  - Incidence
  - Hospitalization
- Post-deployment screening
  - PTSD
  - Depression
  - Alcohol use
- PTSD and Depression - Attrition and Promotion (survival analysis)
Defense Medical Surveillance System

- Executive information system
  - Longitudinal service data
  - Almost 10M US personnel (including Coast Guard) ever serving on active duty
  - Data date back to the early 1990s

- Contains data on:
  - Major deployments
  - Diseases
  - Medical events
Medical Surveillance Monthly Report

– Published monthly
– In its 16th Year
– Over 100 issues online, www.afhsc.mil
– November 2010 issue focused on Mental Health
Mental disorders Incidence

Active component

Incident diagnoses per 100,000 person-years

- Adjustment disorders
- Other mental health disorders
- Depressive disorders
- Alcohol/substance abuse related disorders
- Anxiety disorders
- PTSD
- Personality disorders

Source: Med Surv Mnthly Report; Vol 17 (11) Nov ‘10
Mental Disorders by Gender, 00-09

Incident diagnoses per 100,000 person-years

- Adjustment
- Alcohol/substance abuse
- PTSD
- Anxiety
- Depression
- Personality disorder
- Schizophrenia
- Other

Source: MSMR; Vol 17 (11) Nov ‘10
# PTSD Screen for Service Members Returning from Deployment in 2009

Source: Defense Medical Surveillance System

<table>
<thead>
<tr>
<th></th>
<th>PDHA</th>
<th>PDHRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDHA</td>
<td>% PTSD Screen Positive</td>
<td>7.3</td>
</tr>
<tr>
<td>PDHRA</td>
<td>% PTSD Screen Positive</td>
<td>10.1</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDHA</td>
<td>% PTSD Screen Positive</td>
<td>7.7</td>
</tr>
<tr>
<td>PDHRA</td>
<td>% PTSD Screen Positive</td>
<td>10.6</td>
</tr>
</tbody>
</table>

PDHA=Post-deployment health assessment
PDHRA=Post-deployment health re-assessment
Mental Health Encounters and PTSD among Service Members Returning from Deployment in 2009

Source: Defense Medical Surveillance System

- Percent of redeployers with a MH clinic visit within 180 days of redeployment
- Percent of redeployers with a PTSD diagnosis within 180 days of redeployment

![Bar Chart]

- **Women**
  - Percent with MH clinic visit: 22.6%
  - Percent with PTSD diagnosis: 1.5%

- **Men**
  - Percent with MH clinic visit: 20.4%
  - Percent with PTSD diagnosis: 1.5%
### Depression Screen for Service Members Returning from Deployment in 2009

Source: Defense Medical Surveillance System

<table>
<thead>
<tr>
<th></th>
<th>PDHA % Screen Positive for Depression</th>
<th>PDHRA % Screen Positive for Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDHA</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>PDHRA</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDHA</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>PDHRA</td>
<td>3.1</td>
<td></td>
</tr>
</tbody>
</table>

PDHA=Post-deployment health assessment
PDHRA=Post-deployment health re-assessment
Mental Health Encounters and Depression among Service Members Returning from Deployment in 2009

Source: Defense Medical Surveillance System

- Percent of redeployers with a MH clinic visit within 180 days of redeployment
- Percent of redeployers with a depression diagnosis within 180 days of redeployment

<table>
<thead>
<tr>
<th>Percent of 2009 Redeployers</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.6</td>
<td>1.4</td>
<td>20.4</td>
</tr>
</tbody>
</table>
## Alcohol Screen for 2009 Redeployers

<table>
<thead>
<tr>
<th></th>
<th>PDHA % Alcohol Screen Positive</th>
<th>PDHRA % Alcohol Screen Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDHA</td>
<td>25.7</td>
<td></td>
</tr>
<tr>
<td>PDHRA</td>
<td>36.6</td>
<td></td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDHA</td>
<td>21.6</td>
<td></td>
</tr>
<tr>
<td>PDHRA</td>
<td>29.6</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Defense Medical Surveillance System

PDHA = Post-deployment health assessment  
PDHRA = Post-deployment health re-assessment
Mental Health Encounters and Alcohol among Service Members Returning from Deployment in 2009

Source: Defense Medical Surveillance System

- Percent of redeployers with a MH clinic visit within 180 days of redeployment
- Percent of redeployers with an alcohol diagnosis within 180 days of redeployment

![Graph showing the percent of 2009 redeployers with mental health clinic visits and alcohol diagnoses for women and men.](Image)
Survival Analysis Methods

- PTSD Case definition: One inpatient or two outpatient encounters with an ICD-9 code = 309.81
- Data source-Defense Medical Surveillance System
- Depression Case definition: One inpatient or two outpatient encounters with any of the following ICD-9 codes: 296.20-296.24, 296.30-296.34
- Cases matched to 4 controls by:
  - Start date of first OEF/OIF deployment
  - Sex
  - Service at time of case’s diagnosis
  - Component at time of case’s diagnosis
  - Rank at time of case’s diagnosis
PTSD Survival Analysis: Separation from Service

Separation within 1 year
PTSD: 33%
Controls: 15%
Depression Survival Analysis: Separation from Service

Separation within 1 year
Depression: 34%
Controls: 14%
PTSD Survival Analysis: Promotion in Rank

Promotion within 1 year
PTSD: 18%
Controls: 25%
Depression Survival Analysis: Promotion in Rank

Promotion within 1 year
Depression: 18%
Controls: 25%

Biostatistics Tests
Log-Rank P<0.0001
-2Log(LR) P<0.0001
Wilcoxon P<0.0001
Overview

- Why revise deployment mental health assessments?

- What’s new?
  - Service member
  - Provider
  - Training guidance

- Current Status
  - Time line of actions
  - Service Implementation Status / Waivers
  - Evaluation

- Four things you can do
Current 2-Staged Mental Health Assessment

**Self-Report Questions**

- All Service members
- Low time burden
- Screens for potential problems
- Pencil-Paper or Automated

**Provider Interview**

- May or may not happen
- No provider training and/or guidance to conduct mental health assessments
NEW Mental Health Assessment – Readiness ++

**Self-Report Questions**
- All Service members
- Low time burden
- Screens for potential problems
- Pencil-Paper or Automated

**All Service members**

**Follow-up Self Report Questions**
- Second level screening if Stage 1 screen for PTSD and/or Depression is positive
- “Drill down” to PTSD and Depression criteria
- Functional impairment

**Person to Person Provider Interview**

**Detailed Guidance:**
- PTSD symptoms
- Depression symptoms
- Brief intervention for risky drinking
- Suicide/Violence risk assessment
- Referral
Assessment Timeline

Pre-DHA (Pre-Deployment Health Assessment) – 60 days prior to deployment
PDHA (Post-Deployment Health Assessment) – 30 days before or after return from deployment
PDHRA (Post-Deployment Health Re-Assessment) – 90-180 days after return from deployment
PHA #1 (Periodic Health Assessment) – 7 - 12 months after return from deployment
PHA # 2 - Between 16 - 24 months after return from deployment
New Mental Health Assessments

- Person-to-person dialogue
  - Private
  - Confidential

Consistent across Services
Qualified Clinicians

- Licensed mental health providers **OR**
- Trained and certified providers  *(DoDI 6490.03)*
  - Physicians, physician assistants, or nurse practitioners
  - Advanced practice nurses
  - Special Forces Medical Sergeants
  - Independent Duty Corpsmen
  - Independent Duty Medical Technicians
  - Independent Health Services Technicians
Training to Administer DoD Deployment Mental Health Assessments

http://fhpr.osd.mil/mha

The Office of the Deputy Assistant Secretary of Defense (Force Health Protection & Readiness) and
The Deployment Health Clinical Center
Walter Reed Army Medical Center

This educational activity is intended to provide training to and certification of providers of pre and post-deployment mental health assessments in accordance with OASD(HA) policy 10-005, "Mental Health Assessments for Members of the Armed Forces Deployed in Connection with a Contingency Operation."

2011 MHS Conference
# Mental Health Assessment Training

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>SUCCESSFUL</th>
<th>UNSUCCESSFUL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,700</td>
<td>1,630</td>
<td>70</td>
</tr>
<tr>
<td>Air Force</td>
<td>1,469</td>
<td>1,405</td>
<td>64</td>
</tr>
<tr>
<td>Army</td>
<td>39</td>
<td>36</td>
<td>3</td>
</tr>
<tr>
<td>Coast Guard</td>
<td>121</td>
<td>121</td>
<td>0</td>
</tr>
<tr>
<td>Navy</td>
<td>11</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>60</td>
<td>57</td>
<td>3</td>
</tr>
</tbody>
</table>
### Something New & Something Old

#### Service Member Self Report
- Mental health history
- Medications
- AUDIT-C (3 items) / TICS
- PTSD: PC-PTSD
- Depression PHQ-2
- Other emotional problems
- Major life stressors
- Interpersonal conflict
- Mental health concerns or questions
- Suicide / Violence

#### 2nd Level Screen – Service Member Self Report
- PTSD Check List
- PHQ-8
- Functional impairment

#### Provider interview
- Training guidance Certification
- Brief Intervention for alcohol use
- Scoring, Referral guidelines for PTSD, depression
- Suicide risk assessment
- Violence risk assessment

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Suicidal Ideation - Risk Assessment

A. Verify whether Service member has passive thoughts of death (1st part of Question 10) or active thoughts of self-harm (2nd part of Question 10)
   “Have you had thoughts of actually hurting yourself?”

B. If ‘Yes’, ask the following four questions (Four P’s: Past history, Plan, Probability, Preventive factors):
   - Ask about presence of a plan: “Have you thought about how you might actually hurt yourself?” If Yes, How?
   - Estimate probability: “There’s a big difference between having a thought and acting on a thought. How likely do you think it is that you will act on these thoughts about hurting yourself or ending your life some over the next month?”
   - Determine if there are any preventive factors? “Is there anything that would prevent or keep you from harming yourself?”
   - Evaluate past history: “Have you ever attempted to harm yourself in the past?”

C. Assess other risk factors for suicide:
   - History of suicide attempt
   - Interpersonal conflicts
   - Social isolation
   - Substance abuse
   - Hopelessness
   - Significant co-morbid anxiety
   - Financial stress
   - Legal / disciplinary problems
Current Implementation Status

- **Air Force**: Full implementation - Jan 2011
- **Army**: Currently 2 pilot studies
- **Navy**: April 2011
- **Coast Guard**: Partial – November 2010
- **Air Force RC**: April 2011
Do These Assessments Add Value?

- Better at identifying mental health conditions?
- Does predeployment screening reduce mental health problems in theater?
- Are 3 post deployment screens too many?
- Track response to treatment?
4 Things You Can Do....

 Get trained! http://fhpr.osd.mil/mha
 Ensure Service member privacy
 Ensure a warm hand-off for follow up care
 Talk to / convince a non-believer!
Acknowledgments

- Dr. Angelia Eick
- Timothy Powers
- CAPT Sharon Ludwig
- Zheng Hu
- MSMR staff
  - Leslie Clark
  - Denise Olive
  - John Brundage
  - Ellen Wertheimer

FHP&R

- Mellissa Fraine
- Briana Stephenson
- John Davison
Questions?

Military Health System Conference

January 24 – 27, 2011
Gaylord National Resort & Convention Center
National Harbor, MD

TODAY
Tuesday 25 Jan

- Keeping Tabs – DoD’s Response to Psychological Risks: Lessons Learned from Health Assessments
- Putting it All Together: The DoD/VA Integrated Mental Health Strategy
- Coming Soon to an MTF Near You: Psychological Health Policy Initiatives

- Keeping Tabs – Lessons learned from health assessment data collected to date; how to best address family readiness; how the new DoD mental health assessments will be incorporated into the deployment health assessment program; The Way Ahead!
- Integrated Mental Health Strategy – DoD and VA collaboration on 28 strategic actions in four strategic areas, and what it means to you
Algorithm for Managing Risky Drinking*

**AUDIT-C Score**
- **0-4 points – men**
- **0-3 points – women**

**AUDIT-C Score**
- **5-7 points – men**
- **4-7 points – women**

**Assess current alcohol use**

**Recommended Maximum Drinking Limits**

<table>
<thead>
<tr>
<th></th>
<th>MEN</th>
<th>WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td># Drinks per Week</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Or</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Drinks on any occasion</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

**If within limits**

**Brief Intervention**
- Bring attention to elevated level of drinking
- Recommend limiting use or abstaining
- Inform about the effects of alcohol on health
- Explore and help/support in choosing a drinking goal
- Follow-up and refer for specialty treatment, if indicated

**If above limits, conduct Brief Intervention**

**AUDIT-C Score**
- **8-12 points**

**Conduct Brief Intervention and Consider referral to specialty treatment**
## Prevalence Rates, PTSD

<table>
<thead>
<tr>
<th>Author</th>
<th>Source</th>
<th>Scale</th>
<th>Duration</th>
<th>Population</th>
<th>Rate</th>
<th>Our study</th>
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</thead>
<tbody>
<tr>
<td>Hoge</td>
<td>JAMA (2006)</td>
<td>PC-PTSD (2+)</td>
<td>PDHA (2wks), 2003-2004</td>
<td>OIF Army/Marine (N=222620)</td>
<td>9.8</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OEF Army/Marine (N=16318)</td>
<td>4.7</td>
<td></td>
</tr>
<tr>
<td>Hoge</td>
<td>NEJM 04</td>
<td>PCL-S +Fn</td>
<td>3-4 months post</td>
<td>Army/Marines</td>
<td>12.9/</td>
<td>/12.2</td>
</tr>
<tr>
<td>Shen</td>
<td>MilMed (2009)</td>
<td>PC-PTSD (2+)</td>
<td>PDHA (30d), 2002-2006</td>
<td>OIF Sailors (N = 15 059)</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OEF Sailors (N = 1034)</td>
<td>5.0</td>
<td></td>
</tr>
<tr>
<td>Milliken</td>
<td>JAMA (2007)</td>
<td>PC-PTSD (2+)</td>
<td>PDHA (2wks), 2005-2006</td>
<td>OIF Active (N = 56 350)</td>
<td>11.8/</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OIF NG/R (N = 31 885)</td>
<td>12.7/</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PDHRA (3-6mos), 2005-2006</td>
<td>OIF Active (N = 56 350)</td>
<td>16.7/</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OIF NG/R (N = 31 885)</td>
<td>24.5/</td>
<td></td>
</tr>
</tbody>
</table>
### Stage 3: PTSD Algorithm

<table>
<thead>
<tr>
<th>Level of Functioning</th>
<th>PCL Score &lt;30 Sub-threshold or no PTSD Symptoms</th>
<th>PCL Score 30-39 Mild PTSD Symptoms</th>
<th>PCL Score 40-49 Moderate PTSD Symptoms</th>
<th>PCL Score ≥50 Severe PTSD Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not difficult at all or Somewhat Difficult</td>
<td>Consider offering Reassurance AND PTSD Education*</td>
<td>PTSD Education*</td>
<td>Consider referral AND PTSD Education*</td>
<td></td>
</tr>
<tr>
<td>Very Difficult To Extremely Difficult</td>
<td>Assess need for further evaluation AND PTSD education* if indicated</td>
<td>Consider referral for further evaluation AND PTSD Education*</td>
<td>Refer to Mental Health AND PTSD Education*</td>
<td></td>
</tr>
</tbody>
</table>

*PTSD Education = Reassurance/Supportive counseling, provide literature on PTSD, encourage self-management activities and counsel to seek help for worsening symptoms*
2011 MHS Conference

Policy signed on 7/19/10

#1: RTC upon issuance of guidance

#2: RTC <270 day on implementation of guidance

#3: 2 years Evidence-based assessment

Training Guidance published Aug ‘10

Posttest published

CME/CNE

Video training

Pocket guide

Incorporate MHA into DD 2795, 2796, 2900 and PHA
Do New Assessments Add Value?

### About the Measure

**What are we measuring?** Population is defined as returning deployers with a DD2796 (PCHA) or DD2900 (PDHRA) on file. Those with positive screen or referral on either form are counted. Screen positive percent = those who endorsed 2 or more symptoms on the PC-PTSD screen / form completers. Referral percent = those referred to mental health specialty or primary care, substance abuse, chaplain, or Military One Source / form completers screening positive. Follow up percent = those with mental health-related clinic encounter during 180 days following return / form completers who screened positive and were referred to mental health primary or specialty care.

**Why is it important?** We monitor our positive screened percentage (p-rate) as this reflects the level of PTSD symptoms in returning deployers. We also monitor the percentage of persons screened positive who were referred for treatment (R-rate) as a reflection of the effectiveness of the process for face to face review. Finally, we monitor the percentage of persons who engaged in treatment (T-rate).

**What does our performance tell us?** At this time, about 10% of Service members returning from OIF/OEF deployments are reporting symptoms of PTSD. The number referred for further evaluation or treatment has increased from about 20% to 40% over the past four years, possibly reflecting decreased stigma or increased provider awareness of PTSD. T-rate in Active Component is higher than Reserve Component. Note: The overall T-Rate decreased even though both the Active and Reserve rates increased. This is because there were more Reservists in Q2 and the weighted average resulted in an overall negative rate.

### Executive Sponsor:

- **Status:** CPSC
- **T-Rate:** > 40% AND T-Rate > 65%
- **R-Rate:** 20% – 40%
- **T-Rate:** 50 – 65%
- **Red:** R-rate < 20% or T-rate < 50%

### Targets:

- **2011:** R-rate: 50%, T-rate: 75%
- **2012:** R-rate: 50%, T-rate: 75%
- **2014:** R-rate: 50%, T-rate: 75%

### Data Source:

- **AFHC:** (301) 319-3242

### Other Reporting:

- **Being of the Force**
#### Example: PTSD assessment

**Self Report: Primary Care PTSD Screen (PC-PTSD)**

Have you ever had any experience that was so frightening, horrible, or upsetting that, *in the past month*, you:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a. Have had nightmares about it or thought about it when you did not want to?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4c. Were constantly on guard, watchful or easily startled?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>4d. Felt numb or detached from others, activities, or your surroundings?</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

If two or more of these questions are endorsed “Yes” then continue to the PTSD Checklist.
Below is a list of problems and complaints that persons sometimes have in response to stressful life experiences. Please read each question carefully and circle the number in the box which indicates how much you have been bothered by that problem in the last month. Please answer all items.

<table>
<thead>
<tr>
<th>Response</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>4e. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4f. Repeated, disturbing dreams of a stressful experience from the past?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4g. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4h. Feeling very upset when something reminded you of a stressful experience from the past?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4i. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4j. Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4k. Avoid activities or situations because they remind you of a stressful experience from the past?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4l. Trouble remembering important parts of a stressful experience from the past?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4m. Loss of interest in things that you used to enjoy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4n. Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4o. Feeling as if your future will somehow be cut short?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4p. Feeling irritable or having angry outbursts?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4q. Having difficulty concentrating?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4r. Feeling “super alert” or watchful on guard?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4s. Feeling jumpy or easily startled?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

For Primary Care Provider - Add Columns:

| Total: | 2 + 8 + 15 + 12 + 10 = 47 |

Scoring a: Add up the circled numbers in each of the five columns.

Scoring b: Sum the values from the columns to obtain a total severity score.
## Stage 3: PTSD Algorithm

<table>
<thead>
<tr>
<th>Level of Functioning</th>
<th>PCL Score &lt;30 Sub-threshold or no PTSD Symptoms</th>
<th>PCL Score 30-39 Mild PTSD Symptoms</th>
<th>PCL Score 40-49 Moderate PTSD Symptoms</th>
<th>PCL Score ≥50 Severe PTSD Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not difficult at all or Somewhat Difficult</strong></td>
<td>Consider offering Reassurance AND PTSD Education*</td>
<td>PTSD Education*</td>
<td>PTSD Education*</td>
<td>Consider referral AND PTSD Education*</td>
</tr>
<tr>
<td><strong>Very Difficult To Extremely Difficult</strong></td>
<td>Assess need for further evaluation AND PTSD education* if indicated</td>
<td>Consider referral for further evaluation AND PTSD Education*</td>
<td>Refer to Mental Health AND PTSD Education*</td>
<td></td>
</tr>
</tbody>
</table>

*PTSD Education = Reassurance/Supportive counseling, provide literature on PTSD, encourage self-management activities and counsel to seek help for worsening symptoms*
Exceptions / Waivers

- **Pre deployment**
  - 60 to 120 days

- **1 year and 2 years after return**
  - 7-12 months to 7-18 months
  - 16-24 months to 16-30 months

- **Personnel**

- **Frequent deployers**
Comparable Screening Rates

Figure 5: Prevalence of probable post-traumatic stress disorder (PTSD) within the first year of return since deployment (Fear et al, 2010)

2011 MHS Conference
# Prevalence Rates, Depression

<table>
<thead>
<tr>
<th>Source</th>
<th>Scale</th>
<th>Duration</th>
<th>Population</th>
<th>Rate</th>
<th>Our rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoge</td>
<td>PHQ-2 (1+)</td>
<td>PDHA (2 weeks), 2003-2004</td>
<td>OIF Army/Marine (N=222 620)</td>
<td>6.1</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OEF Army/Marine (N=16318)</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Hoge</td>
<td>PHQ +Fn</td>
<td>3-4 months post</td>
<td>Army/Marines</td>
<td>7.9</td>
<td>7.1</td>
</tr>
<tr>
<td>Milliken</td>
<td>PHQ-2 (1+)</td>
<td>PDHA (2wks), 2005-2006</td>
<td>OIF Active (N = 56 350)</td>
<td>4.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PDHRA (3-6mos), 2005-2006</td>
<td>OIF NG/R (N = 31 885)</td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OIF Active (N = 56 350)</td>
<td>10.3</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OIF NG/R (N = 31 885)</td>
<td>13.0</td>
<td></td>
</tr>
</tbody>
</table>