



DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

Joint Professional Military Education Psychological Health Training Slide Presentation

An Overview for Leaders

Summer 2012



Topics Covered

Approximate Length of Course:

- Slides: 50 minutes
- Questions: 10 minutes

- **Section I:** Psychological health – An integral component of Total Force Fitness (*5 minutes*)
- **Section II:** Psychological health challenges facing the joint force (*10 minutes*)
- **Section III:** Confronting the psychological impact of combat (*10 minutes*)
- **Section IV:** Signs and symptoms of psychological distress (*5 minutes*)
- **Section V:** The comorbidities of psychological disorders (*10 minutes*)
- **Section VI:** Reducing stigma associated with psychological health conditions (*10 minutes*)

Objectives

- Describe Total Force Fitness (TFF)
- List six of the eight domains of TFF
- List and describe the five psychological health components of TFF
- List three psychological health challenges facing the joint force
- List three negative impacts of psychological health conditions in the military
- Identify two screening tools to aid early detection of psychological health conditions
- Identify two programs that support service members and health care providers
- Describe two methods to help leaders build a fit and resilient force
- Describe the two most common treatments for psychological health conditions

Objectives (cont'd)

- Describe three signs and symptoms of general distress
- List four symptoms of depression
- List four symptoms of posttraumatic stress disorder (PTSD)
- List four symptoms of substance abuse
- Explain why comorbid conditions can be difficult to treat
- Identify two common symptoms between PTSD and depression, PTSD and substance abuse, and PTSD and mild TBI (mTBI)
- Describe three different types of stigma
- Describe the impact of stigma on service members
- Define harassment and discrimination in relation to psychological health care and list two examples of each
- Describe Command Directed Mental Health Evaluation (CDMHE) process and when to initiate it

Psychological Health — an Integral Component of Total Force Fitness

- Introduction – Joint Professional Military Education (JPME) Special Area of Emphasis (SAE) for Psychological Health Awareness
- What is Total Force Fitness (TFF)?
- The eight domains of TFF
- The psychological health domain of TFF
- The five components of the psychological health domain

Objectives — Section 1

- Describe TFF
- List six of the eight domains of TFF
- List and describe the five components of the psychological health domain
- List three psychological health challenges facing the joint force
- List three negative impacts of psychological health conditions in the military
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Introduction



The former chairman of the Joint Chiefs of Staff, Admiral Mike Mullen, outlined six topic areas related to psychological health that should be emphasized in Joint Professional Military Education

- 17 May 2010

- Psychological health as an integral component of TFF
- Prevalence of psychological health challenges facing the joint force
- Techniques to help reduce the psychological impacts of combat on service members
- How to identify signs and symptoms of psychological distress
- Understanding the comorbidities of PTSD, mTBI, anxiety, depression and substance abuse
- Skills necessary to effectively reduce the stigma associated with psychological health that is present within the joint force

What is Total Force Fitness?

Total Force Fitness is Holistic



TFF is a state in which the individual, family and organization can sustain ***optimal well-being and performance*** under all conditions. [1]

The Eight Domains of Total Force Fitness

Body

- Physical
- Nutritional
- Medical/Dental
- Environmental

Mind

- Social
- Behavioral
- Psychological
- Spiritual

The Psychological Domain of Total Force Fitness

Just one piece of the paradigm...

Coping
Awareness
Beliefs/appraisals
Decision making
Engagement

The Five Components of Psychological Health

Components of psychological fitness

- **Coping:** The ability to cope with adversity and challenges
- **Awareness:** How you are doing mentally and emotionally
- **Beliefs/appraisals:** Being able to formulate and articulate values and beliefs and make accurate and often fast appraisals of situations
- **Decision making:** The ability to make sound decisions that not only affect yourself but those you lead
- **Engagement:** Being able to be engaged and attentive to the mission and task at hand

Psychological Health Challenges Facing the Joint Force

- Introduction – JPME SAE for psychological health awareness
- Overview of psychological health challenges facing the joint force
 - Prevalence of depression
 - Prevalence of suicide
 - Prevalence of PTSD
 - Prevalence of substance use and abuse
 - Overview of mTBI

Objectives – Section 2

- Describe TFF
- List six of the eight domains of Total Force Fitness
- List and describe the five components of the PH domain
- List three psychological health challenges facing the joint force
- List three negative impacts of psychological health conditions in the military
- Identify two screening tools to aid early detection of psychological health conditions
- Identify two programs that support service members and health care providers
- Describe two methods to help leaders build a fit and resilient force
- Describe the two most common treatments for psychological health conditions

Introduction

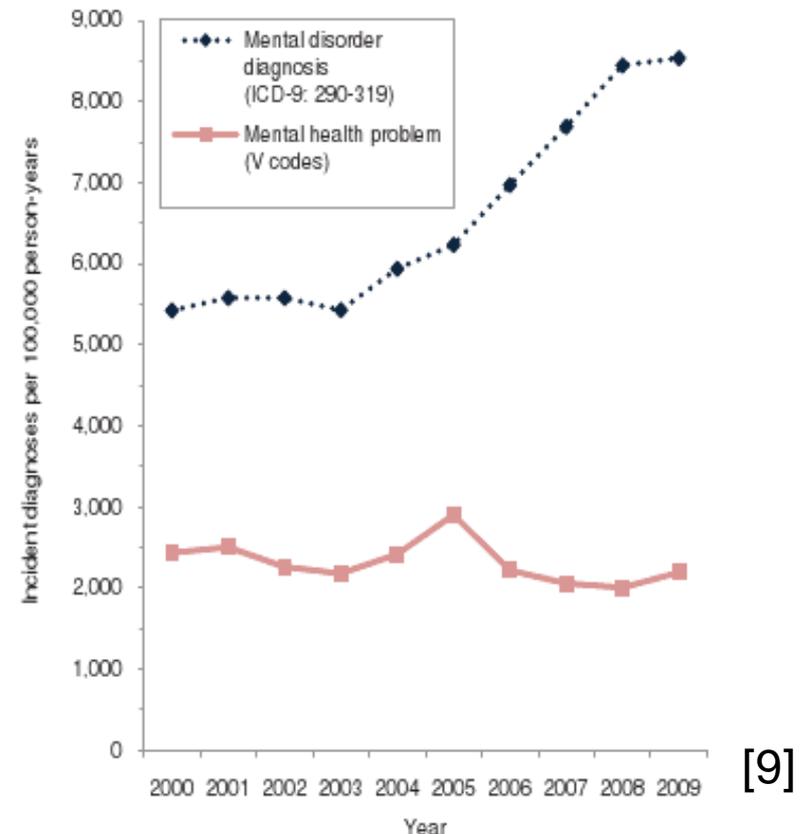
Psychological Health Awareness

- Psychological health as an integral component of TFF
- Prevalence of psychological health challenges facing the joint force
- Techniques to help reduce the psychological impacts of combat on service members
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Overview of Psychological Health Challenges Facing the Joint Force

- Prevalence of disorders is increasing, and this increase is happening even with programs in place to counter it
- The increase is also associated with attrition of personnel due to
 - Medical separation
 - Administrative separations
 - Suicide
- Depression, suicide, PTSD and substance use disorders are of particular concern for the DoD

Figure 7. Incidence rates of any mental disorder diagnosis or any mental health problem per 100,000 person-years, by year, active component, U.S. Armed Forces, 2000-2009



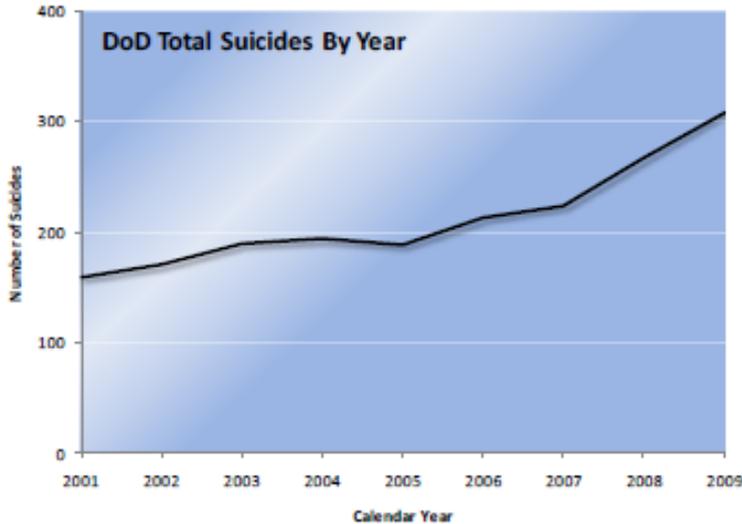
Psychological health challenges continue to rise within the Joint Force

Prevalence of Depression Within the Joint Force

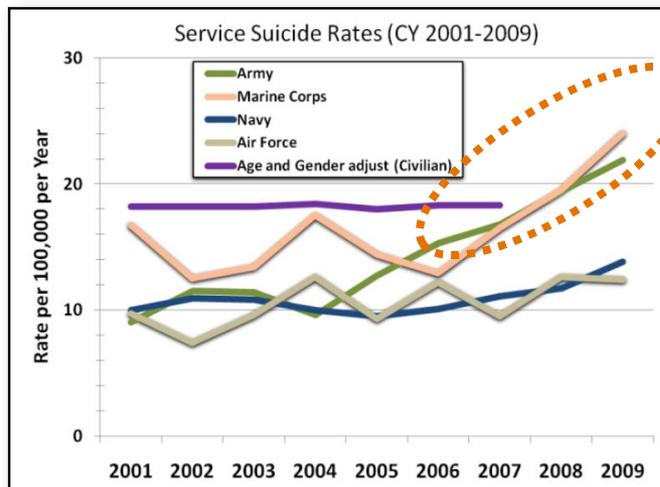
A depressive disorder interferes with daily life and normal functioning

- Depression is a genuine medical disorder that can affect one's thoughts, feelings, behaviors and physical health.
- Depression is a national health issue, with the yearly rate of depression among the U.S. adult population at 10 percent [10]
- Rates of depression in DoD are also high, with one survey showing that 21 percent of service members meet the threshold for further depression evaluation [11]

Suicide Challenges Facing the Joint Force



[11]



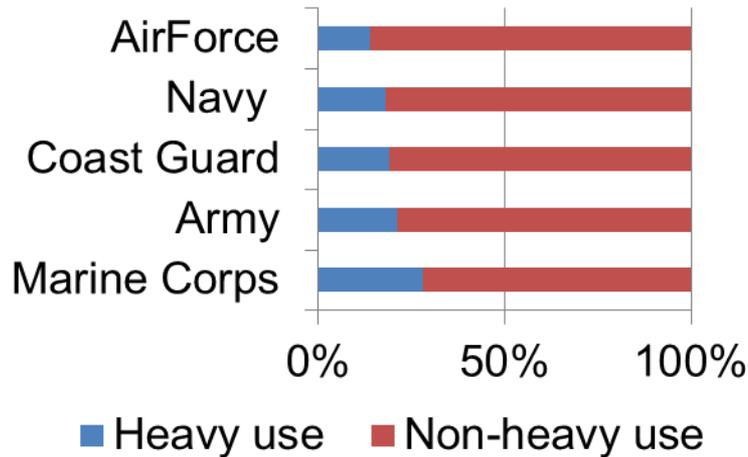
[20]

- The DoD suicide rate is increasing, largely due to an increased number of suicides in the Army and Marine Corps
- DoD is investing millions of dollars in trying to decrease this trend; however, no amount of money can help if there is a breakdown at the unit leadership level

Prevalence of PTSD Within the Joint Force

- Posttraumatic stress disorder is an anxiety disorder that may result from experiencing or witnessing a perceived life-threatening event – combat, natural disaster, accident, etc.
- PTSD is a significant psychological health disorder for the United States
 - United States population lifetime prevalence – 6.8 percent [10]
- Rates of PTSD in the DoD are likely higher, with 11 percent of service members in 2008 meeting the threshold for further evaluation of PTSD symptoms [11]

Substance Use and Abuse Within the Joint Force



Heavy alcohol use: Consuming five or more drinks on the same occasion at least once a week

Alcohol abuse cost DoD \$5.6 million in direct costs in 1995 and another \$12.7 million in lost productivity [15]

- Problematic substance use is a major problem in the DoD, which includes heavy alcohol use, as well as abuse or dependence on alcohol and other substances, such as illicit and prescription drugs
- The rate of prescription drug abuse more than doubled between 2005 and 2008 [15]

Military vs. Civilian

Military

- Heavy drinking: 20%
- Illicit drug use: 2%
- Prescription drug use: 12%

Civilian

- Heavy drinking: 14%
- Illicit drug use: 12%
- Prescription drug use: 4%

Source: 2009 survey of health-related behavior among active duty military personnel [15]

The Costs of Psychological Health Concerns

- Continued rise in rates of suicide [3]
- Administrative separations
- Stress at home, divorce, spousal abuse, etc.
- Referrals for VA disability
- Loss of mission capability due to personnel losses

Reducing the Psychological Impacts of Combat

- Introduction – JPME SAE for psychological health awareness
- Early detection and referral
- Important role of first-line supervisors and other leadership
- Psychological health and resilience programs across the joint force
- Treatment for psychological health conditions

Objectives – Section 3

- Describe TFF
- List six of the eight domains of Total Force Fitness
- List and describe the five components of the psychological health domain
- List three psychological health challenges facing the joint force
- List three negative impacts of psychological health conditions in the military
- Identify two screening tools to aid early detection of psychological health conditions
- Identify two programs that support service members and health care providers
- Describe two methods to help leaders build a fit and resilient force
- Describe the two most common treatments for psychological health conditions

Introduction

Psychological Health Awareness

- Psychological health as an integral component of TFF
- Prevalence of psychological health challenges facing the joint force
- Techniques to help reduce the psychological impacts of combat on service members
- How to identify signs and symptoms of psychological distress
- Understanding the comorbidities of PTSD, mTBI, anxiety, depression and substance abuse
- Skills necessary to effectively reduce the stigma associated with psychological health that is present within the joint force

Early Detection and Screening Efforts

There are several screening tools and programs across the joint force with the intent to identify psychological concerns early

- Pre-Deployment Health Assessments
- Post-Deployment Health Assessment (PDHA)
- Post-Deployment Health Reassessment (PDHRA)
- Online Self-Screening: Afterdeployment.org
- RESPECT-Mil

Important Role of First-Line Supervisors and other Leadership

- First-line supervisors and other leadership set the tone for “de-stigmatization” of access to behavioral health care
- Active role of leadership in the early detection of potential behavioral health problems

Psychological Health and Resilience Programs Across the Joint Force

Military Health System (MHS) Organizations and Programs

- Warrior Mind Training (WMT) Yellow Ribbon Program
- Combat and Operational Stress Control programs (COSC)
- Courage to Care Campaign
- Center for the Study of Traumatic Stress (CSTS)
- Center for Deployment Psychology (CDP)
- Deployment Health Clinical Center (DHCC)
- National Center for Telehealth & Technology (T2)
- Force Health Protection & Readiness
- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)
- National Intrepid Center of Excellence (NICoE)

Psychological Health and Resilience Programs Across the Joint Force – Army

Army Organizations and Programs

- Provider Resilience Training
- Resilience Training, formerly Battlemind Training
 - Institutional Resilience
 - Operational Resilience
 - Family Resilience
- Comprehensive Soldier Fitness (CSF)
 - Global Assessment Tool (GAT)
 - Master Resilience Training (MRT)
 - Comprehensive Resilience Modules (CRM)
 - Institutional Training

Psychological Health and Resilience Programs Across the Joint Force – Navy and Marines

Navy and Marine Programs

- Marine Corps COSC
- Navy Operational Stress Control (OSC)
- Chaplains Religious Enrichments Program (CREDO)
- Family Overcoming Under Stress (FOCUS: provides resilience training for Marine and sailor families)
- Navy and Marine Corps Public Health Center
 - Navy Systematic Stress Management Program
 - Minding your Mental Health

Psychological Health and Resilience Programs Across the Joint Force – Air Force

Air Force Programs

- Total Force Resilience
- Deployment Transition Center
- Comprehensive Airman Fitness
- Airman Resiliency Program
- Air Force Wingman Program; “Airman Taking Care of Airman”

How Leaders can Build a Fit and Resilient Force

- Unit cohesion – Has a positive effect on resilience, decreasing the risk of developing some psychological health conditions
- Trust in leadership – Helps service members seek help early and adopt new strategies to successfully cope with challenges and adversities
- Good order and discipline – Research shows that leadership can sway service members' perceptions of and adaptations to stressful environments
- Supportive environment – Create an environment that promotes help-seeking behaviors

Treatment for Psychological Health Concerns

Several effective treatments exist with decades of research supporting their use for depression, thoughts of suicide, PTSD and substance abuse

- Service members can get treatment in primary care or psychological health specialty clinics, and even off base in certain cases
 - Psychotherapy – involves learning about the disorder and trying proven ways of making it better
 - Medications – effective for managing symptoms of disorders such as depression and PTSD

How to Identify Service Members With Psychological Distress

- Introduction – JPME SAE for psychological health awareness
- General signs of psychological distress
- Overview of psychological health disorders
 - Depression
 - PTSD
 - Substance abuse

Objectives – Section 4

- Describe three signs and symptoms of general distress
- List four symptoms of depression
- List four symptoms of PTSD
- List four symptoms of substance misuse
- Explain why comorbid conditions can be difficult to treat
- Identify two common symptoms between PTSD and depression, PTSD and substance abuse, and PTSD and mTBI
- Describe three different types of stigma
- Describe the impact of stigma on service members
- Define harassment and discrimination in relation to psychological health care and list two examples of each
- Describe the Command Directed Mental Health Evaluation (CDMHE) process and when to initiate

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Psychological Health Awareness

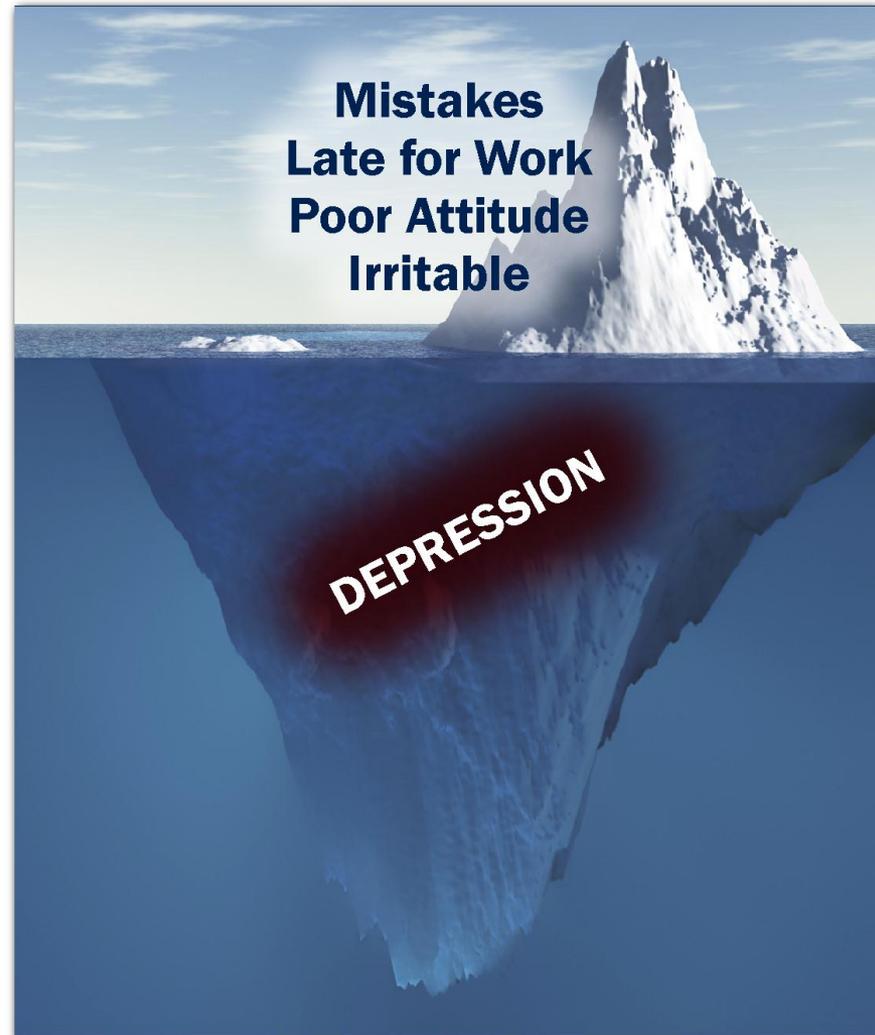
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General Signs of Distress

- Irritability
- Excessive worry or fearfulness
- Difficulty falling asleep or staying asleep
- Tardiness, unkempt appearance
- Always being "keyed up"
- Loss of interest or ability to feel pleasure in activities
- Difficulty concentrating or sustaining mental focus
- Excessive and persistent feelings of guilt or hopelessness
- Avoiding others – social isolation
- Thoughts or impulses to harm oneself, peers or leaders

What Leaders May See – Depression

- Most service members try to hide any behavioral health concerns
- Leaders will likely only see the tip of the iceberg
- Symptoms of depression include:
 - Poor concentration
 - Fatigue
 - Low appetite
 - Hopelessness
 - Low energy
 - Insomnia/poor sleep



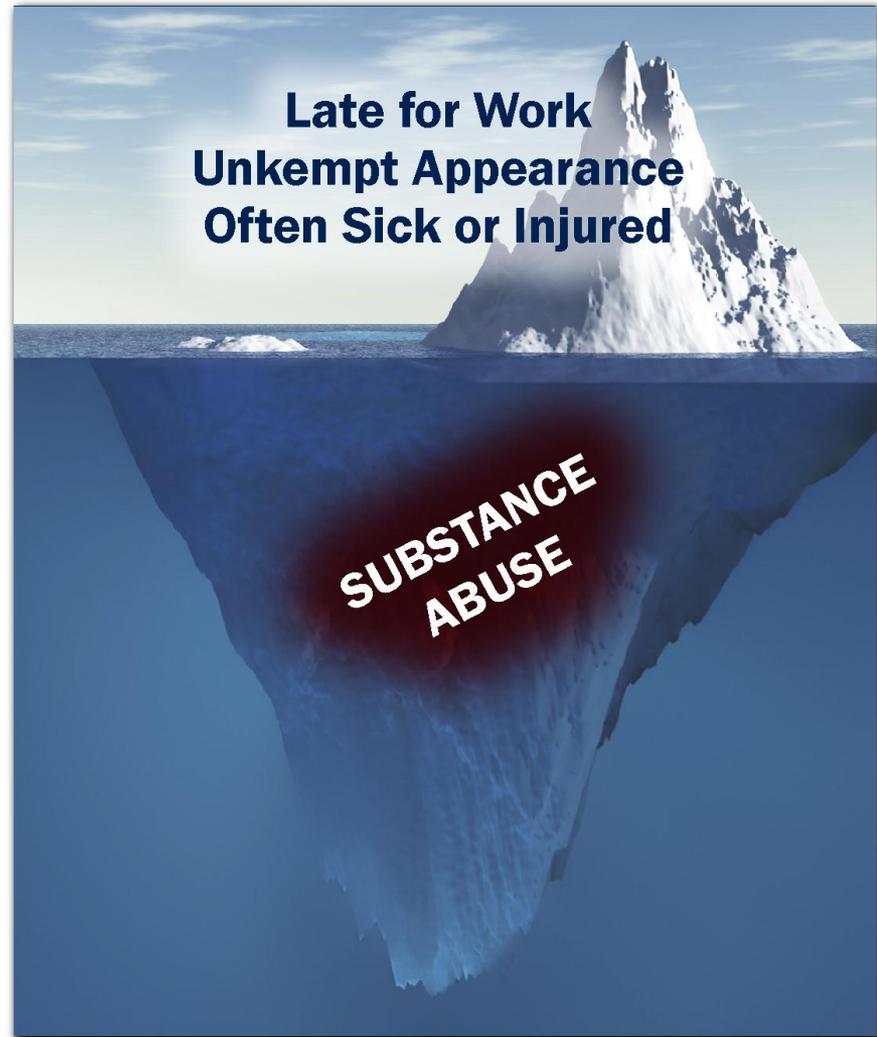
What Leaders May See – PTSD

- PTSD is known to be a common condition following deployment [16]
- What a leader will see relates to the underlying symptoms
- Symptoms of PTSD:
 - Poor concentration
 - Insomnia/poor sleep
 - Nightmares
 - Irritability
 - Easily startled
 - Hypervigilance
 - Avoidance of triggers
 - Dissociation



What Leaders May See – Substance Abuse

- Substance abuse is a growing concern for DoD
- Symptoms of substance abuse or dependence include:
 - Failure to fulfill roles due to use
 - Legal issues due to use
 - Use despite negative effects
 - Unsuccessful efforts to stop using
 - Tolerance to effects
 - Withdrawal



Overlapping Symptoms in Psychological Disorders

- Introduction – JPME SAE for psychological health awareness
- Overview depression, PTSD, substance abuse, anxiety and mTBI
 - Overlapping symptoms in PTSD and depression
 - Overlapping symptoms in PTSD and substance abuse
 - Overlapping symptoms in PTSD and mTBI

Objectives – Section 5

- Describe three signs and symptoms of general distress
- List four symptoms of depression
- List four symptoms of PTSD
- List four symptoms of substance abuse
- Explain why comorbid conditions can be difficult to treat
- Identify two common symptoms of PTSD and depression, PTSD and substance abuse, and PTSD and mTBI
- Describe three different types of stigma
- Describe the impact of stigma on service members
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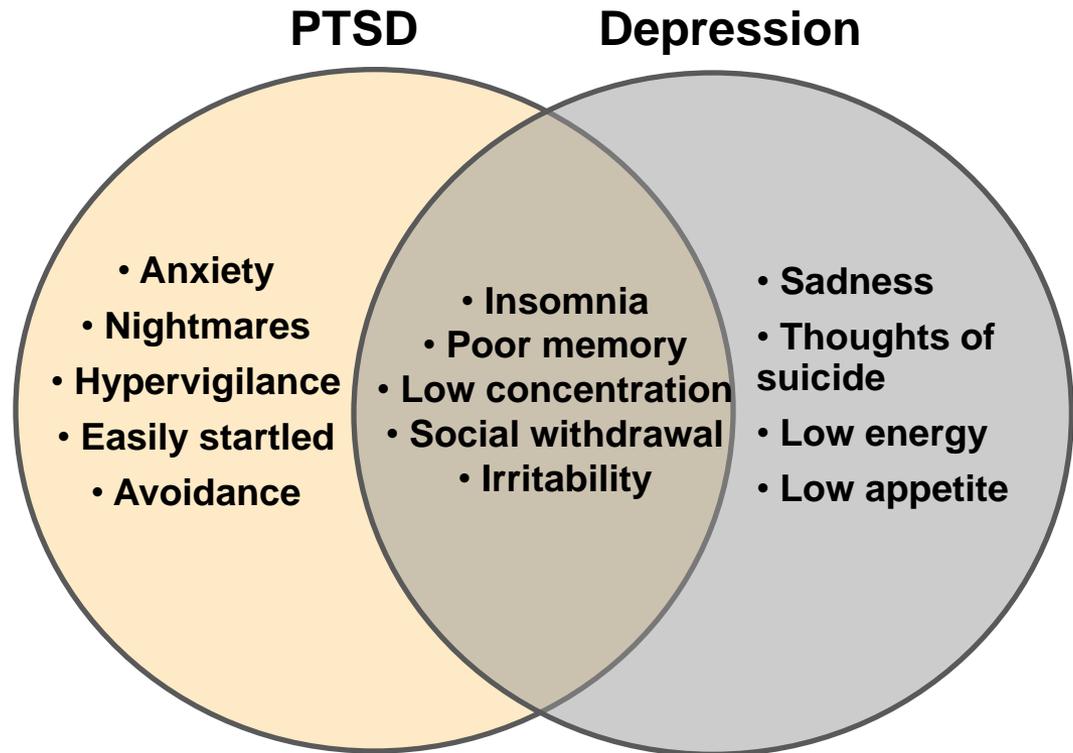
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Overlapping Symptoms in Psychological Disorders

- When someone has two or more disorders at the same time, their disorders are “comorbid”
- There are several psychological health disorders that often occur together, such as:
 - PTSD and depression
 - PTSD and substance abuse
- Service members can also often have comorbid physical injuries, such as sustaining a mTBI/concussion

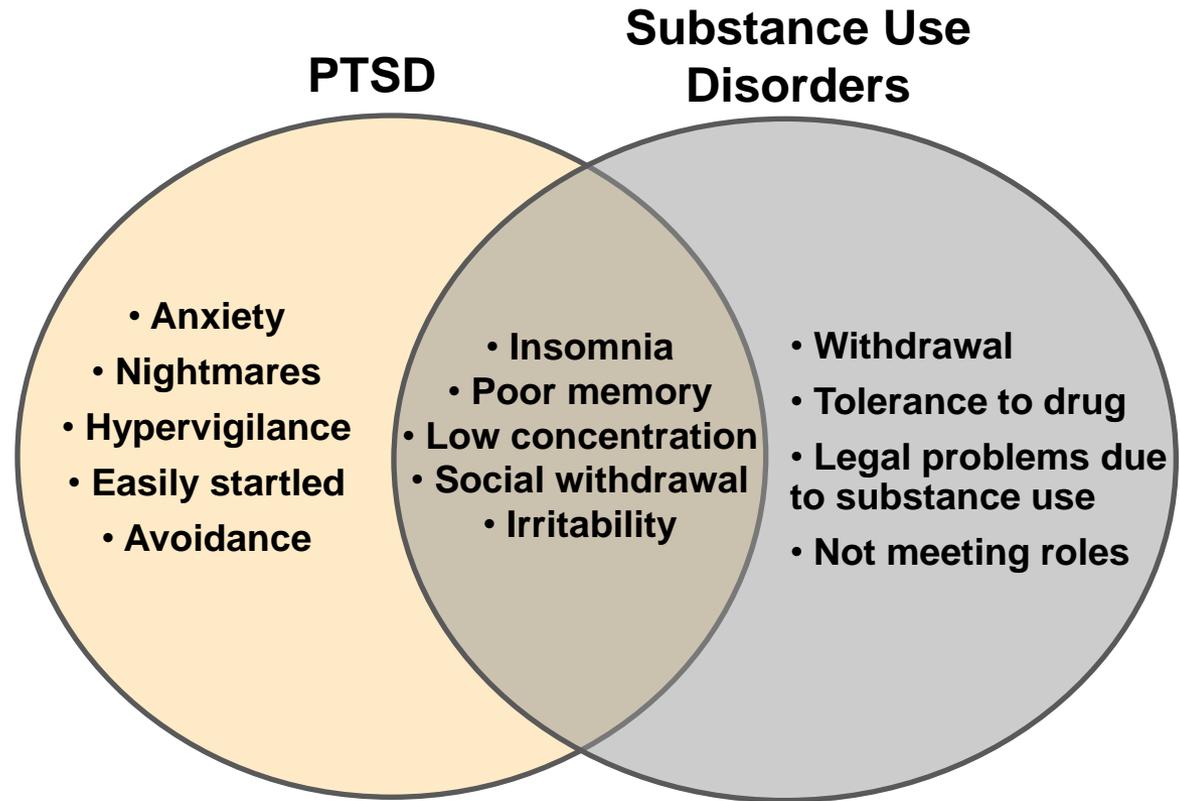
Overlapping Symptoms in PTSD and Depression

- Both PTSD and depression are fairly common disorders
- These two disorders have several symptoms in common
- When a service member has both conditions, treatment can be more difficult



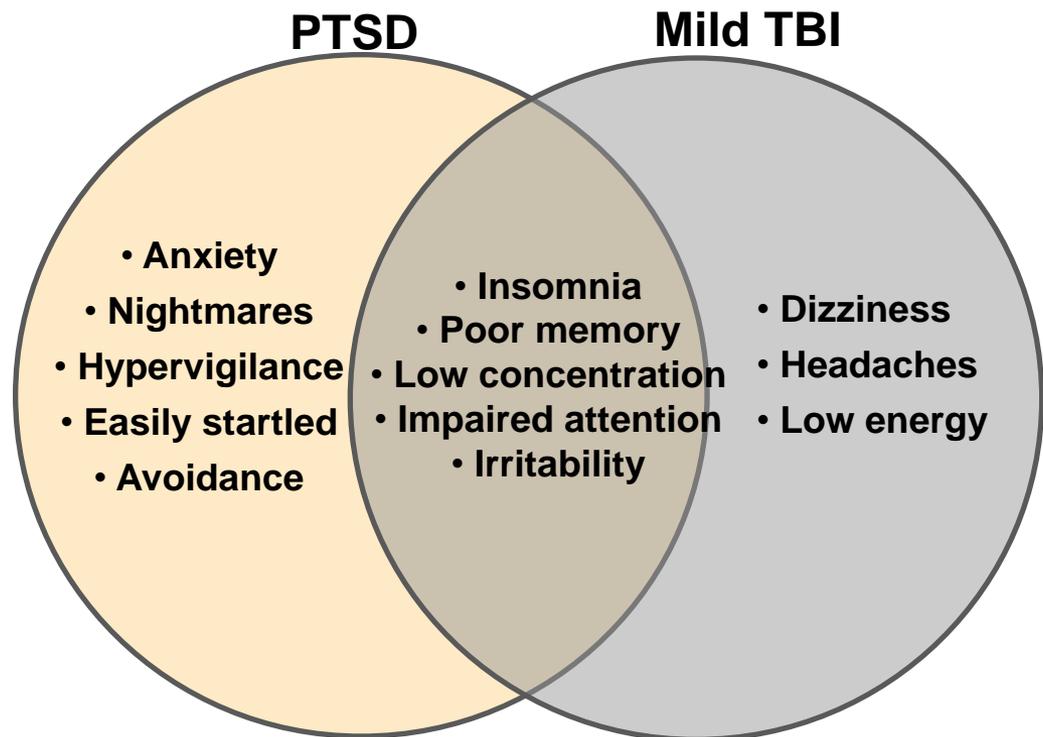
Overlapping Symptoms in PTSD and Substance Use Disorders

- Both PTSD and substance use disorders (SUD) are common in DoD [15]
- Many times, service members with PTSD will use alcohol to “self-medicate”
- When a service member has both conditions, treatment can be more difficult



Overlapping Symptoms in PTSD and mTBI

- Many studies show that PTSD often co-occurs with mTBI following some combat experiences [17]
- TBI is not a mental health condition, it is a physical injury



Reducing Stigma Associated with Psychological Health Care

- Introduction – JPME SAE for psychological health awareness
- Overview of the stigma associated with psychological health care
- Harassment and discrimination associated with psychological health care
- Risks of delaying care
- Leaders' role in reducing stigma associated with psychological health care
- How myths perpetuate stigma
- Resources for psychological health care
- Leadership follow-through enhances force protection

Objectives – Section 6

- Describe three signs and symptoms of general distress
- List four symptoms of depression
- List four symptoms of PTSD
- List four symptoms of substance abuse
- Explain why comorbid conditions can be difficult to treat
- Identify two common symptoms between PTSD and depression, PTSD and substance abuse, and PTSD and mTBI
- Describe three different types of stigma
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What is Stigma?

- Stigma is a nationwide problem in the United States [18]
- Stigma of psychological health care is widespread in U.S. military [19]
- Stigma leads to harassment and discrimination

Stigma

The word stigma literally means “brand” or “mark”

Three Types of Mental Health Stigma

Self -Stigma

- Self stigma occurs when individuals suffering from stress problems unfairly blame themselves for those challenges after having absorbed negative attitudes about stress from those around them

Organizational Stigma

- Organizational stigma is based on policies, procedures and informal rules about a person's worthiness to contribute to the mission

Peer Stigma

- Peer stigma is derived from the language and behaviors that groups use to include or exclude members

Harassment and Discrimination

When Seeking Care

Harassment

Behavior targeted at a group or individual that results in creating an intimidating or hostile work environment for the targeted individual

Discrimination

Behavior or policy of a group, individual, or system that results in the recipient perceiving unfair treatment based on unique characteristics of the individual

“Some leadership environments result in discriminatory and humiliating treatment of service members who responsibly seek professional services for emotional, psychological, moral, ethical or spiritual matters.”

–DoD Task Force on Suicide (2010)

Identifying Harassment and Discrimination

Examples of Harassment	Examples of Discrimination
<ul style="list-style-type: none">▪ Negative comments about condition	<ul style="list-style-type: none">▪ Unwarranted negative evaluations
<ul style="list-style-type: none">▪ Calling a service member "crazy"	<ul style="list-style-type: none">▪ Removed from leadership roles
<ul style="list-style-type: none">▪ Implying the service member is malingering	<ul style="list-style-type: none">▪ Assigned to tasks below one's rank
<ul style="list-style-type: none">▪ Negative comments about the service member "not being tough enough," "non-hacker," etc.	<ul style="list-style-type: none">▪ Blocked from promotion, not recommended for promotion due to psychological health

Stigma Can Lead to a Delay in Care

Service members are reluctant to seek care

- They have seen or heard about other service members being harassed or discriminated against
- They believe others will accuse them of malingering

By the time many can be convinced to come in for help, the damage is often already done

- Service members' conditions can worsen because they delay care, which makes recovery more difficult and more likely for them to have adverse events such as DUIs
- It is harder to recover from depression or PTSD if the member is in the middle of a divorce or in legal trouble for losing their temper at work

What Does NOT Constitute Discrimination?

Effects of adverse incidents on careers

- While service members cannot be blocked from promotion due to having PTSD or depression; incidents such as DUIs, spousal abuse, or insubordination can and will affect their careers
 - Because many service members delay getting help until they have an adverse event (DUI, domestic violence, insubordination, etc.), they tend to have negative incidents reported on their records
- Unfortunately, the story gets passed around as “Sgt. Jones saw psych, and now he isn’t getting that platoon sergeant billet”
 - This contributes to belief that members who seek care don’t get promoted – in many cases the damage was done BEFORE they decided to come in for care!

Knowing the Leader's Role in Reducing Stigma

- Recognize harassment and discrimination due to psychological health conditions
- Act to reduce these behaviors in your unit
- Recognize psychological health concerns and get your service members help before it is too late
- Recognize that if you have psychological health concerns you should seek care and set an example for your subordinates

Myths that Perpetuate Stigma

Many service members who experience behavior health concerns can benefit from treatment and support, but not all who need care seek it.

Myth

“Getting care will hurt my career”

Myth

“I will lose my security clearance if I seek care”

Myth

“Only weak people get psychological health conditions”

Fact

Seeking care strengthens and protects one’s career

Fact

Most psychological health conditions will not result in loss of clearance

Fact

Psychological health conditions are not caused by lack of strength

Resources for Psychological Health

- Off-base resources
- Chaplains
- Primary care managers
- Behavioral health clinics
- Emergency rooms

Knowing Off-base Resources



DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

DCoE Outreach Center



Afterdeployment.org



SuicideOutreach.org



Military OneSource

Knowing Command Resources

Military Unit Chaplains

- Do not make medical entries
- Confidential, with few exceptions
- Do not make any diagnosis, but can refer for treatment if the service member is willing
- A good first step if service members have questions but want to talk “off the record”

Military Treatment Facility (MTF)

- Primary care manager and behavioral health care providers
 - Diagnosis will appear in medical record
 - Care is confidential except in rare circumstances, such as when a member is a danger to themselves or others, or if the chain of command has to know about a duty restriction

Command Directed Referrals for Mental Health Evaluations

- When you have a service member who has psychological health problems, but refuses to seek care, you may need to use the CDMHE process
- You should follow the procedure in CDMHE regulations – key points to remember are:
 - Consult with your behavioral health provider to determine if referral is necessary
 - Formally request a command-directed mental health evaluation
 - Inform service members of their rights and escort them on the day of their appointment
- For emergency evaluations (i.e., if the member is an imminent danger to self or others), paperwork and notification of rights follows as soon as feasible after safety concerns are addressed

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