



Policy Action Bulletin: Spring Conference 2009 *Families, Health and Mental Health: Military Families*

MCFR's Role

MCFR's mission is to "strengthen all families by educating and supporting family professionals and promoting connections among those involved in research, policy and practice." This Policy Action Bulletin grew out of the MCFR Spring 2009 conference, *Families, Health and Mental Health*, held on April 3, 2009.

For more information on the conference, visit www.mcfr.net.

Background

This Policy Action Bulletin focuses on one of the sessions presented at the MCFR Spring 2009 conference: *Military Families: Deployment, Reintegration & More* presented by Troy Fiesel, MSW, United States Army and Mat Sutart, United States Air Force.

This session was an overview of the Military Reserve units (as contrasted to National Guard units) who have served in Iraq and Afghanistan since 9/11. The presenters described the various transition stages that families and soldiers go through and highlighted the work of the Army Mental Health Department with these soldiers. Key concepts included how family professionals can work with military families and returning service personnel as well as suggestions for public policy.

Key Concepts and Questions

- Reserve units date back to the Revolutionary War (Minute Men). They were formalized in 1908 with the establishment of the Medical Reserve Corps.
- Historically, the mission of the Army Reserves has been to "back-fill," i.e., provide medical, supplies and equipment to the fighting armies.
- Over 170,000 reservists have been mobilized since September 11, 2001. Most are on their second or third tours of duty. A typical tour of duty is 10-12 months, with 2-4 months of pre-deployment training in the United States before shipping out. These periods of time away from families and loved ones are the beginning of prolonged stress for families.
- **The Pre-Deployment Stage:** For the reservist, this stage includes long, intensive hours of training, getting personal affairs (wills, insurance etc.) in order and developing mental and physical distance from family. For the family, this stage begins the anticipation of loss and change.
- **The Deployment Stage:** For the reservist, this state begins with a twenty-seven hour plane trip to the Middle-East. Soldiers experience confusion, culture shock, security concerns, long work hours and sleep deprivation. At the same time, they may also experience excitement about their new roles and responsibilities and the opportunity to make use of their pre-deployment training. The family/spouse may experience ambiguous loss, overwhelming sadness, loneliness, sleep difficulties, worry, and security issues.
- **The Sustained Family Experience:** This stage occurs about 8-9 weeks after deployment and often the spouse and/or children may exhibit increased anxiety and/or depression. They may also experience the stress of establishing new routines, finding new sources of support, learning independence, and building self-confidence.

- **The Sustained Soldier Experience:** For the soldier, this stage may result in increased stress due to loss of privacy and sleep. They may also be experiencing new challenges/responsibilities as well as the stress of living in two worlds and the dangers of combat. Often boredom and monotony can set in, accompanied by many emotions, including anger, doubt, fear, isolation, worry and exhaustion. These emotions may lead to intense awareness, second guessing and guilt. At the same time, they may have feelings of pride, excitement, elation and close camaraderie with fellow soldiers.
- **Challenges of Reintegration (release from active duty):** Both the family and the soldier may experience a loss of independence; difficulty with face-to-face communication; difficulties renegotiating routines and determining how to reintegrate the spouse into the family. The reality is that the soldier may appear different to family members and visa-versa. Soldiers may be emotionally detached and children are at different developmental stages with different reactions to the returning parent. Families may become overwhelmed by all of the people who want to see the returned soldier. Soldiers often cling to the belief that that he/she must always appear strong.
- **Specific Challenges of Reintegration:** These reintegration challenges can lead to increased alcohol consumption, inappropriate aggression, guilt about past events, thrill seeking behaviors and a difficult transition to civilian employment.
 - Social withdrawal (“No one understands what I went through”).
 - Adjusting to a less structured and disorganized environment.
 - Hyper-vigilance (“I still feel on guard all the time”).
 - Emotional control that was a coping skill in combat can lead to detachment at home.
 - Operational Security (OPSEC) is no longer needed (“What can I tell my family and friends?”).
- **Resiliency is a key to successful reintegration.**
 - According to a 2008 study, the key to a successful transition home for returning military personnel is to adapt the skills they developed while deployed to the current reality so that they can be as successful at home as they were in combat zones.
 - The “BATTLE MIND” program is designed to help soldiers build on proven strengths and assist them in the transition home.
 - “BATTLE MIND” program to help soldier build on proven strengths – assisting with transition home.
 - Buddies (cohesion) vs. withdrawal
 - Accountability vs. controlling
 - Targeted Aggression vs. inappropriate aggression
 - Tactical awareness vs. Hyper-vigilance
 - Lethally armed vs. “locked & loaded” at home
 - Emotional control vs. Anger/detachment
 - Mission operational security (opsec) vs. Secretiveness
 - Individual Responsibility vs. Guilt
 - Non-defensive (combat) driving vs. Aggressive driving
 - Discipline and ordering vs. Conflict
 - Everyone is affected by the deployment, but the majority do well with appropriate support and education.

Research and Informational Links

- A study of 35,000 soldiers found that major concerns for 43% were separation from family, boredom, repetitive work, uncertain redeployment dates and lack of privacy/personal space. Fifty-seven percent expressed concerns about the length of deployment (over 15 months brought more negative changes). Over 60 % of respondents’ combat concerns were receiving incoming artillery, seeing/knowing close buddies injured or killed; seeing dead bodies/human remains, destroyed homes/villages and working in IED/mined areas. Over 18% soldiers screened positive for mental health problems after the 9th month of duty (mainly depression/anxiety).

- **Mental Health Issues upon Reintegration:** Of the 103,788 vets returning from Operation Enduring Freedom or Operation Iraqi Freedom, 25% received mental health care from VA's. 19% had mental health risks and 11% had mild traumatic brain injuries. Those with high combat and prolonged experiences had a much higher rate of acute stress or even Post Traumatic Stress Disorder (PTSD).
- **Negative Effects of Deployment on the Family:** Depression/anxiety disorders reported; impaired work ability; some alcoholism/family problems and marital stress. Between 2001 and 2004 divorce rates among military have almost doubled – from 9 % in 2001 to over 15% in 2004. A strong correlation was shown between the number of months deployed and divorce rate (from 6% at beginning of deployment to 20% by 15th month of deployment).
- Stars and Stripes: Five Years in Iraq (2008): www.stripes.com/08/mar08/iraq5/
- Mental Health Problems, *Use of Mental Health Services and Attrition From Military Service After Returning from Deployment to Iraq or Afghanistan*. (JAMA vol. 295: number 9, 1032). <http://jama.ama-assn.org/cgi/reprint/295/9/1023.pdf>
- Mental Health Advisory Team (MHAT) Operation Iraqi Freedom. Office of U.S. Surgeon General, U.S. Army Medical Command, http://www.armymedicine.army.mil/reports/mhat/mhat_v/mhat-v.cfm.

Action Steps

For Practitioners:

- Increase awareness and education on the problems and resources for military personnel returning home.
- Increase awareness of children of military personnel. Be alert to symptoms exhibited in school behaviors.
- Utilize help lines
 - Military OneSource.com. www.militaryonesource.com/
 - Military Families United: <http://www.militaryfamiliesunited.org/>
 - Troy Fiesel – Medical Service Corp US Army Reserves, 612-713-1075.
 - Yellow Ribbon Air Force program, “Landing Gear.”

For Policy Makers:

- Increase funding of reintegration programs through the Veteran's Administration.
- Ensure better coordination of reintegration programs through various agencies serving veterans.

For Families:

- Communicate, communicate, and seek resources available to help.
- Be aware of myths and build on family strengths