

**DEPARTMENT OF THE AIR FORCE**

**PRESENTATION TO THE MILITARY PERSONNEL SUBCOMMITTEE**

**COMMITTEE ON ARMED SERVICES**

**U.S. HOUSE OF REPRESENTATIVES**

**SUBJECT: "Mental Health Services"**

**STATEMENT OF:           LIEUTENANT GENERAL GEORGE P. TAYLOR JR.  
                                  SURGEON GENERAL  
                                  UNITED STATES AIR FORCE**

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Mr. Chairman, Representative Snyder and members of the Committee, thank you for this opportunity to discuss how the Air Force meets the mental health needs of our deployed Airmen. The psychological well being of our airmen directly affects our ability to carry out our operations, and we greatly appreciate your interest and support in these vital issues.

The Air Force has personnel and processes in place to monitor and address mental health concerns before, during and after deployments. Some of these efforts are strictly medical in nature, while others are collaborative efforts involving chaplains, family support centers and the Department of Veterans Affairs.

Opportunities to assess and address mental health concerns occur repeatedly throughout the career of an airman. Personnel are screened upon accession, and yearly through the Preventive Health Assessment process. Personnel are screened again through the pre-deployment health assessment process prior to each deployment. Those identified with existing mental health conditions may receive medical profiles that preclude deployment, thereby avoiding the risk of exacerbating an existing condition.

To address the mental health needs of deployed airmen, the Air Force deploys two types of mental health teams: a rapid response team and an augmentation team. Mental health rapid response teams consist of one psychologist, one social worker and one mental health technician. Our mental health augmentation teams are staffed with one psychiatrist, three psychiatric nurses and two mental health technicians. Deployed mental health teams use combat stress control principles to provide consultation to leaders and prevention and intervention to deployed airmen.

I was involved in the medical combat service support laydown for Operations ENDURING FREEDOM and IRAQI FREEDOM, and one of my highest priorities was to ensure that the Air Force fielded mental health professionals early and as far forward as possible to not only treat casualties, but to put in place strong prevention and outreach programs. Today, the Air Force has 44 mental health personnel deployed for current operations, 32 of whom are supporting ground component requirements. We currently use psychiatric nurses at our aero-medical staging facilities to better address emerging psychological issues for airmen, soldiers, sailors and marines being medically evacuated out of the combat theater.

Following a deployment, all airmen complete a post-deployment health assessment (PDHA), and visit with a health care provider for medical screening. Referrals to mental health providers occur when psychological symptoms warrant further evaluation and possible treatment. Efforts are currently underway to reassess the mental health status of airmen 90-180 days after redeployment, in accordance with DoD guidelines for Post-Deployment Health Reassessment (PDHRA). The Air Force is in the process of hiring 35 mental health professionals to better execute PDHRA requirements.

The Air Force is also standardizing existing redeployment and reintegration programs, to help airmen and family members readjust following deployments. These programs involve collaborative arrangements among the medical, chaplain and family support communities. Airmen and their families can also take advantage of *The Air Force Readiness Edge*, a comprehensive guide to deployment-related programs and services, as well as *Air Force OneSource*, a contractor-run program that provides

personal consultation via the web, telephone or in-person contacts. *Air Force OneSource* is available 24 hours a day, and can be accessed from any location.

After deployments, psychological care is primarily delivered through our Life Skills Support Centers, which deliver care for alcohol issues, family violence issues and general mental health concerns. Our medical life skills staffing of more than 1,200 professionals includes a mix of active duty, civilian and contract personnel who serve as psychiatrists, psychologists, social workers, psychiatric nurses and mental health technicians. We currently offer ready access to mental health care in both deployed and garrison settings. Active duty personnel receive care through their military medical treatment facilities (MTFs) and TRICARE, to include VA facilities in the TRICARE network. Air Reserve Component personnel receive care through a combination of active duty MTFs, TRICARE, VA facilities, and contractors such as Federal Occupational Health.

The Air Force has reviewed the Army Mental Health Advisory Team study as well as the *New England Journal of Medicine* article on combat duty and mental health, to see if lessons could be gleaned for improving the care of our airmen. We have also studied data from completed PDHAs as well as behavioral measures in order to better gauge the mental health status of our airmen. Between Jan. 1, 2003, and Jun. 30, 2005, more than 99,000 active duty and 34,000 Guard and Reserve airmen completed PDHAs following deployments. Mental health data for the active and reserve component groups were virtually identical. Most notably, the data show that very few airmen had engaged in direct combat (1 percent), in which they fired a weapon. Similarly, few responders

expressed interest in receiving help for a stress-related problem (1 percent). A small minority (10 percent) reported feeling in great danger of being killed while deployed.

The vast majority (96 percent) of redeployers reported none out of four possible Post-Traumatic Stress Disorder (PTSD) symptoms. Less than 2 percent reported two or more PTSD symptoms. These results are consistent with the limited exposure to traumatic stress reported by airmen while deployed. Less than 5 percent of airmen reported feelings of depression, and only 0.5 percent reported “a lot” of depressed feelings. Those who admitted to thoughts of suicide, serious conflicts with others, or fear of losing control also represented less than 0.5 percent of all Air Force responders.

Data on medical evacuations and medical holds also indicate the Air Force has had relatively light exposure to combat stress in operations to date. The Air Force has medically evacuated 155 airmen with psychological diagnoses since Oct. 10, 2001, which represents only 8 percent of all military medical evacuations for psychological reasons to date. Currently three active duty airmen and 42 Air Reserve Component airmen are in medical hold status due to psychological disorders.

The Air Force looked at several other behavioral indicators from Fiscal Year 2000 to the present to examine trends before and after initiation of OEF and OIF. Child abuse rates were virtually unchanged throughout the Air Force over the last five and a half years, and spouse-abuse rates actually declined somewhat over the same period. To date, there have been no Air Force suicides in Iraq or Afghanistan during OEF and OIF. Since the onset of OEF (Oct. 7, 2001), there have been 147 suicides in the Air Force. Four suicides involved personnel who had previously deployed to Iraq or Afghanistan. The Air Force Chief of Staff has placed increased emphasis on adherence to existing Air Force

suicide prevention policies in recent months, and the current rates so far this fiscal year (9.5 per 100,000 as of July 18, 2005) are encouraging, but warrant continued attention.

Our reviews indicate airmen experience shorter deployments and have faced less exposure to traumatic stress than their Army and Marine counterparts, and therefore have experienced less adverse psychological impact during recent operations. We must be prepared however for this to change. More recently, Air Force personnel have been called upon to support convoy operations. Additionally, future operations may place additional demands upon our airmen, and we must be ready to respond. Initiatives to re-assess the mental health status of our personnel 90-180 days post-deployment will allow us to better monitor and address mental health needs as they emerge.

We recognize that the often-unseen effects of combat operations are every bit as important as the visible wounds and injuries, and we are dedicated to taking care of the entire Airman. We appreciate your support in our efforts.

Thank you.