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13. ABSTRACT *(Maximum 200 words)*

In May 1998, the Department of Defense instituted a decentralized psychological screening program for redeployed soldiers stationed in Bosnia. The psychological portion of the Joint Medical Surveillance Screening Program has three components. (1) All personnel complete a primary screen consisting of three psychological scales measuring post-traumatic stress, depression, and alcohol abuse. (2) Personnel who exceed criteria on any of these scales complete a secondary screen interview conducted by mental health personnel. (3) If necessary, personnel are then referred to a mental health professional in-theater or at their home station. More than 4,000 Task Force Eagle troops were screened on site at nine base camps in Bosnia. The vast majority of these soldiers (95%) completed the screening process without a referral. A relationship between the length of time deployed and primary screen and referral rates emerged from the data. As soldiers deployed longer, a higher percentage tended to score positive on the psychological screen. Junior enlisted soldiers were positive on the psychological screen more frequently than senior enlisted and officers. Decentralized screening offers numerous benefits to soldiers. For example, soldiers benefit from mental health services who might otherwise might not seek or receive help.

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23 September 1998

U.S. Army Medical Research Unit-Europe, Walter Reed Army Institute of Research # 27
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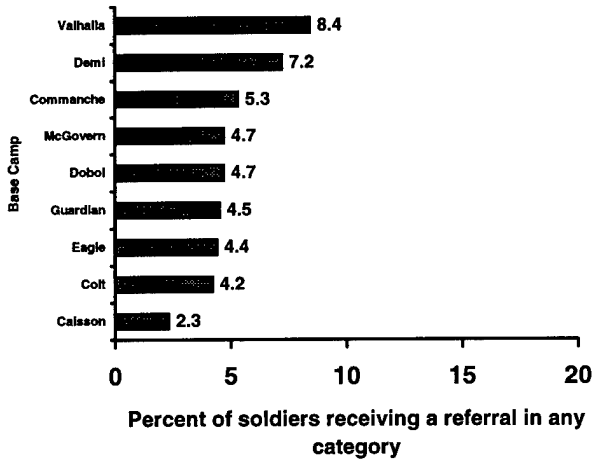
On-site Psychological Screening in Bosnia

Between February 1996 and August 1998, over 57,000 redeploying U.S. Department of Defense personnel in Bosnia participated in the Joint Medical Surveillance Psychological Screening Program. Prior to May 1998, screening for U.S. Army personnel was centralized in Taszár, Hungary. During May-June 1998, more than 4,000 Task Force Eagle troops were screened in a new decentralized program conducted at nine base camps in Bosnia. This was the first time that redeployment medical screening was executed in Bosnia. This report summarizes the results obtained during this successful new program.

Background: The psychological portion of the Joint Medical Surveillance Screening Program has three components. (1) All personnel complete a **primary screen** consisting of three psychological scales measuring post-traumatic stress, depression, and alcohol abuse. (2) Personnel who exceed criteria on any of these scales complete a **secondary screen interview** conducted by mental health personnel. (3) If necessary, personnel are then **referred** to a mental health professional in-theater or at their home-station.

Findings: Overall, the mental health of soldiers was very good. 18.8% of the group (782 soldiers) exceeded criteria on the primary screen and were interviewed by mental health personnel. Five percent of the total group (207 soldiers) exhibited psychological distress and were referred to a mental health professional for further consultation. Thus, the vast majority of Task Force Eagle soldiers (95%) completed the screening process without a referral. Overall, the primary screen results were similar to those collected during Operation Joint Endeavor and Operation Joint Guard (OJE-OJG) from February 1996 to December 1997. The 5% clinical referral rate for the base camp sample, however, was approximately twice the OJE-OJG referral rate of 2.4%.

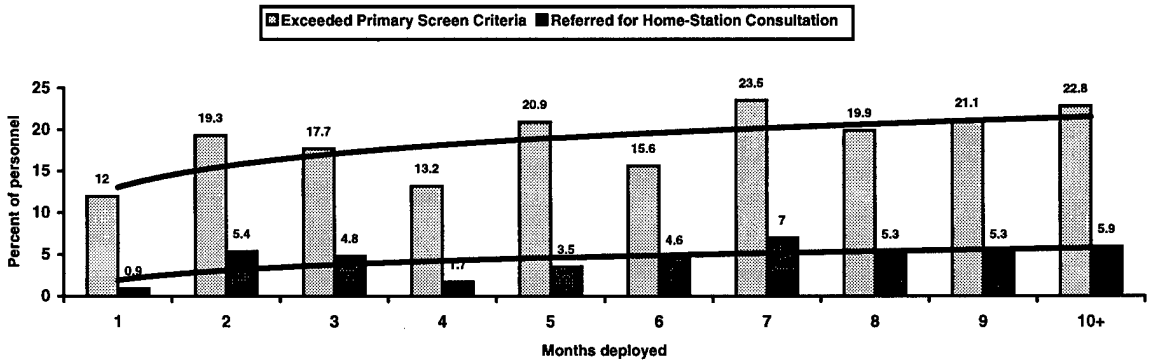


The chart to the left summarizes clinical referral rates by base camp. On this and other indicators the mental health rates among the nine base camps varied. However, there was no strong evidence suggesting that base camp location affected mental health rates.

Other key findings are summarized as follows:

- There were no significant differences based on unit type, i.e. combat arms, combat support, combat service support.
- There were no significant gender differences in primary screen rates.
- 4.6% of men vs. 8.5% of women were referred for further consultation. This difference was statistically significant.

Two additional findings of interest emerged from these data. First, there was a relationship between length of time deployed and primary screen and referral rates. The chart below summarizes the primary screen and referral rates by number of months deployed (the average deployment length for this group was 6.92 months). The trend is clear. As soldiers deployed longer, a higher percentage tended to score positive on the psychological screen. These data suggest that this pattern would continue if soldiers were deployed for longer periods.



Second, lower-ranking soldiers were positive on the psychological screen more frequently than higher ranking soldiers. In particular, a higher percentage of lower enlisted soldiers (E1-E4) exceeded criteria on the primary screen and were referred for consultation than soldiers with higher rank (E5-E9, WO, O1-O3, O4-O6).

Value of Decentralized Psychological Screening. Decentralized screening offers a number of important benefits to soldiers. Among these are:

- Serves as a mechanism for "pushing" medical services to the deployed soldier. Many soldiers benefit from mental health services who might otherwise not seek or receive help.
- Provides commanders with accurate information about the medical readiness of the force.
- Allows comparisons of medical indicators between deployed and garrison troops in Europe and the United States.
- Completing medical screening while still in Bosnia reduces the amount of time required for redeployment.

Reference: Bienvenu, R. V., Adler, A.B., & Castro, C. A. (1998, August 28). **Joint medical surveillance in Bosnia: Psychological screening. Report VI: Task Force Eagle decentralized screening May-June 1998.** USAMRU-E Technical Report. For more information contact CPT Robert Bienvenu, Ph.D., Director of Research Operations, U.S. Army Medical Research Unit-Europe, at DSN 371-2006/2626; Commercial (49) 6221-172006/172626; or email: CPT_Robert_Bienvenu_at_meddac2_heidelberg@heidelberg.smtplink.amedd.army.mil.