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PRESENTATION TO THE SUBCOMMITTEE ON MILITARY PERSONNEL
COMMITTEE ON ARMED SERVICES
UNITED STATES HOUSE OF REPRESENTATIVES

SUBJECT: MENTAL HEALTH TRANSLATIONAL RESEARCH

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Mister Chairman, Ranking Member Davis, and distinguished members of the Committee, thank you for providing this forum to address mental health research, a crucial area not only for the military but for the nation. As the Air Force Medical Service (AFMS) prepares for the future, medical research is a critical component of our strategic goals of “Readiness, Better Health, Better Care, and Best Value.” The AFMS has made meaningful progress toward translating mental health research into clinical practice and improving behavioral health outcomes, paramount to taking care of our troops returning from deployment and to ensuring better health and quality of life for our Airmen wherever they serve.

The psychological well-being of our Airmen and their families is of utmost concern, given the more than 10 years of sustained conflict and the fact that most of our Airmen have deployed, many witnessing serious injury and death. Fortunately, the rates of Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) in Airmen have remained relatively low, but we have a responsibility to address these issues and to find ways to mitigate them in the future.

The AFMS is involved in research at both the strategic Department of Defense (DoD) level and at the Air Force operational level. It is vital that we continue to partner with the other Services. We have developed and embraced strategic partnerships with the Defense Medical Research and Development Program (DMRDP) and the Congressionally Directed Medical Research Program, both led by the United States Army Medical Research and Materiel Command. We leverage joint funds to support research in Mental Health that addresses joint capability gaps. Working with the Joint Program Committee, Air Force researchers identify research needs and gaps and acquire funding from the DMRDP, to contribute to and build upon

existing knowledge, seeking to answer research questions that will lead to clinical practice improvements.

While the Medical Research Materiel Command structure and the Defense Centers for Excellence in Psychological Health and Traumatic Brain Injury (DCoE) have primary responsibility in the strategic oversight of these areas of research for the DoD, our Air Force research teams focus their efforts on specific operational Air Force specific issues where needed.

The AFMS has invested targeted core research and development funds into Mental Health research, most of which is being conducted at the 59th Medical Wing at Lackland Air Force Base, Texas, and the 711th Human Performance Wing at Wright-Patterson Air Force Base, Ohio. The Air Force (AF) also receives congressionally directed psychological health and family advocacy funding. Some of these resources are directed to operational research studies targeted at improving the delivery of mental health and family advocacy services, and providing outcome and effectiveness evaluations of these services. We use these studies to shape mental health policy and clinical care. They identify key risk factors for psychological health problems and family violence, test innovative ways to deliver prevention and treatment services, and examine the fidelity and effectiveness of prevention and intervention services delivered to our beneficiaries. Sometimes there are fundamental research questions that must be answered before procedures are ready for clinical practice. These require applied research and will build upon generalizable knowledge and will be building blocks for further work affecting clinical care.

I would like to highlight a few of our research successes that have translated into practice. We are studying the Remotely Piloted Aircraft mission and how this may be affecting our pilots and intelligence operators. Investigators assessed the main sources of occupational stress affecting performance, prevalence of suicidal ideation, distress, PTSD, and high risk health

behaviors. As a result of this study, we are embedding psychologists in remotely piloted aircraft units to provide early intervention and care. Additionally, work shift schedules have changed to align with the recommendations of the study. A second translational research study on longitudinal assessment of the symptoms of TBI and PTSD resulted in the development of an early assessment tool for TBI. This tool is now in use in clinical practice by deployed neuropsychologists as a standard of care.

A third study, conducted in our Security Forces community, is designed to gain an evidence-based understanding of the interaction of behavioral and relationship health vulnerabilities throughout the deployment cycle. It will help target the development of specific prevention strategies and products. The results of this study are very promising -- it has already provided useful feedback to leadership, and shows evidence that may lead to the development of tools and resources to support Air Force Security Forces couples. When our relationships are healthier, we boost readiness.

We are closely following our deployed Airmen to understand the impact of war on psychological health to mitigate future battlefield mental health stressors. We have studies in place to examine secondary mental health effects when moving brain injured patients, best practices for psychiatric evacuees, and two studies examining stresses in our Pararescue Operators that may result in improved clinical practice guidelines.

The treatment of PTSD not only benefits from evidence-based clinical practice guidelines, but also years of scientific investigation into best treatment practices in the area of medication and psychotherapeutic techniques. Each graduating AF psychologist and social work trainee has received specific education in one or more of these modalities assuring they are ready to meet the needs for treatment of our wounded warriors. To date, more than 500 AF mental

health providers have been trained on these evidence-based treatments and all of our mental health provider residency training programs have fully integrated evidence-based treatment protocols into the curriculums.

However, training is only the first step. Recognizing the need to examine how and to what extent trained providers are using these treatments, the AF has collaborated with researchers at the Pennsylvania State University to examine provider fidelity to treatment protocols and outcomes for patients who have received these treatments by an AF mental health provider. We expect that findings from this study will be available in 2014, and will be used to identify strengths and gaps in training and the treatment protocols across the AF.

We are of course also concerned about the trend toward increased rates of suicide in our force. The AF has had an evidence-based suicide prevention program built around 11 elements of community and command involvement in place since 1997. The overlapping 11 elements can be grouped into three broad categories: leadership and community; education; and protections for those under investigation. Fortunately we have been able to maintain our rate of active duty suicide below the DoD average and age-adjusted civilian rates; however we strive to make continuous improvements in our program.

The AF joined with researchers from the University of Rochester in 2004 and 2010 to evaluate the effectiveness of the Air Force Suicide Prevention Program. The investigators concluded the program was successful and that the key to the long-term effectiveness of the program is the extent to which the 11 Elements are fully implemented. In years when installations more fully implemented the program, AF suicides rates have been lower. The AF continues to partner with the University of Rochester to study demographic and risk factors in suicide to inform the Air Force Suicide Prevention Program. We partnered with RAND to

explore Airmen's use of social media and the internet to improve our understanding of this rapidly expanding means of communication to inform our outreach efforts.

In our messages about seeking mental health care, to reduce stigma we often quote research showing that seeking mental health care doesn't negatively affect careers. That study is being repeated in cooperation with a Uniformed Services University of the Health Sciences researcher. Along with the older study, this will support our message to Airmen that early help-seeking is in the best interest of the Airman as well as the larger AF.

To provide lower-stigma access to behavioral health services, the AF has made significant contributions in research of the delivery of behavioral health services in Primary Care clinics for both the DoD and civilian communities. Research on our Behavioral Health Optimization Program (termed "BHOP") has demonstrated improvement in reported symptoms, cost effectiveness, and primary care provider and patient satisfaction. BHOP uses brief/evidenced-based interventions that efficiently meet the patient's care needs. The research demonstrating effectiveness has supported the rollout of this service at every medical treatment center in the AF and helped disseminate the practice, to justify bringing similar services throughout the DoD.

With the help of national experts, we published a clinician's guide to managing suicidal behavior in 2002. The guide helped us improve the uniformity in practice in handling individuals at risk for suicide and provided a valuable resource for clinicians. Based on the latest 10 years of scientific suicidology literature and organizational knowledge of best practices in suicide prevention, we are updating the "The Air Force Guide for Suicide Risk". In its final draft, this document will identify state-of-the-art knowledge and best practices for the clinical management of suicidal ideation and behaviors to improve clinical assessment and treatment of

at-risk patients. It adds resources for the cognitive behavioral treatment of suicidal patients not included in the original 2002 version. The updated guide, expected in the next two months, will make additional contributions to the training of AF mental health personnel, will increase the quality of care to suicidal patients, and will provide a resource in the consultation to leaders.

Uncontrolled stress may also result in domestic violence. Seeking to reduce recurrent episodes of spouse abuse, the Air Force Family Advocacy Program has collaborated with the Army Family Advocacy Program and researchers at Kansas State University and Northern Illinois University to develop and test an assessment measure for risk of spouse abuse recidivism. Final data collection is complete, and results will be released this fall. This study will inform DoD-wide policy changes on the assessment of spouse physical abuse allegations and improve safety planning for couples across the DoD.

Sometimes military members try to control stress with alcohol. Binge drinking is a serious, sometimes life-threatening problem, particularly in younger service members. In collaboration with experts on the use of social norm strategies in changing targeted health behaviors, we are pilot-testing the strategy for reducing the incidence of underage and binge drinking incidents. Results are expected in September. Preliminary results have indicated that altering a group's perception of what patterns of alcohol use are "normal or acceptable" may reduce incidents. Once complete, the study will help us improve substance abuse prevention efforts at base level.

In summary, the AF has been developing and implementing timely and operationally-focused mental health research while teaming with our sister services and the Department of Veterans Affairs (VA) to integrate VA and DoD research policies and processes. Members of our mental health team have participated in the DoD/VA Integrated Mental Health Strategies

Workgroup that charged the rapid translation of mental health research into practice. This workgroup is scheduled to complete its recommendations by the end of this calendar year. We anticipate even better coordination of efforts and focusing of research initiatives with the realization of the National Research Action Plan outlined in the President's Executive Order of August 2012. Both large-scale innovative research, and more operationally focused research and program evaluation studies will continue to be integral as we seek to improve the quality of prevention and intervention services offered to our beneficiaries.

Our ability to successfully execute our missions of the future largely depends on effective research. These mental health research programs discussed today will help us to prepare for tomorrow's challenges, while addressing the long-term issues experienced by our returning warriors. Thank you for your recognition of this critical need and for your support in our endeavors.