

The Real Warriors Campaign, sponsored by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), is a multimedia public education campaign designed to encourage help-seeking behavior for warriors with invisible wounds and combat the stigma associated with seeking psychological health treatment.

The stigma that surrounds psychological health problems and accessing needed care can be a significant barrier to seeking mental health services for both military personnel and civilians. According to the Mental Health Advisory Team (MHAT), established by the Office of the U.S. Army Surgeon General, some of the factors that discourage members of the military from seeking psychological health services include:

	MHAT II 2004 <sup>1</sup>	MHAT IV 2006 <sup>2</sup>	MHAT V 2007 <sup>3</sup>	MHAT VI 2009 <sup>4</sup>
It would be too embarrassing.	41 percent	36.6 percent	32.0 percent	26.7 percent
It would harm my career.	50 percent	33.9 percent	29.1 percent	33.6 percent
Members of my unit might have less confidence in me.	59 percent	51.1 percent	44.8 percent	42.8 percent
My unit membership might treat me differently.	63 percent	57.8 percent	52.1 percent	49.9 percent
My leaders would blame me for the problem.	51 percent	43.0 percent	38.5 percent	40.1 percent
I would be seen as weak.	65 percent	53.2 percent	49.8 percent	52.9 percent

These concerns may be particularly relevant for those individuals most in need of services. According to a recent study by the American Psychological Association, the proportion of service members who expressed anxiety about stigma was approximately two times higher among service members who met screening criteria for a mental health disorder in comparison with those who did not.

—February 2007 study by the Presidential Task Force on Military Deployment Services

It has also been proven that there is an increased risk of experiencing a psychological health issues with each additional deployment. The MHAT VI survey showed that:

- 13.6 percent of service members exhibit signs of psychological health issues during their first deployment
- 18.1 percent of service members exhibit signs of psychological health issues during their second deployment
- 31 percent of service members exhibit signs of psychological health issues during their third deployment

According to a recent *Marine Corps Times* report, more than 2 million service members have been deployed to Iraq and Afghanistan since Sept. 11, with 793,000 men and women deploying more than once.<sup>5</sup>

**Deployments have a significant impact on military families.**

Some military families report that children are able to adapt and continue to function well during deployments.<sup>6</sup> Children may show adaptive responses such as taking on more responsibilities at home or offering emotional support to the parent remaining at home.<sup>7</sup>

Others can face a more difficult adjustment. According to Purdue University’s Military Family Research Institute, children can react differently to a parent’s deployment based on their age. For example, children who are 5 or younger may exhibit a fear of separation, whimpering and excessive clinging. Children ages 6 to 11 may experience withdrawal, inattentiveness, sleep problems or outbursts of anger. Adolescents ages 12 to 17 may exhibit symptoms similar to adults, such as anxiety, depression and substance abuse.

# REAL WARRIORS ★ REAL BATTLES

## REAL STRENGTH

### **The post-deployment experience of Guard and Reserve members can be especially isolating.**

In 2008, 11 percent of the total U.S. forces in Iraq and 21 percent of the total U.S. forces in Afghanistan consisted of mobilized Guard and Reserve components.<sup>8</sup> Several factors can make the period after deployment particularly difficult for the Guard and Reserve:

- Service members are not surrounded by the unit with which they served.
- Guard and Reserve face the immediate expectation of reintegrating into their “old life.”
- They are seen as having taken “time off” to serve.

### **A number of efforts within DoD and the Department of Veterans Affairs (VA) are in place to dispel stigma, normalize the seeking of mental health care and facilitate access to psychological health resources.**

In May 2008, Defense Secretary Robert M. Gates announced a change to Question 21 on the National Security background questionnaire (SF-86), which asked security clearance applicants to indicate whether they had ever received mental health care. The question now excludes counseling related to service in combat.

Additionally, on August 5, 2008, DCoE launched AfterDeployment.org, a mental wellness resource for service members, veterans and military families. AfterDeployment.org addresses the post-deployment psychological health issues of warriors and their families.

*“We have no higher priority in the Department of Defense, apart from the war itself, than taking care of our men and women in uniform who have been wounded, who have both visible and unseen wounds.”*

*—Defense Secretary Robert M. Gates*

In September 2008, the National Guard Bureau awarded a national contract to support one of the goals of the Department of Defense Task Force on Mental Health: “ensuring a full continuum of excellent care for Service members and their families.” The contract also addressed

the requirements of the Task Force report “to place a Director of Psychological Health at each of the 54 Joint Force Headquarters and Army National Guard and Air National Guard Headquarters to act as the focal point for coordinating the psychological support for Guard members and their families.”

### **The Real Warriors Campaign is designed to address the common concerns that surround psychological health care and treatment.**

The Real Warriors Campaign includes service members, veterans and military families who have had the strength to seek treatment. Psychological stress is a common result of deployment and by sharing their own stories, these warriors are proving that treatments, tools and resources, such as the DCoE Outreach Center, are available to strengthen resilience and assist in recovery and reintegration. The DCoE Outreach Center, which is online at [www.dcoe.health.mil](http://www.dcoe.health.mil), can be reached by calling toll-free 866-966-1020 or by e-mailing [resources@dcoeoutreach.org](mailto:resources@dcoeoutreach.org).

<sup>1</sup> Hoge, C.; Castro, C.; Messer, S.; McGurk, D.; Cotting, D.; Koffman, R., “Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care,” *New England Journal of Medicine*, Volume 351: 13-22, July 2004.

<sup>2</sup> “Operation Iraqi Freedom 06-08: Iraq and Operation Enduring Freedom 8: Afghanistan,” Office of the Surgeon Multi-National Force Iraq and the Office of the Command Surgeon and the Office of the Surgeon General U.S. Army Medical Command, Feb 2008, page 53.

<sup>3</sup> “Operation Iraqi Freedom 06-08: Iraq and Operation Enduring Freedom 8: Afghanistan,” Office of the Surgeon Multi-National Force Iraq and the Office of the Command Surgeon and the Office of the Surgeon General U.S. Army Medical Command, Feb 2008, page 53.

<sup>4</sup> “Mental Health Advisory Team (MHAT) 6, Operation Enduring Freedom 2009 Afghanistan,” Office of the Command Surgeon U.S. Forces Afghanistan (USFOR-A) and Office of The Surgeon General United States Army Medical Command. Nov. 6, 2009. Page 35.

<sup>5</sup> Tan, Michelle. “2 Million Troops Have Deployed Since 9/11.” *Marine Corps Times*. Dec. 18, 2009.

<sup>6</sup> Martin J.A., Mancini, D.L., Bowen, G.L., Mancini, J.A. & Orthner, D.K., “Building Strong Communities for Military Families,” National Council on Family Relations, April 2004.

<sup>7</sup> Huebner, A.J. and Mancini, J.A., “Adjustments Among Adolescents in Military Families When a Parent is Deployed,” Purdue University Military Family Research Institute, June 2005.

<sup>8</sup> Waterhouse, M. and O’Bryant, J., “National Guard Personnel and Deployments: Fact Sheet,” *CRS Report for Congress*, Jan 2008.