



Behavioral Health Advisory Team (BHAT) COVID-19 Survey Results

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1

Conflicts of Interest Disclosure

No conflict of interests to disclose.



2

DISCLAIMER

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Objectives

- Provide an overview and context for the Behavioral Health Advisory Team – COVID 19
- Describe the findings from the BHAT Phase I and Phase II data collections
- Outline future directions for the BHAT initiatives and recommendations

MISSION & VISION

Our Mission

Discover, design, and develop solutions for military relevant infectious disease and brain health threats through innovative research protecting and optimizing warfighter lethality.

Our Vision

Forge the future for infectious diseases and brain health capabilities.

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5

CMPN Soldier Touchpoint Map

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Center for Military Psychiatry and Neuroscience
Silver Spring, MD

Project: Environmental Sensors in Training (FY19-FY22, 530 Active Duty Soldiers and Marines, National Guard, and Army Reserve)
Camp Hansen, Okinawa Japan
Joint Base Elmendorf-Richardson, AK
Camp Pendleton, CA
Fort Sill, OK
Fort Leonard Wood, MD
Fort Benning, GA
Fort Jackson, SC
Fort Bragg, NC
MCB Quantico, VA
Fort A.P. Hill, VA
MCB Camp Lejeune, NC

Project: Sleep Deployment RECON Mission (New Effort)
Bagram Airfield, Afghanistan

Project: Ranger Assessment and Selection Program Sleep and Performance Study: Sleep Deployment RECON Mission (FY20, 800 Active Duty Soldiers)
Ft. Benning, GA

Project: JOC Simulator Study (New Effort)
Dayton, OH

Project: 275 Ranger BN MLAT Sleep and Performance Study: 275 Ranger BN TTF Sleep and Performance Study (FY19, 105 Active Duty Soldiers)
Joint Base Lewis-McChord, WA

Project: 275 Ranger BN MLAT Sleep and Performance Study (FY19, 80 Active Duty Soldiers)
Dugway Proving Ground, UT

Project: Characterizing Tactical Performance During Sustained Live-Fire Exercises (FY18, 46 Active Duty Soldiers)
Ft. Bragg, NC

Project: PEO Soldier RECON Mission (New Effort)
Camp Shelby, MS

Project: ROTC Advanced Camp Sleep and Performance Study (FY18, 320 Active Duty Soldiers)
Ft. Rucker, KY

Project: Ranger Training BN Instructor Sleep and Performance Study (FY18, 58 Active Duty Soldiers)
Camp Merrill, GA

Project: Culture Performance and Health: Sleep Planning Study (FY18, 20,518 Active Duty Soldiers)
Ft. Bliss, TX

Project: Engage Program Evaluation (FY19-FY21, 850 Active Duty Soldiers)
Joint Base Lewis-McChord, WA

Project: Embedded Performance Expert Quality Improvement Evaluation (FY18-FY22, 400 Active Duty Soldiers, National Guard, Army Reserve, and Experts)
Ft. Hood, TX
Ft. Carson, CO
Ft. Bliss, TX
Ft. Campbell, KY

Project: Suicide Prevention Plan Program Evaluation (FY19-FY21, 1640 Active Duty Army, National Guard, and Army Reserve)
Ft. Bliss, TX
Ft. Hood, TX
Ft. Campbell, KY
South Carolina Army National Guard
Houston, TX (Texas Army Reserve)

Project: ICOPER with 2nd Security Forces Assistance Brigade (FY18-FY21, 300 Active Duty Soldiers and National Guard)
Wisconsin Army National Guard

Project: Mindfulness and Yoga Training at Basic Combat Training (FY20-FY22, 2000 Trainees and Active Duty Soldiers)
Ft. Jackson, SC

Project: General Officer Mindfulness Training (FY20-FY24, 800 Active Duty Soldiers)
Carlisle Barracks, PA (U.S. Army War College)

Project: Hostile Bias Modification Training with 3rd Security Forces Assistance Brigade (FY19-FY21, 360 National Guard)
Wisconsin Army National Guard

Project: R4 Suicide Tool (FY19-21, 47,000 Active Duty Soldiers)
Ft. Carson, CO
Ft. Bragg, NC

Project: Unmanned Aerial Systems Operators (New Effort)
Fort Carson, CO
Fort Drum, NY
Fort Huachuca, AZ

Project: Far Forward Behavioral Health (FY20, 23 Army Special Forces)
Ft. Benning, GA
Hunter Army Airfield, GA

Project: Hostile Bias Modification Training- North (FY20, 360 National Guard)
Ft. Hood, TX

Project: Behavioral Health Assessment Team (FY20, 21,911 Active Duty Soldiers)
8th Army (S. Korea)
I Corps (Seattle, WA)
USARUCR (Weisbaden, Germany)

Project: New York National Guard Mortuary Affairs Study (New Effort)
NYC, New York

Project: Injury Criteria for Bomb Suits (FY20-FY24, Translational Research)
Abandonment Proving Ground, MD
Orange County, NJ (Veterans Affairs)
Houston, TX (Veterans Affairs)
Fort Belvoir, IA
Natick, MA (CCDD Soldier Center)

U.S. Army Medical Research Directorate West
Tacoma, WA

Project: Brain-Physical Optimization Conditioning (B-POC) (FY20-FY23, 68 Active Duty Soldiers)
Joint Base Lewis-McChord, WA (7ID)

Project: Dense Urban Environment and Subterranean Experiences Study (DUESSES) (FY20-FY24, 1000 Active Duty Soldiers)
Joint Base Lewis-McChord, WA (110th CBRN BN)
Fort Hood, TX (48th CHEM BDE)

Project: Optimizing Behavioral Health Officer (BHO) and Leader Communication (FY19-FY26, New Effort)
Joint Base Lewis-McChord, WA

Project: Risk, Care, Escort Suicide Intervention (ACE-SI) Program Evaluation (FY19-FY22, New Effort)
Ready and Resilient (SR2) Directorate
Multiple CONOS and OCCNUS sites (TBD)

Project: Small-Team Leadership and Soldier Adaptability (FY21-FY23, 2000 Active Duty Soldiers)
101st ABN DIV, Fort Campbell, KY

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MHAT / BHAT History

- Mental Health Advisory Team (MHAT)
 - 9 Studies completed from 2002 – present
 - Iraq
 - Afghanistan
 - Africa
 - Korea
- Behavioral Health Advisory Team (BHAT)
 - BHAT – Military (Compo 1)
 - BHAT – Medical
 - BHAT – National Guard

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7

Summary of Technical Report



Technical Report No. S.0079120-20, November 2020
Behavioral Health Advisory Team – COVID-19 Survey Phase I Findings

Walter Reed Army Institute of Research (WRAIR), Center for Military Psychiatry and Neuroscience; U.S. Army Public Health Center (APHC), Behavioral and Social Health Outcomes Program & Public Health Assessment Division

Office of the Command Surgeon, I Corps;
Office of the Command Surgeon, 8th Army;
Office of the Command Surgeon, US Army Command Europe;
Office of The Surgeon General, United States Army Medical Command;
Behavioral Health Advisory Team, COVID-19 Phase I Survey, 4 May to 1 June 2020

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8

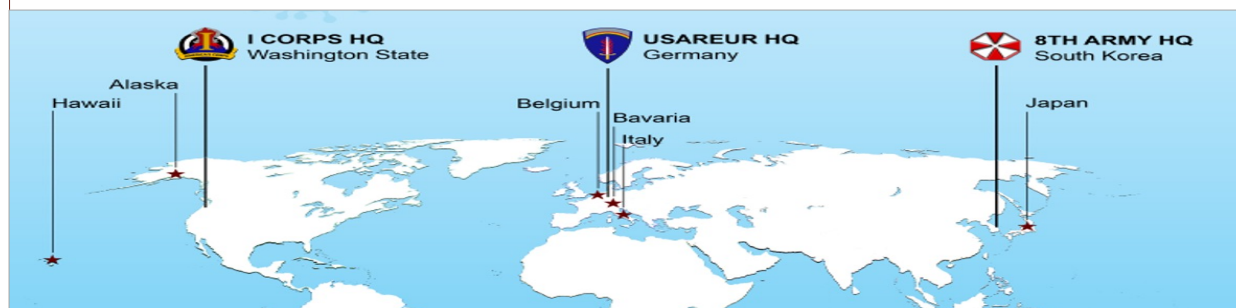
BHAT Overview

WHAT?: The BHAT designed a survey to characterize behavioral and public health of Soldiers and their units in the context of the COVID-19 pandemic.

WHY?: To provide an empirical foundation concerning the behavioral and public health impact of the COVID-19 pandemic on U.S. Army units.

WHO?: 21,000+ active duty Soldiers from 8th Army, I Corps, and USAREUR (aggregate response rate ≈28%)

WHEN?: 4 MAY - 1 JUN 2020



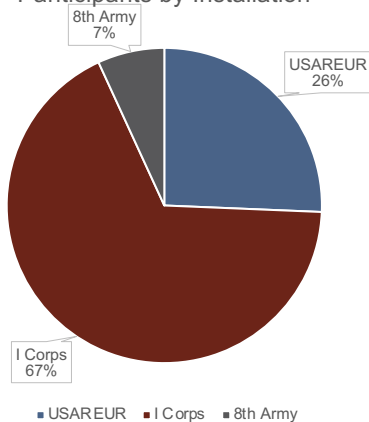
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9

Sample Characteristics

Participants by Installation



Demographic	Number (n)	Percent (%)
Gender		
Male	15,565	85.11
Female	2,323	12.70
Prefer not to respond	400	2.19
Age		
17-29	12,862	58.70
30-34	3,887	17.74
40-49	1,155	5.27
50-59	212	0.97
60 and over	12	0.05
Prefer not to respond	160	0.73

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10

Table 1

Demographic	Number (n)	Percent (%)
Race/Ethnicity		
White Only	9,297	50.91
Hispanic or Latino Only	2,630	14.40
Black or African American Only	2,314	12.67
Other	2,998	16.42
Prefer not to respond	1,022	5.60
Education		
High school diploma/GED	7,121	38.94
Some college	5,266	28.79
Associate's degree	1,511	8.26
Bachelor's degree	2,704	14.79
Graduate degree	1,308	7.15
Prefer not to respond	378	2.07
Rank/Pay Grade		
Junior Enlisted	9,192	50.26
Senior Enlisted	6,055	33.11
Warrant Officer/Officer	2,622	14.34
Prefer not to respond	419	2.29

Self Reported COVID19 Exposure

- Approximately 1-in-10 Soldiers reported having experienced COVID-19 symptoms.
- Nearly 8% of Soldiers reported having been tested for COVID-19.
- Around 1% of Soldiers reported becoming seriously ill or having been hospitalized because of COVID-19

Table 2. Self-reported COVID-19 Exposure (n = 17,133)

Since the beginning of the COVID-19 pandemic, have you...	"Yes"	
	n	%
...experienced COVID-19 symptoms?	1,656	9.67
...been advised you may have COVID-19?	635	3.72
...been tested for COVID-19?	1,318	7.71
...received a positive test for COVID-19?	139	0.81
...been diagnosed by a medical professional with COVID-19?	231	1.35
...become seriously ill with COVID-19?	188	1.10
...been hospitalized with COVID-19?	140	0.82
...recovered from COVID-19?	271	1.59

BHAT Highlights

- Individual Soldier Data
- Leadership Responses to COVID-19
- Impact of COVID-19 on Family and Relationships
- Information Sourcing and Information Needs Related to COVID-19
- Data Supported Recommendations

Individual Soldier Behavioral Health Highlights

- Anxiety
- Depression
- Thoughts of Suicide
- Alcohol Consumption
- Sleep
- Differences in Rank / Race/Ethnicity

Findings: Behavioral Health

- Rates of positive screenings for behavioral health problems were generally comparable to pre-COVID-19 comparison samples using similar or the same metrics, and lower than those observed during periods of high operational tempo as part of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).
 - In bivariate analyses, we generally observed that female, Junior Enlisted (E1-E4), and racial/ethnic minority Soldiers were at elevated risk for screening positive for a potential behavioral health difficulty (with or without impairment).

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15

Anxiety

Anxiety positive screening rate:

- 16.3% - no related impairment
- 5.4% - significant related functional impairment

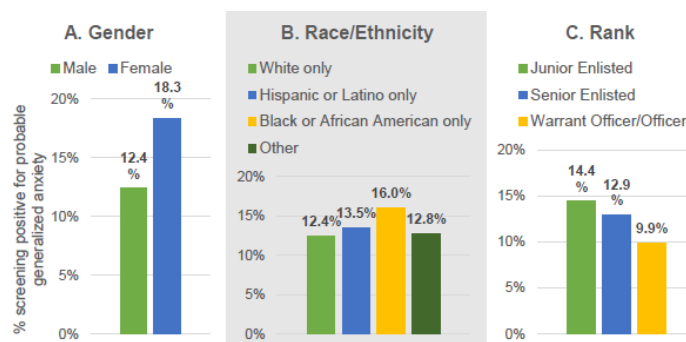


Figure 4. Percent Screening Positive for Possible Generalized Anxiety based on Generalized Anxiety Disorder 2-item scores, plus any related functional impairment, by Gender, Race/Ethnicity, and Rank (N = 16,433)

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16

Depression

Depression positive screening rate:

- 17.4% - no related impairment
- 5.6% - significant related functional impairment

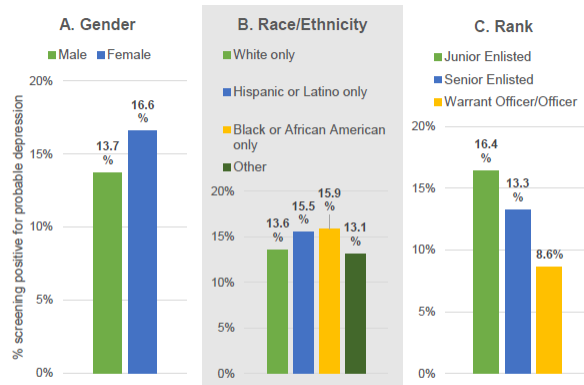


Figure 5. Percent Screening Positive for Possible Depression based on Patient Health Questionnaire-2 Scores, Plus Any Related Functional Impairment, by Gender, Race/Ethnicity, and Rank (N = 16,377)

Thoughts of Suicide

- Just over 10% of Soldiers reported having at least some thoughts that they would be better off dead or hurting themselves
- Approximately 5% of Soldiers reported that they had experienced such thoughts more than half of the days over the 2-week period prior to the time that they completed the survey

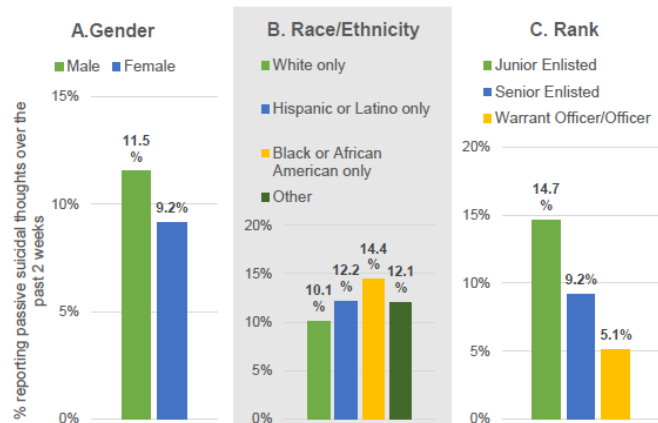
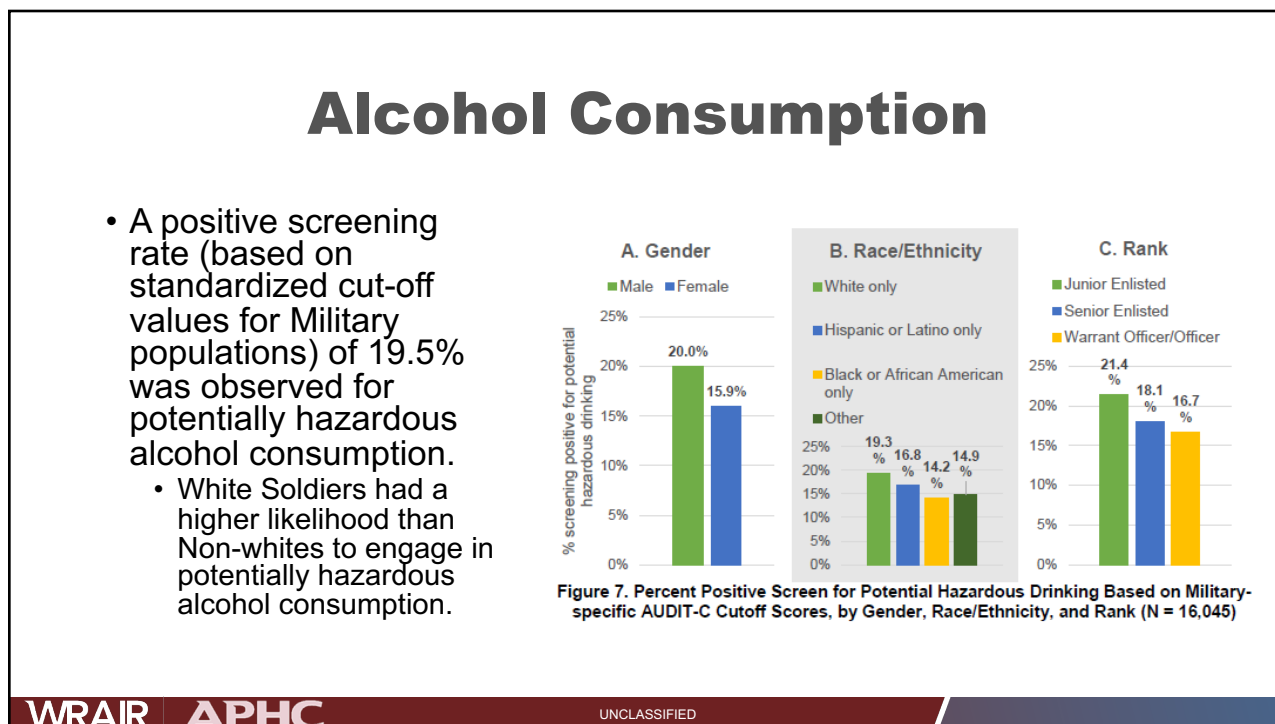
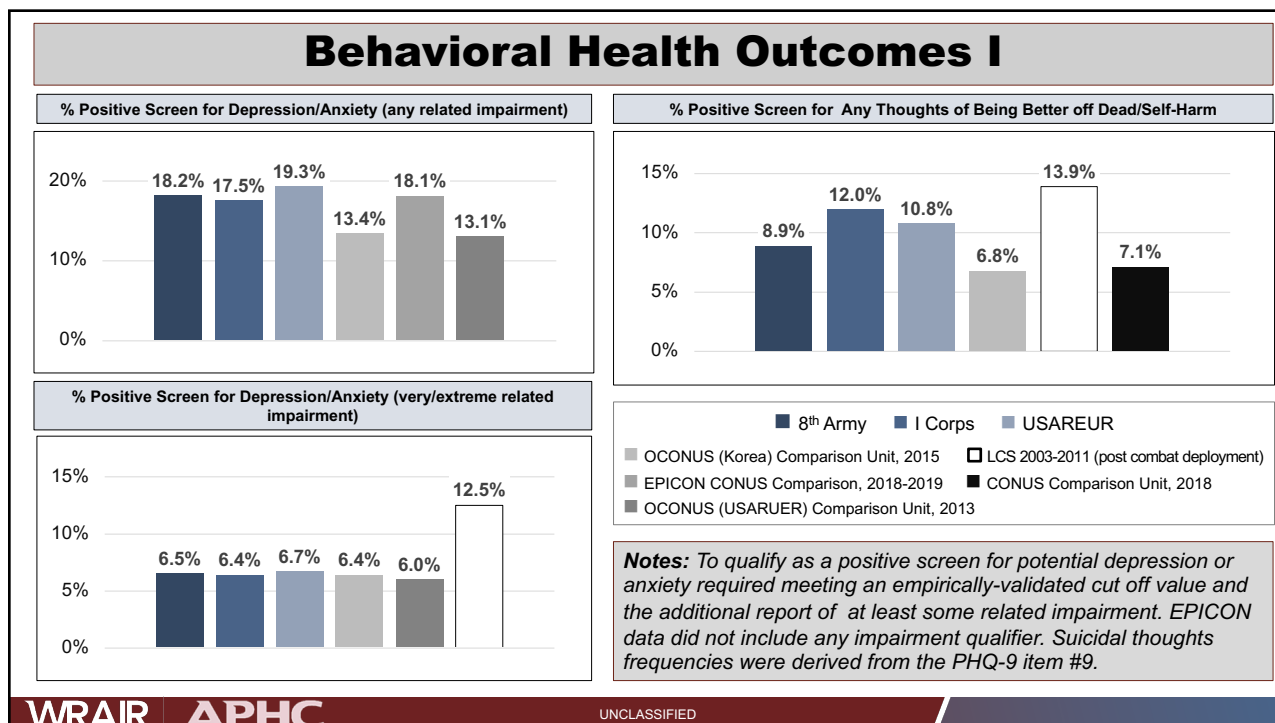
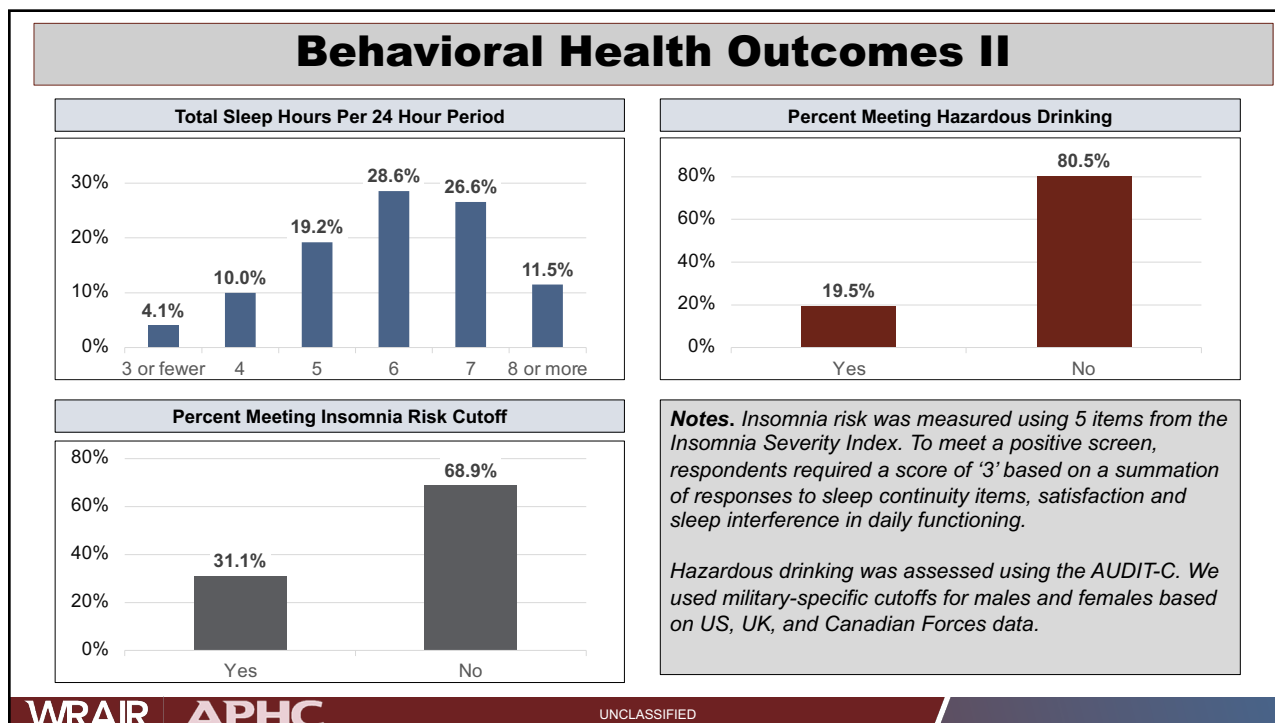
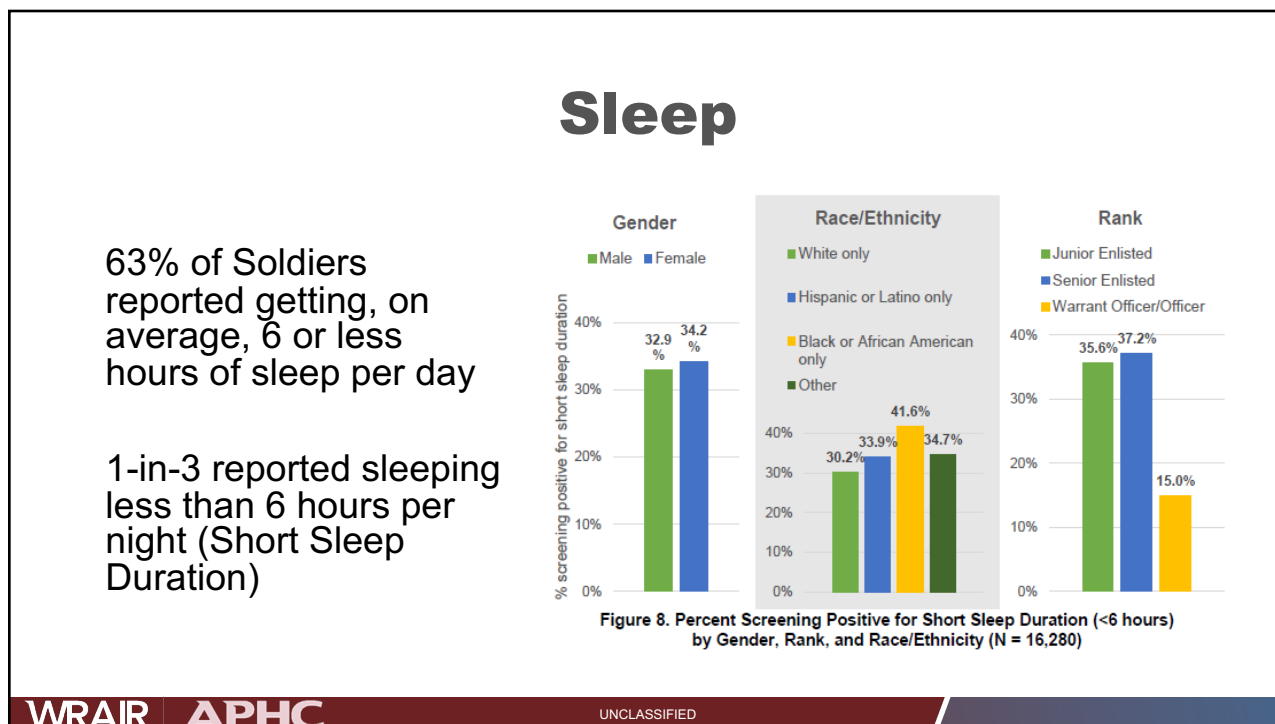


Figure 6. Percent Reporting Any Thoughts of Being Better Off Dead or Hurting Oneself Over the Past 2 weeks, by Gender, Race/Ethnicity, and Rank (n = 16,538)





21



Insomnia

Approximately 1-in-3 also Soldiers met criteria for insomnia risk (31.3%)

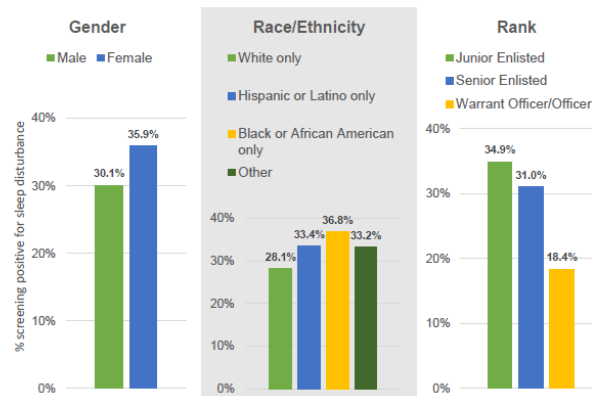


Figure 9. Percent Screening Positive for Insomnia Risk by Gender, Rank, and Race/Ethnicity (N = 16,409)

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23

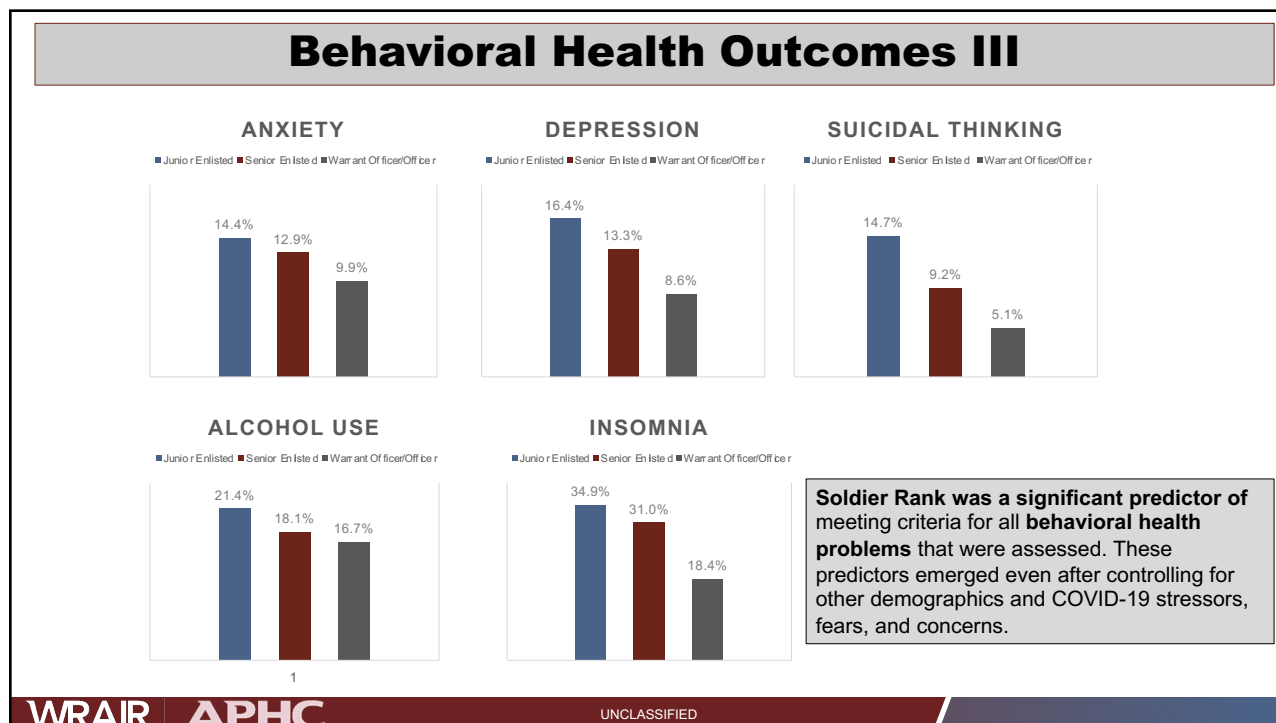
Sub-Group Analyses

- Differences in behavioral health outcomes between rank categories were generally robust
 - Differences remained statistically significant even when controlling for other demographic characteristics and self-reported levels of COVID-19 stressors, concerns, and fears.
- Differences observed between race/ethnicity groups were largely attributable to minority Soldiers reporting more COVID-19 stressors, fears, and concerns

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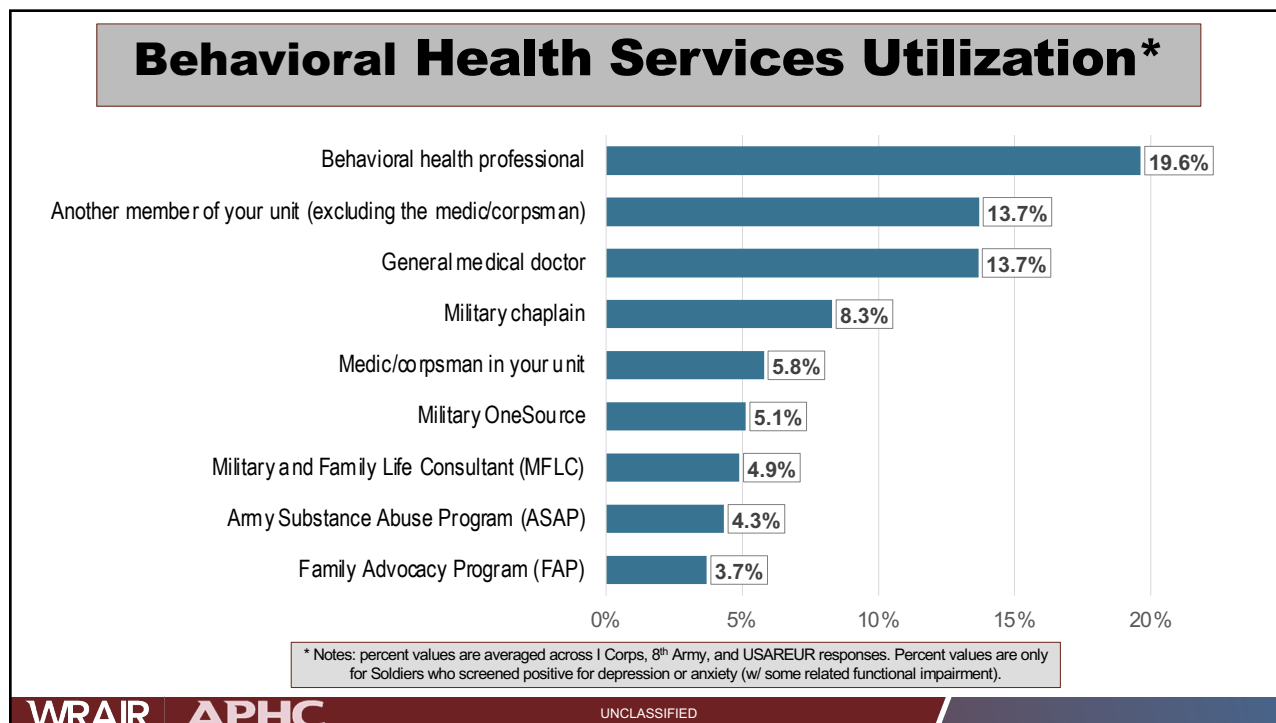
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Utilization of BH Resources

- 2-in-10 Soldiers meeting criteria for any behavioral health problem reported utilizing a health professional either in-person or virtually
 - We did not specifically distinguish between in-person or virtual care modalities on this survey

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26



27

Behavioral Health Recommendations

- Keep Soldiers aware of the resources that are available to them if they are experiencing distress and related interference in social or occupational functioning
- Encourage Soldiers to engage in adaptive coping or stress management skills to manage distress related to the COVID-19 pandemic. For example, reinforce the importance of sleep, exercise, and social connection to the greatest extent possible.

28

BHAT Highlights

- Individual Solider Data
- **Leadership Responses to COVID-19**
- Impact of COVID-19 on Family and Relationships
- Information Sourcing and Information Needs Related to COVID-19
- Data Supported Recommendations

Leadership Responses to COVID-19

- The majority of Soldiers reported that their immediate supervisors engaged in responsive and supportive actions related to COVID-19.

Table 20. COVID-19 Leadership Items

Leadership Behavior	% Agree or Strongly Agree
Encourages us to report any symptoms of COVID-19 we might have.	70.4%
Leads by example by following health guidelines to reduce the spread of COVID-19 (such as social distancing, handwashing, using mask/face covering).	63.0%
Has shared useful and accurate information about the COVID-19 pandemic.	62.9%
Provides updates about recent COVID-19 pandemic related developments.	60.5%
Takes steps to keep us socially connected as a unit during the COVID-19 pandemic.	58.7%
Acknowledges the stress of uncertainty related to the COVID-19 pandemic.	58.4%
Has modified unit tasks to prevent Soldiers from working in close proximity to one another.	57.7%
Encourages us to think positively during this COVID-19 pandemic.	57.0%
Emphasizes taking care of ourselves mentally during the COVID-19 pandemic.	56.4%
Reminds Soldiers during the COVID-19 pandemic that we are here to serve with honor, serve a mission, and serve a greater purpose.	51.7%
Ensures we have basic supplies for daily living (like food, soap and toilet paper) during the COVID-19 pandemic.	51.5%
Encourages us to identify what we can and cannot control about COVID-19 pandemic.	42.8%
Focuses on what to be grateful for during the COVID-19 pandemic.	42.6%
Talks about the way the COVID-19 pandemic is personally impacting them.	28.3%

Leadership and BH Problems

- Soldiers who reported that their supervisors engaged in constructive COVID-19 leadership behaviors were less likely to screen positive for behavioral health problems:
 - Anxiety
 - Depression
 - Sleep problems
 - Potentially hazardous alcohol consumption
 - Loneliness
- Even when accounting for Soldiers' self-reported general leadership abilities, COVID-19 exposure, COVID-19 concerns, and rank.

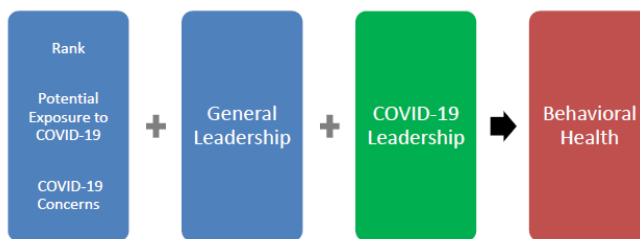
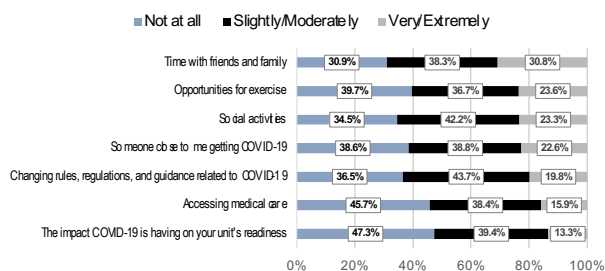


Figure 10. Representation of Logistic Regression Analyses Predicting Behavioral Health Outcomes from COVID-19 Leadership, General Leadership, and Relevant Covariates

Risk and Mitigation Factors

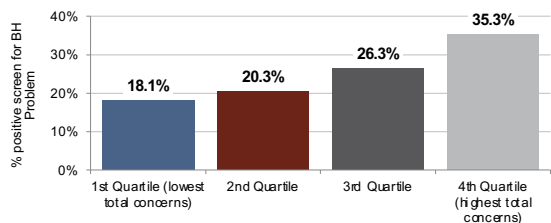
COVID-19 Fears and Concerns



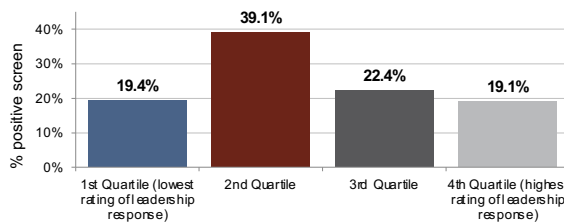
Positive Ratings of Immediate Supervisor Responses to COVID-19

% Agree or Strongly Agree that their immediate supervisor...	
Encourages them to report any symptoms they might have	70.4%
Leads by example by following health guidelines to reduce the spread	63.0%
Has shared useful and accurate information	62.9%
Takes steps to keep them socially connected as a unit during the COVID-19 pandemic	58.7%
Acknowledges the stress of uncertainty related to the COVID-19 pandemic	58.4%
Has modified unit tasks to prevent Soldiers from working in close proximity to one another	57.7%

COVID-19 Fears and Concerns = Increased Risk for Behavioral Health Difficulties



Strong COVID-19 Leadership = Decreased Risk for Behavioral Health Difficulties



Leadership and Preventive Health Behaviors

- Soldiers who reported that their supervisor engaged in COVID-19 leadership behaviors were more likely to report “frequently” or “always” practicing preventive health behaviors
 - Even when accounting for Soldiers’ self-reported general leadership abilities, COVID-19 exposure, COVID-19 concerns, and rank.

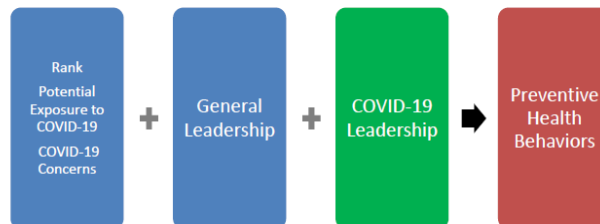


Figure 14. Representation of Logistic Regression Analyses Predicting Preventive Health Behaviors from COVID-19 Leadership, General Leadership, and Relevant Covariates

Leadership and Preventive Health Behaviors

- Soldiers who reported that their supervisor engaged in COVID-19 leadership behaviors were more likely to report “frequently” or “always” practicing preventive health behaviors
 - Even when accounting for Soldiers’ self-reported general leadership abilities, COVID-19 exposure, COVID-19 concerns, and rank.

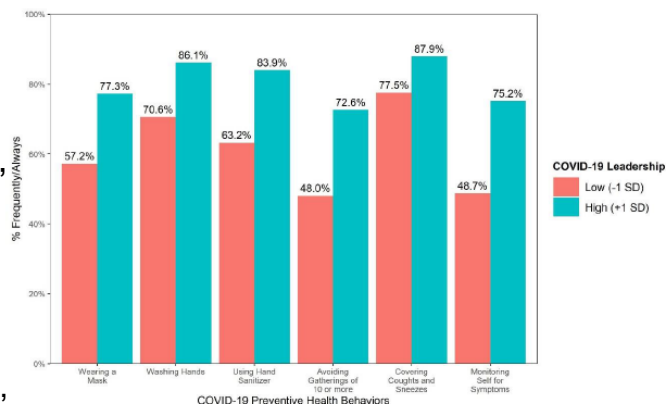


Figure 15. Engaging in Preventive Health Behaviors by Soldiers’ Ratings of Their Supervisor on COVID-19 Leadership, Controlling for Soldiers’ Ratings of Their Supervisor on General Leadership and Other Relevant Covariates

Leadership Recommendations

- Disseminate information to leaders at all levels about the importance of engaging in COVID-19-specific leadership behaviors
 - Leverage resources such as
 - WRAIR Quick Guides for COVID-19
 - Uniformed Services University of Health Sciences Center for Traumatic Stress Studies Pandemic Response Resources
- Encourage senior leaders to lead by example in promoting COVID-19-specific leadership behaviors
- Routinely reinforce COVID-19 leadership behaviors as part of unit battle rhythm.

WRAIR Quick Guides



USU/CSTS Pandemic Response Resources



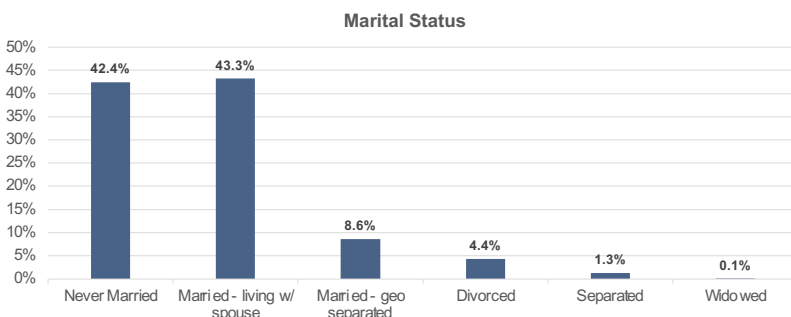
BHAT Highlights

- Individual Solider Data
- Leadership Responses to COVID-19
- **Impact of COVID-19 on Family and Relationships**
- Information Sourcing and Information Needs Related to COVID-19
- Data Supported Recommendations

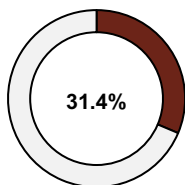
Impact of COVID-19 on Family and Relationships

- Financial Considerations
- Impacts on Spouses / Partners
- Impact on Children and Childcare

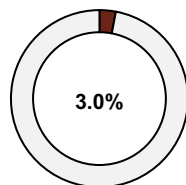
Army Family Demographics



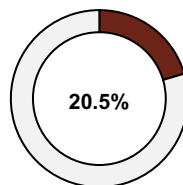
Children under 18 Years of Age



Adults 65 Years of Age or Older



EFMP Participants



The greatest percentage of Soldiers were **never married** or **married and living with a spouse**. Of the Soldiers who were single, the majority (61.8%) reported that they were not in a committed relationship.

Nearly one in three Soldiers had a child under 18 years of age in their household, with the majority having one child or two children (76.5%). A small percentage of Soldiers reported an adult 65 years of age or older in their household.

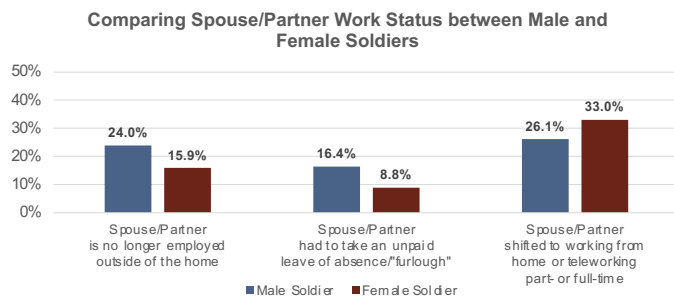
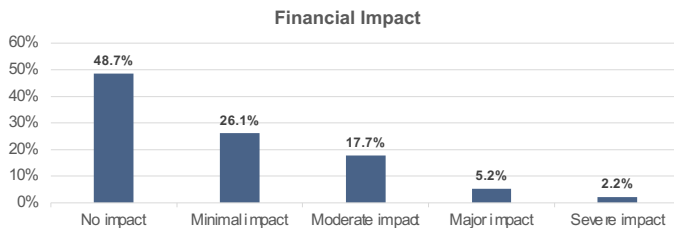
One in five Soldiers reported that a family member participated in the Exceptional Family Member Program (EFMP).

Financial Considerations

- Half of Soldiers reported a financial impact related to the COVID-19 pandemic
- Soldiers were more likely to report moderate, major, or severe COVID-19-related financial impact if they were:
 - Male
 - Married / Previously married
 - Racial/ethnic minority
 - Junior or Senior Enlisted
 - Had children less than 18 years of age in their household
- Financial impact was correlated with positive screening for:
 - Depression
 - Anxiety
 - Potentially hazardous alcohol consumption



Financial Impact and Work Status



Half of Soldiers reported some financial impact because of the COVID-19 pandemic, with most Soldiers reporting *minimal* or *moderate* impact on their household.

The majority of Soldiers reported that their spouse's/partner's work status did not change as a result of the COVID-19 pandemic.

Gender differences indicated that a **greater percentage of male Soldiers reported that their spouse/partner was no longer employed outside the home (24.6%) or had to take an unpaid leave of absence/"furlough" (15.2%)** because of the COVID-19 pandemic. A **greater percentage of female Soldiers reported that their spouse/partner had shifted to working from home or teleworking part- or full-time (34.4%)** because of the COVID-19 pandemic.

Impact on Spouses / Partners

- The majority of Soldiers reported that they and their spouse/partner had experienced some level of difficulty coping with the impact of the COVID-19 pandemic (64.0%)
 - A finding correlated with worse behavioral health outcomes

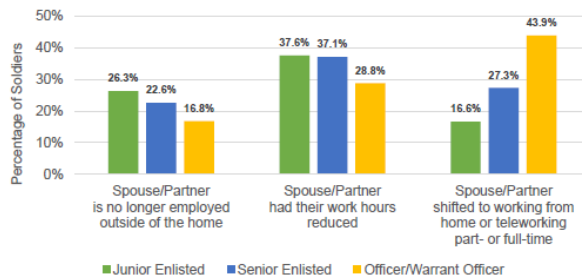
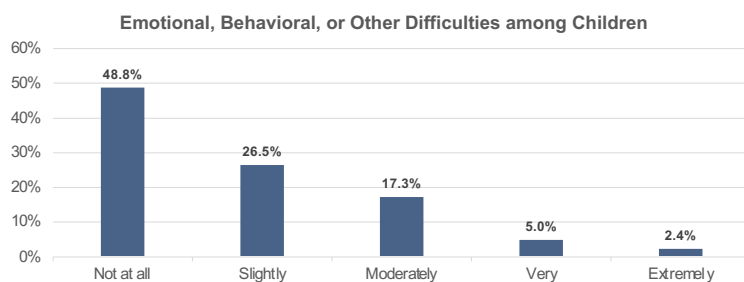
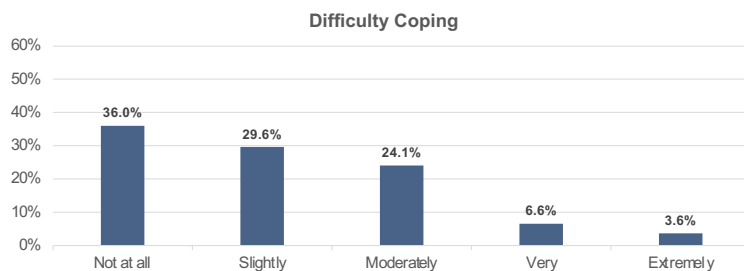


Figure 18. Results from Bivariate Analyses Comparing Spouse/Partner Work Status Between Junior Enlisted and Senior Enlisted Soldiers, and Officers/Warrant Officers

Coping



The majority of Soldiers who are married or in a relationship reported some family difficulty coping with the impact of the COVID-19 pandemic, with most Soldiers reporting that they and their spouse/partner are experiencing *slight* or *moderate* difficulty.

Similarly, most Soldiers with children under 18 years of age reported slight or moderate emotional, behavioral, or other difficulties for their child(ren).

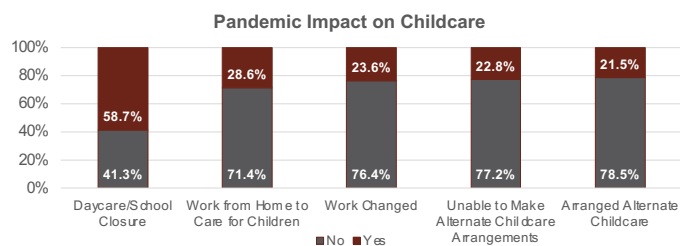
Impact on Children

- More than half of Soldiers with children living in the home (58.7%) reported that their child(ren)'s daycare/school was closed or had reduced hours because of the COVID-19 pandemic
- Half of Soldiers with children under 18 years of age in the household (51.2%) reported that their child(ren) experienced emotional, behavioral, or other difficulties since the start of the pandemic

Impact on Childcare

- Sizeable proportions of Soldiers reported they were working from home while caring for children (28.6%), had experienced a change in work situation as a result of childcare issues (23.6%), or were unable to make alternative childcare arrangements (22.8%)
- Soldiers who reported changes to their work situation, a household financial impact, or their child(ren)'s emotional, behavioral, or other difficulties, were more likely to screen positive for a behavioral health difficulty

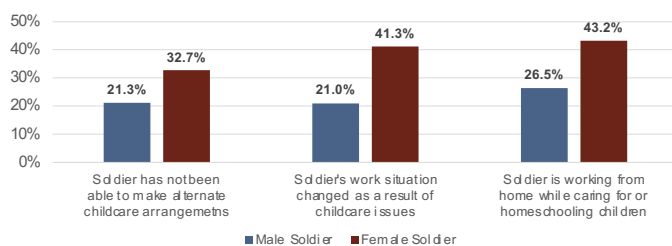
COVID-19 Impact on Childcare



Overall, half of Soldiers reported that their child(ren)'s daycare/school was closed or reduced hours. One in five Soldiers reported that they were **unable to make alternate childcare arrangements, had changed their work situation, or were working from home to care for their child(ren).**

Gender differences indicated that a **greater percentage of female Soldiers reported that they were unable to make alternate childcare arrangements (32.7%), their work situation changed as a result of childcare issues (41.3%), or they were working from home while caring for or homeschooling children (43.2%).**

Comparing Impact of Daycare/School Closures and Reduced Hours between Male and Female Soldiers



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Pre-decisional/UNCLASSIFIED

45

Recommendations for Families

- Acknowledge the impacts that COVID-19 is having on Families, particularly the financial impacts, as financial impacts are associated with increased likelihood of behavioral health problems
- Consider ways to support spouses in seeking employment opportunities if they have been furloughed or are no longer working out of the home due to the COVID-19 pandemic
- Accommodate Soldiers with children to the extent possible (e.g., allow flexible work schedules, telework, and alternate work arrangements as appropriate) to support them as they navigate the challenges of school and daycare closures
- Ensure Soldiers and Families are aware of the supportive services available to them (e.g., Family Advocacy Program, Financial Readiness Program, and Employment Readiness Program)

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46

Recommendations for Families

- Recognize that some Families may be experiencing more severe impacts than others and may be at higher risk for the associated behavioral health problems.
 - Continue to explore how Family impacts vary based on family structure and demographic characteristics such as gender, race, and rank
- Explore and promote means through which parents can obtain alternative childcare arrangements and support. To the extent that is safely possible, ensure Child Development Centers and Child and Youth Services are open and as close to fully operational as possible. Communicate with parents about their childcare options
- Consider policy changes to enable alternate ways to subsidize childcare during the COVID-19 pandemic (for example, make Child Care Aware benefits eligible for in-home care)
- Address stress in children through psycho-education opportunities for children and parents—develop specific child-based psycho-education packages

BHAT Highlights

- Individual Solider Data
- Leadership Responses to COVID-19
- Impact of COVID-19 on Family and Relationships
- **Information Sourcing and Information Needs Related to COVID-19**
- Data Supported Recommendations

Information Source(s): News

- Most Soldiers reported using more than one information source to obtain information on COVID-19.
 - The most commonly used information source was social media (e.g., Facebook®, Instagram®, Twitter®), followed by online sources other than news sites, and news aggregators (e.g., Apple® News, Google® News, Reddit®).
- A greater percentage of Junior and Senior Enlisted Soldiers reported using only social media or online sources to access COVID-19-related information, relative to Officers/Warrant Officers, who reported using more than one news source

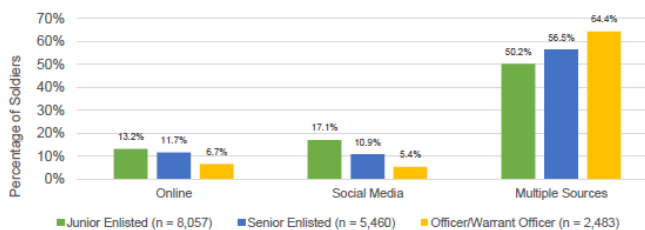


Figure 27. Results from Bivariate Analyses Comparing Most Commonly Used News Sources between Junior Enlisted, Senior Enlisted, and Officers/Warrant Officers

Information Sources: Military / Government

- More than half of Soldiers reported accessing
 - Local command guidance (63.6%)
 - Installation guidance (63.5%)
 - Department of the Army guidance (e.g., Army, Office of the Surgeon General; 58.3%) within the month prior to completing the BHAT Survey
- At least one-third of Soldiers reported using other Government sources, with the greatest percentage of Soldiers reporting that they used the Centers for Disease Control and Prevention information (50.6%) and/or White House Press briefings (41.4%) within the month prior to completing the BHAT Survey

Information Needs

- One-in-four Soldiers reported that they did not need information related to COVID-19
- A greater percentage of female Soldiers reported needing information across all topics related to COVID-19.

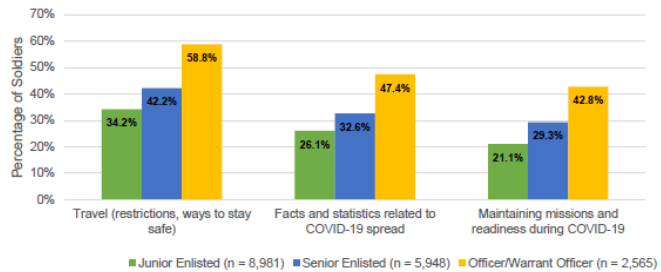
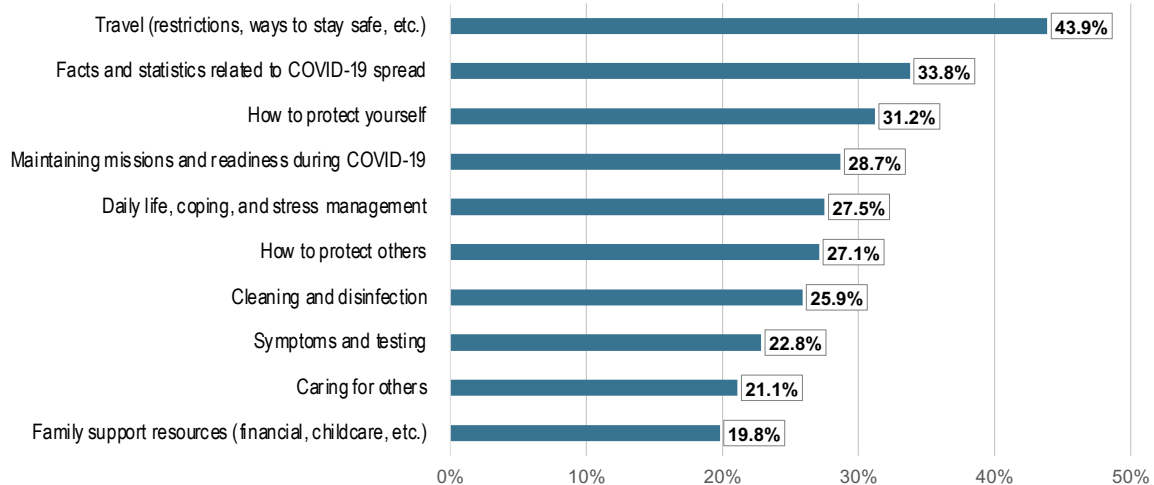


Figure 29. Results from Bivariate Analyses Comparing Information Needs Between Junior Enlisted, Senior Enlisted, and Officers/Warrant Officers

Information Needs*



* Note: percent values are averaged across I Corps, 8th Army, and USAREUR responses

Information Recommendations

- Leverage social media sources to distribute up-to-date information coordinated and organized through PAOs.
- Disseminate and distribute guidance through multiple communication channels. This increases the likelihood information will reach its intended audience.
- Distribute guidance to Soldiers on travel (e.g., restrictions, ways to stay safe), facts and statistics related to COVID-19 spread, and how to protect oneself, as these topics are the most frequently cited as those for which Soldiers wanted more information.
- Follow best practices in communication. For example, message effectiveness peaks at 3-4 exposures. Therefore, ensure Soldiers are exposed to messages a minimum of three times if possible. Refresh and repackage content as needed to keep it up-to-date and to ensure it does not become "stale" or perceived as irrelevant.
 - Research shows that adults are most likely to read health information from an expert; leverage medical and public health experts across the Military to communicate messages.
- Incorporate videos into communication campaigns and utilize two way communication platforms (eg Town Halls with Q&A)

BHAT Phase I Summary

Behavioral Health:

- Positive screen rates for depression or anxiety were between 17.5% and 19.3% with any related impairment, and 6.4 to 6.7% with very/extreme related impairment.
- About 1 in 10 Soldiers (10-12%) reported thoughts that they would be better off dead or hurting themselves.
- The positive screen rate for depression or anxiety was significantly greater for those with the higher vs lower COVID-19 stressors, fears, and concerns.
- Ratings of leadership responses to COVID-19 were largely positive. However, Soldiers with lower ratings of their leadership had significantly more positive screens for depression or anxiety compared to those with higher ratings.
- Soldiers reported needing more information on travel, protecting oneself/others, shifting rules, regulations, and guidance, and the impact of COVID-19 on unit readiness.

Family:

Financial Impact and Work Status

- Half of Soldiers reported some financial impact because of the COVID-19 pandemic, with most Soldiers reporting *minimal* or *moderate* impact on their household.

Coping and Satisfaction

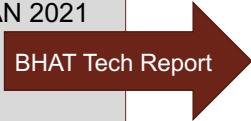
- The majority of Soldiers reported some difficulty coping with the impact of the COVID-19 pandemic, with most Soldiers reporting *slight* or *moderate* difficulty for them and their spouse/partner.
- Half of Soldiers reported that their child(ren) appeared to experience emotional, behavioral, or other difficulties since the start of the COVID-19 pandemic, with most Soldiers reporting *slight* or *moderate* difficulties for their child(ren).

COVID-19 Impact on Childcare

- 50% of Soldiers reported that their child(ren)'s daycare/school was closed or reduced hours; 20% reported that they were unable to make alternate childcare arrangements, had changed their work situation, or were working from home to care for their child(ren).

Current Status & Way Ahead

- ❑ Technical Report was approved for unlimited distribution 8 DEC 2020.
 - Developed a supplement with a summary of open field qualitative responses (currently under staffing)
- ❑ BHAT COVID-19 Phase II (1st follow up) completed 23 JAN 2021 (N = 10,612)
 - Enhanced suicide risk assessment (CSSRS)
 - Virtual Psychological Health Care Assessments
 - Initial briefs to stakeholders in early-to-mid MAR
 - Technical Report available late Spring 2021
- ❑ Ongoing planning and development of additional follow-up surveys (Phase III)

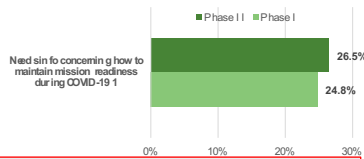


PHASE II BHAT – COVID-19

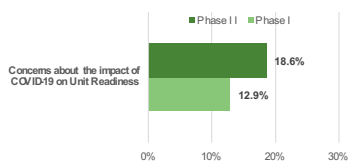
- ❑ Anonymous survey that assessed behavioral and public health outcomes during the COVID-19 pandemic.
- ❑ The Phase II Survey 09DEC2020 – 19JAN2021 (Phase I: 04MAY2020 – 01JUN2020)
- ❑ I Corps Participation: 5,103 Soldiers (estimated response rate: 13.1%)
- ❑ Phase III efforts will expand to address People First, to include the 3 corrosives, trust in leadership and the organization, and unit cohesion.
- ❑ Built-in flexibility for addressing additional unit needs.

Impact on Mission Readiness

Information Needs for how to maintain mission readiness during COVID-19 remains evident in 1/4 of Soldiers

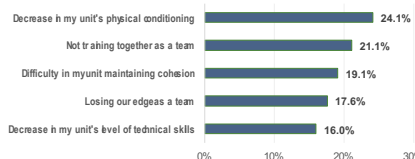


Concerns about the impact of pandemic on unit's readiness increased by 45% from MAY 2021 to DEC/JAN 2020/2021

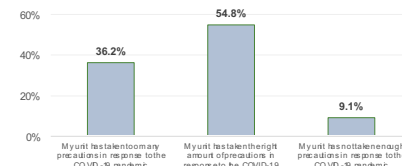


Impact on the Unit

Up to 25% of Soldiers had concerns about the impact of COVID-19 on their unit (not assessed in Phase I)



Most soldiers indicated that their unit had taken appropriate precautions in response to COVID-19 (not assessed in Phase I)

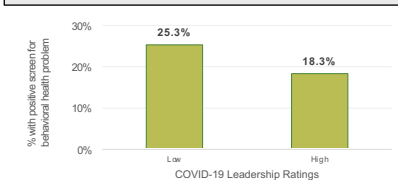


Perceptions of Leadership Responses

Nearly 40% more Soldiers met criteria for a behavioral health problem who reported low versus high perceptions of their immediate supervisor's responses to the COVID-19 pandemic.

% Agree or Strongly Agree that their immediate supervisor...	Phase I	Phase II
Encourages them to report any symptoms they might have	70.3%	70.9%
Has shared useful and accurate information	63.0%	61.1%
Leads by example by following health guidelines to reduce the spread	61.6%	64.1%
Takes steps to keep them socially connected as a unit during the COVID-19 pandemic	60.0%	59.5%
Acknowledges the stress of uncertainty related to the COVID-19 pandemic	58.3%	58.6%
Has modified unit tasks to prevent Soldiers from working in close proximity to one another	57.7%	52.3%

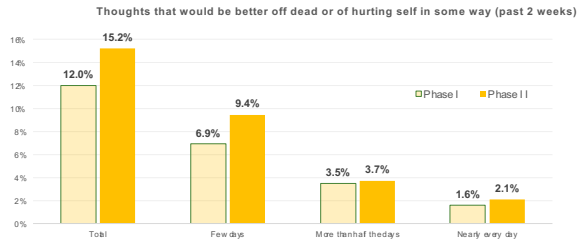
Nearly 40% more Soldiers met criteria for a behavioral health problem who reported low versus high perceptions of their immediate supervisor's responses to the COVID-19 pandemic.



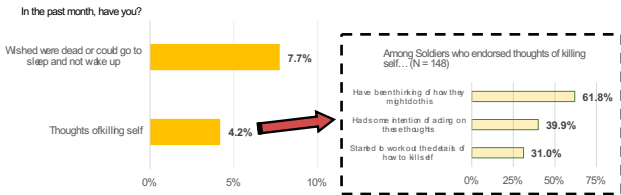
PHASE II BHAT – COVID-19

Suicidal Thoughts Increased (Corrosive)

We observed an **increase** in the percentage of Soldiers thoughts of being better off dead or hurting themselves.

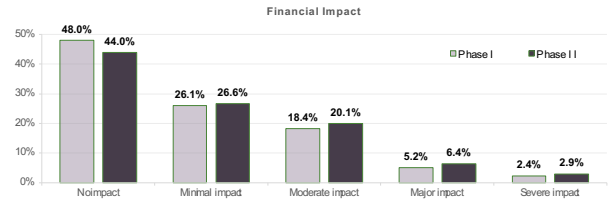


Over the past month, 12% of Soldiers reported thoughts of wishing they were dead or killing themselves. Of the 4.2% who reported endorsed thoughts of killing themselves (n=148), 61.8% have thought about a plan, 39.9% reported an intention of acting, and 31% reported having started to work out details for a suicide attempt.

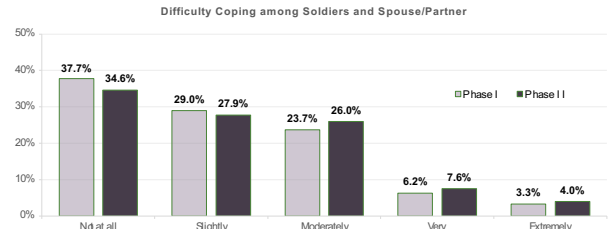


Impact of Pandemic on Soldier's Family

Similar to Phase I, 50% reported some financial impact because of the COVID-19 pandemic (30% reporting at least a moderate impact).



The majority of Soldiers continue to report that their family had difficulty coping with the pandemic (38% reported moderate-to-extreme difficulty).



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