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Mental health in the military and the role of occupational therapy in improving quality of life and occupational performance

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BOSTON UNIVERSITY
SARGENT COLLEGE OF HEALTH AND REHABILITATION SCIENCES

Doctoral Project

**MENTAL HEALTH IN THE MILITARY AND THE ROLE OF
OCCUPATIONAL THERAPY IN IMPROVING QUALITY OF LIFE
AND OCCUPATIONAL PERFORMANCE**

by

AILEEN MAKNATI

B.S., Marymount University, 2016
MSOT, Le Moyne College, 2018

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Approved by

Academic Mentor

Jennifer Phillips, OTD, OT, OTR
Lecturer of Occupational Therapy

Academic Advisor

Karen Jacobs, Ed.D., OT, OTR, CPE, FAOTA
Associate Dean for Digital Learning & Innovation
Clinical Professor of Occupational Therapy

DEDICATION

I would like to dedicate this work to my family who has supported me throughout this process, and to military service members for their sacrifice.

ACKNOWLEDGMENTS

I would like to acknowledge my classmates/colleagues at Boston University, Sargent College, and thank my advisor, Jennifer Phillips, who has assisted with this dissertation.

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AILEEN MAKNATI

Boston University, Sargent College of Health and Rehabilitation Sciences, 2020

Major Professor: Jennifer Phillips, OTD, OT, OTR, Lecturer of Occupational Therapy

ABSTRACT

Mental health in the military continues to be an epidemic and results in mental health issues, social isolation, deprivation, and alienation from roles and occupations. The social stigmas military personnel experience is linked to significant barriers to acquiring the necessary help for military personnel. The common concerns regarding seeking help for military personnel were being perceived as weak, being treated differently by unit leadership, personal perception of stigma, lack of education and members having less confidence in the individual (Gould, Greenberg, & Hetherington, 2007). The lack of preventative care for military personnel and barriers to seeking help, has resulted in decreased occupational performance and decreased quality of life for military personnel. Therefore, the implementation of preventative and early intervention techniques using occupational therapy approaches aims to address mental illness in the military and improve overall quality of life using effective intervention methods. This dissertation aims to identify gaps in practice, assess problem areas, and effectively demonstrates the role of occupational therapy in improving mental illness in the military.

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LIST OF ABBREVIATIONS

ADL	Activities of Daily Living
AOTA	American Occupational Therapy Association
BU	Boston University
IADL	Instrumental Activities of Daily Living
OTPF	Occupational Therapy Practice Framework
PTSD	Post Traumatic Stress Disorder
VR	Virtual Reality

GLOSSARY

Activities of Daily Living (ADL): Term used to refer to individual's self-care activities

Battlemind Debriefing and Training: emphasizes training, transition from combat to home, and promotes support from peers and leaders. Intervention comprises of self-confidence, taking calculated risks, handling future challenges, mental toughness, overcoming setbacks, maintaining positive thoughts during times of adversity, emphasizes the importance of unit cohesion, safety, relationships, and common physical, social and psychological reactions to combat.

Coping strategies: an early intervention technique and application of coping strategies to reduce mental illness

Instrumental Activities of Daily Living (IADL): Activities that allow in individual to independently live in the community

Mental Illness: Health condition that causes changes in emotion, thinking, behavior, and is commonly associated with distress.

Occupational Therapy: Form of therapy for those recuperating from physical or mental illness that encourages rehabilitation through activities of daily living

Occupational Therapy Practice Framework: The core competency of occupational therapy practice

Post-Traumatic Stress Disorder (PTSD): Psychiatric disorder that can occur when an individual has experienced a traumatic event

Warrior Mind: an educational and informative program geared towards improving mental health in military personnel and improving occupational performance using occupational therapy approaches

CHAPTER ONE

Outline Doctoral Research: Mental Health in the Military and the Role of Occupational Therapy in Improving Quality of Life and Occupational Performance

Objective: This research aims to identify the impact of mental health and occupational performance for military personnel and the role of occupational therapy to improve one's quality of life. This research will provide preventative and secondary intervention for military personnel prior to and during combat.

Problem to Address:

Military personnel are distinctly influenced by the pervasive military culture. When individuals leave the military, one may experience cultural shock, change of status, disorientation, loss of identity and meaning (Coll, Weiss, & Yarvis, 2011). Others will return with physical, emotional, or psychological disabilities inflicted during combat. According to data from Medical Department of the Army, over thirty percent of all returning veterans will meet the Diagnostic and Statistical Manual of Mental Disorders for post-traumatic stress disorder (PTSD), mood disturbances, anxieties, and/or co-morbid substance abuse (Coll, Weiss, & Yarvis, 2011). Research suggests that approximately 64–84% of veterans who are diagnosed with PTSD will suffer from life-long alcohol abuse disorders (Brady & Sinha, 2005). Other service members are suffering from severe injuries that impacted their self-perception and ability to perform in various occupations impacting their quality of life, mental health, and occupational performance.

The stigma surrounded around mental health, and admitting a psychological problem, are perceived to have consequences due to societal stigma surrounded around these issues. Amongst military services members, many will experience various psychological dilemmas. However, due to the perceived negative consequences, military personnel often refrain from seeking help. Findings demonstrate that military personnel view oneself as responsible for their disorder, believe one should have control over their condition and/or feel responsible for experiencing mental health symptoms such as PTSD (Greene, Britt, Castro, 2007). The present epidemic between mental health and occupational performance is astonishing. The stress acquitted on active military personnel greatly impacts an individual's mental health which directly correlates with decreased participation in occupational performance. Military personnel have experienced higher stress levels, productivity loss, decreased participation in roles and routines in family life, and a decline in job performance. Lastly, military personnel may experience physical disabilities inflicted during combat that affects one's participation in daily life. The outcome this project hopes to address is an improvement in mental health, quality of life, and occupational performance in military personnel through participation in occupational therapy. In addition, this project aims to show that interventions specifically related to coping strategies, educating military personnel, early intervention strategies and participation in meaningful occupations through client-centered interventions can improve quality of life and overall participation.

Why does the problem matter?

The problem military personnel face with life after combat can greatly impact their identity, their roles and routines, mental health, and occupational performance. These issues directly impact oneself and those who have a relationship with this individual. Military personnel may refrain from seeking help due to the stigma surrounded around mental health that will lead to hindered relationships, displacement, decreased social participation, decreased work productivity, and overall decreased quality of life (AOTA Practice Framework, 2014) In addition, military personnel may have to adjust to life after an inflicted wound which can also lead to decreased social participation, decreased participation in ADLs and IADLs, and loss of independence due to new challenges one may face.

There is a direct relation amongst client factors, environment, occupation, and well-being. When an individuals' context, environment or habits are altered in a significant way this has a direct impact on one's participation in meaningful activities and well-being. As stated above, there are many aspects within the AOTA practice framework that are impacted due to the physical and psychological disturbances military personnel face contributing to the stigma surrounded around the concept of seeking help. This significant issue causes a snowball effect which will lead to an overall decreased quality of life and will continue to affect other areas of one's life leading to participation in negative activities such as alcoholism.

The Occupational Therapy Practice Framework defines social participation as an “interweaving of occupations to support desired engagement in community and family

activities as well as those involving peer and friends” (OTPF, pg. 21). For military personnel social relationships with family members, community, and peers are greatly impacted post combat. In a longitudinal study of US soldiers returning from Iraq, Wright, Foran, Wood, Eckford, and McGurk (2012) reported a significant increase in rates of alcohol consumptions, aggression, and externalizing behaviors which included reckless driving, impulsiveness, and danger seeking (Wright, Foran, Wood, Eckford, and McGurk, 2012). In addition to internalizing symptoms regarding one’s mental health, the social and occupational environment influenced the relationship between exposure and conveying behaviors (Wright, Foran, Wood, Eckford, & McGurk, 2012). Common themes of alcohol consumption and aggressive relationships were found in more than 50,000 Air Force service members. Community factors indicative of support and cohesion were also significantly negative due to their externalizing behaviors (Wright, Foran, Wood, Eckford, & McGurk, 2012).

Military personnel demonstrate significant levels of stress related to their job and demonstrate lower levels of productivity in their workforce. According to the Occupational Therapy Framework, job performance is defined as, “performing the requirements of a job, including work skills and patterns; time management; relationships with coworkers and supervisors, sustainment and completion of work, and compliance to work norms and procedures (OTPF, pg. 20). Military personnel report the highest level of stress at work and within their family lives. In a study conducted on 12,756 military personnel, nearly one-third of the respondents reported “a lot of stress at work” and nearly 20% reported “a lot” of stress in their family lives [four point scale: a lot, some, a

little, not at all] (Hourani, Williams, & Kress, 2006). Occupational stress was demonstrated highest amongst twenty or younger population (37.8%) and in married personnel whose spouses were not present at their duty location (37.4%) (Hourani, Williams, & Kress, 2006). In addition, work productivity was impacted as demonstrated with working below the normal performance level (15.9%), as well as leaving work early (14.0%). For individuals that demonstrated higher levels of stress (“a lot”) versus those that demonstrated moderate to low levels of stress, reported higher levels of tardiness (by 30 minutes or more) (11.9% vs. 5.6%), not coming in to work because of work or illness (8.1% vs 3.8%), and being hurt in an accident on the job (2.6% vs .08%) (Hourani, Williams, & Kress, 2006). The highest rate of productivity loss (39.8% working below normal performance level) was found amongst individuals who demonstrated poor mental health and who reported higher levels of occupational and family stress (Hourani, Williams, & Kress, 2006).

Causing/Contributing to the Problem:

1. Social Stigma surrounded around mental health and seeking help.
 - a. Within the military context, service members experience symptoms related to mental health are aware of the public beliefs about psychological problems and perceive a negative consequence from different individuals including fear of social exclusion and may refrain from seeking help due to the apprehension about societal stigma (Greene, Britt, Castro, 2007).
 - i. Furthermore, these findings demonstrate that military personnel view oneself as responsible for their disorder, believe one should have control over their condition and/or feel responsible for experiencing mental health symptoms such as PTSD. Therefore, refrain from seeking professional help (Greene, Britt, Castro, 2007).
 - b. Common themes regarding the publics’ belief about individuals with mental health
 - i. Authoritarianism

- ii. Benevolence
 - iii. Fear and exclusion (Greene, Britt, Castro, 2007).
 - c. Barriers to Seeking Psychological Help (Zinzow, Britt, Pury, Raymond, McFadden, Burnette, 2013).
 - i. Dissatisfaction with encouragement to seek help
 - ii. Actual or anticipated dissatisfaction with services
 - iii. Confidentiality concerns
 - iv. Monetary costs
 - v. Hesitancy to talk to stranger and trusting the therapy process
 - vi. Belief that therapist and others will not be able to relate
 - 1. Relating to others is a common theme that many military personnel describe as a challenging barrier to overcome. Many acknowledge they had become accustomed to minimal contact and renegotiating relationship roles and responsibilities was difficult (Zinzow, Britt, Pury, Raymond, McFadden, Burnette, 2013). Military personnel voiced frustration with civilians' because they lacked the understanding of the service members' roles during deployment which caused conflict and was displayed as being insensitive (Zinzow, Britt, Pury, Raymond, McFadden, Burnette, 2013).
2. Lack of Education
- a. Military personnel lacks education about signs and symptoms one may demonstrate with mental illness.
 - b. In addition, much military personnel perceived belief regarding the lack of resources hinders one from seeking help.
 - c. Military personnel lack the coping mechanisms that can be used in their daily lives and while at combat. Therefore, much military personnel turn to negative behaviors (such as alcoholism) as a coping mechanism.
3. Military Culture/Loss of Identity
- a. Military personnel are influenced by the military culture. When one leaves the military there can be a loss of identity and purpose in one's life. Individuals who may have experienced inflicted wounds during combat may experience a loss of identity due to inability to participate in meaningful occupations and decreased self-regard.
 - b. Military Culture (Coll, Weiss, & Yarvis, 2011).
 - i. Military culture is comprised of values, tradition, norms and perceptions for how members of the armed forces think, communicate and interact with each other and with civilians (Coll, Weiss, & Yarvis, 2011). As each branch of the military has its own unique set of core values such as courage, loyalty, integrity, commitment, honor which are aggressively imposed

on the service members and these norms affect them on and off duty. Although these seem like great qualities there are three often-overlooked virtues that shape the military personnel.

These include:

1. Peacefulness- uphold peacefulness by preserving harmony, but the irony involves waging war. (This being a contraindication)
 2. Restraint: “Just War Doctrine” the idea that war should be waged as a last resort when all peaceful alternatives have been exhausted. However, the cost of human life and destruction of property should be achieved by defending the “just cause” (Coll, Weiss, & Yarvis, 2011).
 3. Obedience: More complex than simple act of compliance. Service members are not obligated to follow an order that he/she deems either immoral or illegitimate, however, it is unlikely that one will challenge the direct order of a superior (Coll, Weiss, & Yarvis, 2011).
4. Opioid Abuse in Military Personnel
- a. Among military veterans, opioid use has been associated with post-traumatic stress disorder, other mental health and substance abuse diagnosis including pain conditions, lower back pain and migraine headaches (Jeffery, May, Luckey, Balison, & Klett, 2014). Veterans experience extreme stressors and injuries during deployment, witness and participate in traumatic events (Larson, Wooten, Adams, & Merrick, 2011). There is a growing public health awareness that military personnel are demonstrating unhealthy substance use and co-occurring problems (Larson, Wooten, Adams, & Merrick, 2011).

Propose to Address the Problem:

1. Educating Military personnel about resources and mental health
 - a. Military personnel need to be educated on the signs and symptoms of mental health, knowledge of where and how to seek help and educated on the importance of seeking help in order to improve quality of life and occupational performance. Education is a critical component to bringing awareness. Education will help individuals seek the appropriate help needed and address the social stigma surrounded around mental health.
 - i. This may include coping techniques and other strategies to use with military personnel while at combat to reduce psychological disturbances and stress levels.
2. Early Intervention during Combat
 - a. Battlemind Training System
 - i. An estimated 20–30% of US military personnel returning from combat report significant psychological symptoms (Alder, Castro,

& McGurk, 2009). Battlemind Training is a strength-based approach designed to enhance soldier skill development, adaptation to the stressors of combat, and management of the transition from combat to home (Alder, Castro, & McGurk, 2009). This program also targets stigma and help-seeking attitudes related to mental health problems (Alder, Castro, & McGurk, 2009). Individuals who reported high levels of mission-related stressors reported slightly better mental health outcomes using debriefing compared to those assigned to stress education (Alder, Castro, & McGurk, 2009).

- ii. Three Types of Model (First one is the primary):
 1. Time-driven Battlemind Psychological Debriefing: designed to occur at intervals during deployment and address the cumulative effects of deployment
 - a. Uses a specific set of questions to guide participants through phases in which combat events or deployment experiences are acknowledged by unit members. This process involves a review of combat-related stressors and the appropriate actions needed to be taken in order to facilitate function during deployment. (Alder, Castro, & McGurk, 2009). The results demonstrate a reduced level of mental health symptoms for the unit overall (Alder, Castro, & McGurk, 2009).
 - b. Phases of Time-Driven Battlemind: (Alder, Castro, & McGurk, 2009)
 - i. Introduction: Establish the climate, ground rules, and basic information about the facilitator's experience with the subject of combat reactions of critical experiences.
 - ii. The Events: Establish the kind of events that have placed a significant demand on the unit members.
 - iii. Reactions: Asking service members to share their reactions. This phase typically begins with asking initial cognitive responses and moves on to include emotional responses.
 - iv. Self and Buddy Aid: The goal of this phases is to identify three common symptoms, normalizes these symptoms, and emphasize how service members can help one's self and their buddies.
 - v. Battle-Mind Focus: help the group become psychologically ready to continue the

mission by eliciting ways in which members can maintain perspective, identify practical coping strategies, focus on positive adaptation and recognize both individual differences and commonalities in how service members adjust.

2. Event-driven Battlemind Psychological Debriefing” used when a commander requests support following a traumatic incident
 3. Battlemind Psychological Debriefing: focuses on the transitioning home, adapting specific Battlemind-related skills for post deployment, and resetting one’s Battlemind.
- b. Use of Virtual Reality (Rizzo, Parsons, Lange, Kenny, Buckwalter, Rothbaum, & Reger, 2011).
- i. The stressful experiences of a warfighting environment have produced significant numbers of returning service members at risk for developing posttraumatic stress disorder (PTSD) (Rizzo, Parsons, Lange, Kenny, Buckwalter, Rothbaum, & Reger, 2011). Virtual Reality can be viewed as an advanced form of human-computer interface that allows the user to interact with a computer-generated simulated environment (Rizzo, et al. 2011).
 - ii. Virtual reality technology creates a controllable, multisensory, interactive 3D stimulus environment, within which the human behavior can be motivated and measured which offers clinical assessment and treatment options.
 1. The clinician can place the patient in VR scenario locations that resemble the setting in which a traumatic event initially occurred and can gradually introduce and control real time “triggers”. (Rizzo, Parsons, Lange, Kenny, Buckwalter, Rothbaum, & Reger, 2011).
 2. Service members more likely to participate as this form of intervention is involved in their training as are other designated duties which in return reduces the stigma of seeking treatment.
3. Role of Occupational Therapy: Maintaining client-centered and occupation-based interventions to improve occupational performance
- a. Incorporating meaningful occupations into treatment plans will improve the quality of life and occupational performance in the lives of military personnel. Treatment methods include having an understanding of the patient’s habits, roles and routines, leisure activities, and meaningful occupations.
 - b. The occupational therapist may include treatments to improve mental health through various methods:

- i. Early intervention and prevention techniques.
 - 1. Education/Knowledge
 - 2. Coping Strategies
 - 3. Battlemind Debriefing Training
 - 4. Virtual Reality
- c. Development and effectiveness of occupational therapy programs for military-connected families (Cogan, 2014).
 - i. A lifestyle-based preventive program that serves as a model for a family-centered program aimed at improving health outcomes and community reintegration (Cogan, 2014).
 - ii. Assisting with developing new habits and routines to align with goals of the family/individual.
- d. Advocating for a larger role for Occupational Therapy
 - i. A client-focused system that supports soldiers' professional identity and sense of self-efficacy.
- e. Systematic Desensitization Theory, Structural Stigma Theory, and Social Identity Theory
- f. Occupational therapist has professional experience and skills that allow them to structure the necessary framework for rehabilitating functional capabilities needed for their patients (Gindi, Galili, Volovic-Shushan, Adir-Pavis, 2016).
 - i. Trained in psychosocial factors, assess deficiencies, and providing "just-right challenges).

CHAPTER TWO

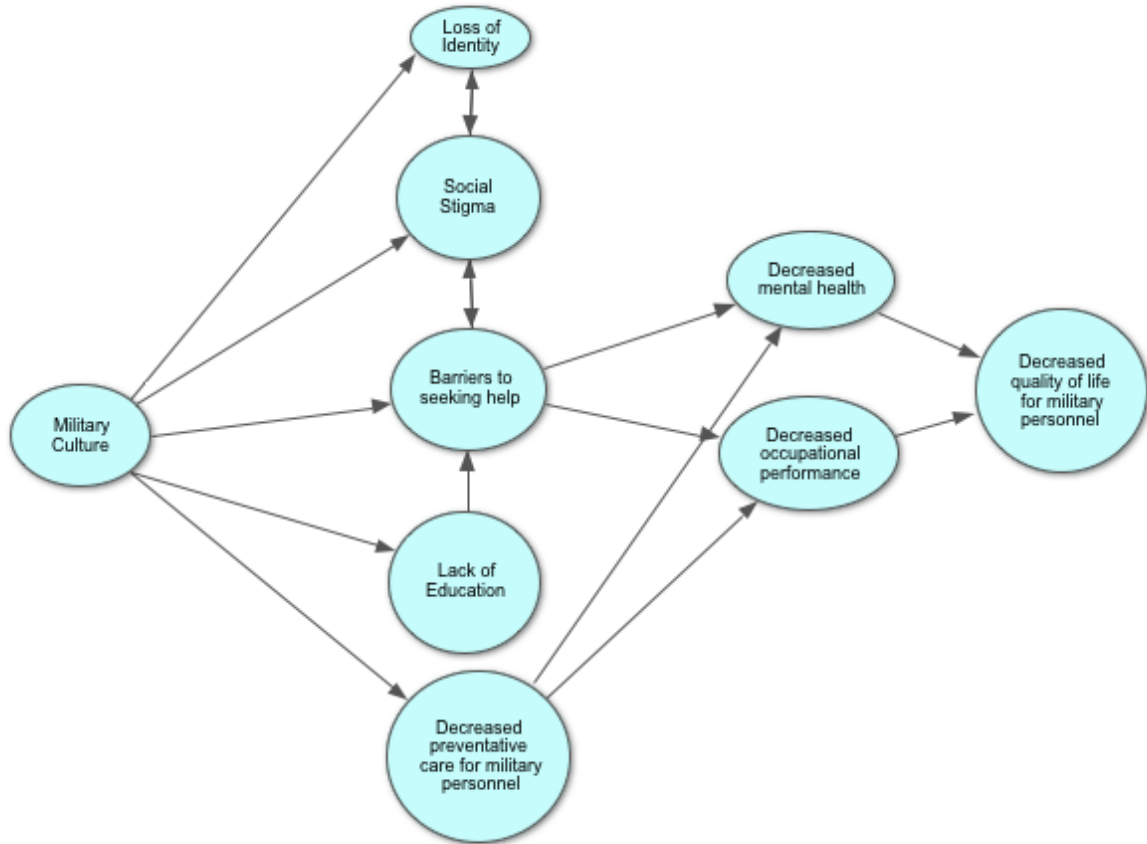


Figure: 2.1: Explanatory Model of the Problem

The pervasive military culture comprising values, tradition, norms, and perceptions of how members of the armed forces should think, communicate, and interact has impacted military personnel and has led to decreased quality of life for individuals. The military culture is cultivated with expectations, rules, and much military personnel feel a need to merge their identity with that of a warrior (Hall, 2010). Oftentimes, the culture of the military causes individuals to lose a sense of their identity. This loss of identity also relates to the social stigma surrounded by military personnel. Within the

military culture, common social stigmas are found regarding mental health and seeking help for mental health. The common concerns regarding seeking help for military personnel were being perceived as weak, being treated differently by unit leadership, and members having less confidence in the individual (Gould, Greenberg, & Hetherington, 2007). Furthermore, other military personnel feel responsible for their disorder, and believe one should have control over their conditions (Greene, Britt, Castro, 2007). These social stigmas are linked to significant barriers to acquiring the necessary help for military personnel. Other barriers to seeking help include dissatisfaction with encouragement to search for help, confidentiality concerns, belief the therapist and others will not be able to relate, monetary costs, and the lack of education for seeking help. In a study providing a screening on military personnel, the study found that nearly twenty-one percent of the 885 soldiers were screened positive for the psychological illness (Rona, Hymas, & Wessely, 2005). The military culture lacks providing the appropriate education for military personnel regarding signs and symptoms, education about mental illness, and information about how to acquire help. With that said, the military provides a lack of preventative care for military personnel.

The lack of preventative care for military personnel, and the barriers to seeking help, have resulted in decreased mental health and decreased occupational performance. Military personnel demonstrated significant levels of stress and lower levels of productivity in their workforce. The highest rate of productivity loss (39.8% working below normal performance level) was found amongst individuals who demonstrated poor mental health and who reported higher levels of occupational and family stress (Hourani,

Williams, & Kress, 2006). Military personnel demonstrate decreased mental health that has resulted in maladaptive behaviors, and increased use of alcoholism and opioid use. With that being said, this leads to decreased quality of life in military personnel.

The pervasive military culture comprising values, traditions, norms and perceptions of how members of the armed forces should think, communicate, and interest has impacted military personnel leading to the creation of a culture that has led to increased social stigma and decreased quality of life in military personnel. The social stigmas military personnel experience is linked to significant barriers to acquiring the necessary help for military personnel. With that being said, the role of occupational therapy aims to improve the quality of life in military personnel and mental health. This paper will provide a proposed explanatory model of the problem and provide a synthesis that will evaluate the evidence of the proposed model using research based articles and literature reviews.

Stigma can be defined as an attribute that is deeply discrediting to the stigmatized individual by ascribing a negative attribute to the labeled person resulting in experiences of rejection as a result of the attribute (Schreiber, & McEnany, 2015). In fact, stigma is one of the leading causes as to why most military personnel do not seek the appropriate care needed (2015).

Overview of Proposed Explanatory Model:

The proposed explanatory model of the problem is that the military culture that is experienced by military personnel has resulted in a decrease in mental health, decrease in occupational performance and an overarching theme of decrease of quality of life for military personnel. The pervasive military culture has led military personnel to experience loss of identity. Within the military culture, common stigmas are found regarding mental health and seeking help for mental health. The concerns typically noted for military personnel who seek the appropriate help is that they are perceived as weak, may be treated differently by leadership, and members having less confidence in that individual (Gould, Greenberg, & Hetherington, 2007). The stigma experienced within the military culture has been linked to being a significant barrier to military personnel acquiring the necessary help needed. In addition, the military culture lacks the appropriate education regarding the signs and symptoms of mental illness, education about mental illness, and information about how to seek help. This also demonstrates the lack or decreased awareness of preventative care for military personnel. The lack of preventative care for military personnel, and the barriers to seeking help, has resulted in decreased occupational performance and decreased quality of life in military personnel.

Synthesis:

For this synthesis two supporting questions were identified in order to identify the appropriate research articles to support the above problem model. The first question

stated, “Is there evidence that stigma surrounding military personnel impacts military personnel mental health?” The second question identified, “Is there evidence that occupational therapy can improve mental health and improve the quality of life in military personnel?” The information and research conducted on the above clinical questions is identified and a summary of the evidence based research is demonstrated.

Clinical Question:

“Is there evidence that stigma surrounding military personnel impacts military personnel’s mental health?”

Summary of the Evidence Base

A search of evidence-based literature was conducted using PsychArticles, EBSCOhost, Oxford Academic, and Cinhal. In addition to the clinical question, search terms that were included: military personnel, mental health, stigma, occupational therapy, military culture. The limitations that were placed on the research articles included date range within the last five years (2014–2019), linked in full text, and peer reviewed articles. Of these criteria four articles were identified regarding this question to provide support regarding the problem model.

The articles that were selected focused on the topics of stigma, barriers to seeking health services, distress, and mental health. The evidence provided by these studies suggests that stigma has a significant impact on military personnel seeking the appropriate help needed. Factors that were used to discover this information included the

use of analyzation of peer reviewed studies, questionnaires and implementation of studies using questionnaire techniques and methods (Sharp, et al., 2014; Health, et al., 2017; Schreiber & McEnany, 2015).

The stigma and perception of the military culture may dissuade them from seeking help or disclosing mental health problems. Individuals in the military can be medically downgraded and removed from specific duties including management of weapons, especially if on medication for mental health (Sharp, et al., 2014). The concerns of military personnel seeking treatment and reporting mental health issues may also affect relationships with leaders (Sharp, et al., 2014; Schreiber & McEnany, 2015). In the study, nearly sixty percent of military personnel believed that if one discussed emotional problems with leaders then they would be treated differently (Schreiber & McEnany, 2015). In addition, the stigma that individuals may seem weak if one seeks help is associated with the masculine culture of the military (Sharp, et al., 2014; Heath et al., 2017; Schreiber & McEnany, 2015). Studies have also noted the importance of perception in impacting military personnel seeking help (Sharp et al., 2015; Heath et al., 2017; Britt et al., 2015). In the article by Britt et al., (2015), the author indicated that military personnel that do seek the appropriate help tend to drop out of treatment prior to completion of treatment secondary to the individual's self-stigma and perception of self. Perceived stigma for one's career and differential treatment from others, along with self-stigma from treatment seeking, was associated with increased risk of dropping out of treatment seeking and sessions. In addition, author Heath et al. (2017), Britt et al. (2015), and Schreiber & McEnany, (2015), findings arguing that internalized

devaluations associated with seeking help impacted the individual's motivation and initiation for seeking help. Of the articles identified for this question, there was a split between the methods used for research in the article. Two of the articles consisted of collection of other studies, while the other two were randomized control studies. The article written by Sharp et al., gathered research articles from peer-reviewed journals through electronic searches of MEDLINE, PsychINFO, Embase, Web of Science, and Scopus databases. The article written by Schreiber & McEnany, conducted research articles from Cinahl and Pubmed databases. In addition, the authors focused primarily on American military personnel for the review. The two studies used similar search terms including: mental health, PTSD, stigma, veterans, and military. The other two articles consisted of studies of military personnel. The study conducted by Heath et al. included 271 male current or former military personnel enrolled in online intervention study focused on decrease self-stigma associated with seeking help. The study conducted by Britt et al., included 6 participants in the sample of the treatment-seeking analyses who scored 50 or above on the PTSD checklist, but did not meet the specific criteria to be classified on PTSD subscales.

Clinical Question:

“Is there evidence that occupational therapy can improve mental health and improve the quality of life in military personnel?”

The role of occupational therapy for military personnel include those with transient, intermittent injuries; those returning from overseas mission with very serious

injuries or severe injuries; those with permanent injuries who are transitioning to civilian workforce and/or life; and intervention regarding mental health issues and targeting physical issues (Brown and Hollins, 2013).

Occupational therapists have a unique skill set that can provide a comprehensive manner of rehabilitation including addressing the physical and mental health component of one's life. Many military personnel experience mental health illness after experiences in combat and have difficulty transitioning into civilian life (Kashiwa, Sweetman, Helgeson, 2017; Cogan, 2014). The U.S. Department of Veterans Affairs reported approximately 20 veterans die from suicide each day (Kashiwa, Sweetman, Helgeson, 2017). The author indicates that suicide rates increased by 32% from 2001 to 2014; whereas suicide rates among adult civilians increased by 23% (Kashiwa, Sweetman, Helgeson, 2017). The transition for service members returning home from the timeframe of three to six months are most challenging resulting in psychological issues facing the individual and family members (Cogan, 2014). As service members reintegrate into family roles and civilian life, signs of PTSD may emerge (Cogan, 2014). The three key symptoms include reexperiencing trauma, avoidance and numbing, and hypervigilance (Cogan, 2014). Other symptoms include difficulty sleeping, headaches, nightmares, anger, hopelessness, and irritability (Cogan, 2014).

The role of occupational therapy is to assess the individual's functional abilities, determine a treatment and intervention plan and put it into place; develop, restore, or maintain skills; deal with disabilities; attenuate challenging situations; and adapt the

environment to promote optimal autonomy in the patient's daily, family, social and professional lives (Brown & Hollis, 2013). Occupational therapists seek to assist the individuals in recovering from impaired functions, strengthening, teaching the patient how to deal with the disability and do things differently, introducing technical aids such as wheelchairs, creating and fit orthotic devices, and adapting ill and injured personnel's environment including home, vehicle, and workstation (Brown & Hollis, 2013). The priority is placed on the environment and occupation to reduce dependency including essential equipment such as wheelchairs, ramps and stair lifts to reduce lengthy wait times, and ongoing support to members and family to ensure success (Brown & Hollis, 2013). The article also continues by implementing relaxation techniques, problem solving, stress and anger management classes, assertiveness training, cognitive behavioral training, monitoring pain and sleep, and habit training (Brown and Hollis, 2013).

As military personnel transition home and/or back to civilian life, the importance of being, belonging, coping strategies, emphasis on social inclusion and relationships are important to reduce social isolation (Kashiwa, Sweetman, and Helgeson, 2017; Brown and Hollis, 2013). In the article, Kashiwa, Sweetman, and Helgeson (2017), justify the role of occupational therapy for promotion of adaptive coping strategies, meaningful relationships, access to mental health care to reduce feeling of social isolation and lack of belonging associated with suicide, facilitate coping strategies and the promotion of social inclusion, using client centered approaches, building trust (Kashiwa, Sweetman, and Helgeson, 2017). According to Kashiwa, Sweetman, and Helgeson (2017), increased reports of social isolation and occupational deprivation, and decreased participation in

meaningful occupation were due to decrease in functionality post combat (Kashiwa, Sweetman, & Helgeson, 2017).

The role of occupational therapy is critical in rehabilitating military personnel, but also in providing preventative and early intervention for military personnel (Brown & Hollis, 2013; Cogan, 2014). Early interventions for veterans with anger, anxiety, depression and insomnia will address personnel issues, educating veterans on triggers and using relaxation and visualization techniques, provide skills in conflict resolution, communication, financial and time management, and methods of solving specific problems (Brown & Hollis, 2013). The role of occupational therapy is an important part of the healthcare team and improving patient's overall functioning and to return to participating in meaningful occupations (Brown & Hollis, 2013). Therefore, advocating for the role of occupational therapy in mental health and as part of the rehabilitative process is critical for the well-being of military personnel (Cogan, 2014; and Brown & Hollis, 2013). The author Cogan (2014), argues that occupational therapists have a critical role to advocate for a larger role in mental health due to coverage for occupational therapy interventions for mental health and preventative care remains unclear under TRICARE insurance plans. Because of the profession's emphasis on everyday activity, work adjustment, participation in occupation, occupational therapy services are unique and complement interventions offered by other health specialists (Cogan, 2014). In addition, the health care team can focus on the potential relationships among all functions, provide home modifications, and improve patient's participation in meaningful occupation (Brown & Hollis, 2013).

The evidence-based research articles suggest the important role occupational therapy has in improving a patient's function, rehabilitation, and participation in meaningful occupations and roles. Of the studies used in this research, all the articles provided information for researched based articles to support their arguments (Cogan, 2014; Brown & Hollis, 2013; Kashiwa, Sweetman, and Helgeson, 2017). What differed in these studies were the locations ranging from the United States to Canada (Cogan, 2014; Brown & Hollis, 2013; Kashiwa, Sweetman, and Helgeson, 2017).

Quality and Limitation of Current Research:

All seven articles demonstrated an effective sample size whether it was the number of articles reviewed and/or participants in the study. Of the seven articles, one article did demonstrate researcher bias. The article written by Heath, Seidman, Vogel, Cornish, and Wade (2017), indicated in the methods that participants were provided a monetary amount of four dollars for participants who completed the study. In regards to the type of research conducted, an increase in randomized control trial studies may have provided increased information on the clinical questions stated above and provide researchers with increased data, opposed to reviews of peer-reviewed articles as each article studied had their own methods of research used.

Conclusion:

In conclusion, the stigma and military culture surrounded around military personnel has impacted one's mental health and perception of seeking help. The stigma of fear of losing

their jobs, perception of masculinity, altered relationships, and self-perception of seeking help have all become barriers to military personnel pursuing the help needed. The role of occupational therapy is critical in improving the quality of life for military personnel. Occupational therapists have the unique ability to provide education including preventative strategies and early intervention to reduce risk of mental health, provide accommodations, improve participation in occupational roles, and improve overall functioning. As mental health becomes an epidemic, it is imperative that occupational therapists continue to advocate for their role in mental health and assisting military personnel to improve overall quality of life and function.

CHAPTER THREE

Military personnel often experience mental health issues, social isolation, and alienation from their previous roles and occupations during and after combat experience. It is important to implement preventative and early intervention to reduce the risk of mental health issues after returning from combat. The aim of this synthesis is to analyze the interventions by conducting an overall synthesis of the effectiveness and use of early intervention for military personnel.

Problems/Shortcomings

The problems and shortcomings experienced by military personnel is in regards to the lack of preventative care implemented in order to reduce mental health issues. In addition, due to the stigma experienced by military personnel, one is less likely to seek the needed care due to this. The concerns of military personnel seeking treatment and reporting mental health issues may also affect relationships with leaders (Sharp, et al., 2014; Schreiber & McEnany, 2015). In the study, nearly sixty percent of military personnel believed that if one discussed emotional problems with leaders then they would be treated differently (Schreiber & McEnany, 2015). In addition, the stigma that individuals may seem weak if one seeks help is associated with the masculine culture of the military (Sharp, et al., 2014; Heath et al., 2017; Schreiber & McEnany, 2015). Studies have also noted the importance of perception in impacting military personnel seeking help (Sharp et al., 2015; Heath et al., 2017; Britt et al., 2015). In the article by Britt et al., the authors indicated that military personnel that do seek the appropriate help tend to drop out of treatment prior to completion secondary to the individual's self-stigma and

perception of self.

Effective coping skills for managing military-related stressors demonstrated improved life status and resilience while coping (Chen, Yang, Chiang, 2018). After analyzing the data and using various databases, studies have demonstrated that early intervention including educating military personnel on mental illness, providing coping strategies, tools to address mental health and stressful encounters during combat, and providing a team oriented approach of discussing experiences, similar to Battlemind Training, reduce the risk of mental illness (Alder et al., 2011) .

Clinical Question:

Is there evidence that preventative care such as education, increasing awareness, and screening reduce risk of mental health in military personnel?"

Summary of Evidence and Data Collection:

A review of databases was conducted for answering the research questions stated above. A thorough search review of the articles included databases such as: J-Stage Free, Journal of Medical Science, and EBSCOhost PsycArticles. All three of these articles were Peer Reviewed and published within the last ten years. The key term words used to identify the articles included: "Coping strategies for military personnel," "Coping strategies for military," "Battle-Mind Training" AND "Early Intervention" and others. The articles also demonstrated an increased population size within their research and performed trials on military personnel using their intervention approaches. This allows

for accurate data and demonstrates the effectiveness of a specific intervention.

Summary of Evidence/Interventions

Military personnel are confronted with physiological and psychological changes caused by stressors and exposure to trauma experienced in combat (Chen, Yang, Chiang, 2018). Early intervention skills such as providing coping strategies have demonstrated effective outcomes in improving mental health and psychological well-being in military personnel. After conducting a search review of articles, the articles demonstrated the effectiveness of early intervention process and application of transitional programs for military personnel in order to reduce the risk of mental health issues (Adler, Bliese, McGurk, Hodge, & Castro, 2011; Bian et al., 2011; Chen, Yang, & Chiang, 2018). In the article written by Bian et al., (2011), the author argues that coping strategies as an early intervention, and the application of coping strategies has demonstrated to be effective in special-services military personnel improving overall personal health, and quality of life. Interventions that are problem-focused and help seeking are more adaptive and positive since they tend to eliminate the source of stress rather than simply address the negative effects of stress (Bian, et al., 2011). Articles reported by Bian et al., (2011), Chen, Yang & Chiang (2018), indicate that early intervention strategies improve military personnel's overall quality of life, reduce stressors, and reduce the risk of further mental health issues. All three articles implemented and stated the importance of social interaction and peer support as a method of early intervention strategy (Adler, Bliese, McGurk, Hodge, & Castro, 2011; Bian et al., 2011; Chen, Yang, & Chiang, 2018). In the cross-sectional study of 200 soldiers it was demonstrated that coping strategies lead to

greater resilience and psychological well-being as reported by military personnel when facing occupational stressors (Chen, Yang, & Chiang, 2018). In addition, approach-oriented coping resulted in significant positive effects on resilience and psychological well-being, whereas avoidant coping demonstrated opposite effects (Chen, Yang, & Chiang, 2018). Approach-oriented coping is when the individual tries to eliminate the stressor and modify its external cause. Furthermore, in another study the techniques were applied to 512 military service members returning from deployment using coping strategies. The results indicated that soldiers with higher levels of resilience, including hardiness (encompassing control, commitment, and challenge) demonstrated better mental health status and lower alcohol use after 6–12 months (Chen, Yang, & Chiang, 2018).

On the other hand, the article written by Alder, Bliese, McGurk, Hodge & Castro, (2011), used a unique technique of Battlemind debriefing and training as an early intervention method used for military personnel. This method is similar to Bian et al., (2011) and Chen, Yang, & Chiang, (2018), in that they believe in early intervention strategies. However, Alder et al., (2011) uses the Battlemind debriefing and training emphasizes the transition from combat to home and recognizes this transition as a social-psychological task, and promotes support from peers and leaders (2011). This training is an early intervention program for reintegration following combat most commonly used at Walter Reed Army Institute of Research. This intervention comprises self-confidence, taking calculated risks and handling future challenges, mental toughness, overcoming setbacks, maintaining positive thoughts during times of adversity, emphasizes the

importance of unit cohesion, safety, relationships, and common physical, social and psychological reactions to combat (2011). The results of the intervention demonstrated fewer posttraumatic stress symptoms, depression symptoms, and sleep problems, and lower levels of stigma, especially for those who experienced high levels of combat exposure (2011).

With that being said, the above data indicates the effects of providing military personnel early intervention provides improved quality of life, well-being, and has resulted in decreased reports of mental health issues by military personnel. This leads to the second clinical question regarding does educating military personnel result in improved participation in seeking help?

Clinical Question: “Is there evidence that by educating military personnel about mental health illness will result in increased/improved participation in seeking help?”

Studies demonstrate the importance of empowering military personnel, providing education, and increasing awareness regarding mental health issues so that military personnel will seek the appropriate help necessary and reduce common barriers that deter one from seeking help. The article emphasizes the use of education and using coping strategies have demonstrated effectiveness, and that one of the most detrimental aspects is avoidance coping which results in maladaptive behaviors, decreased mental health, and decreased quality of life. (Dickstein, Vogt, Handa, & Litz, 2010; Blow, et al., 2017; Shore, Aldag, McVeigh, Hoover, Ciulla, & Fisher, 2014).

Research suggests that mental health related stigmas significantly impact patients resulting in decreased use of mental health services by military personnel (Dickstein,

Vogt, Handa, & Litz, 2010). Stigma of mental illness is a significant barrier to mental health care and has demonstrated to be particularly powerful in drifting military personnel from seeking the appropriate help necessary (2010). By increasing awareness of stereotypes surrounding mental illness it can help elucidate specific maladaptive beliefs that diminish treatment-seeking behaviors in those who internalize the disorder (2010). Common beliefs include personal responsibility for experiencing mental health, one should be able to exert control over symptoms, patients that experience mental health issues are dangerous and violent, are considered “weak character”, and many others. Due to this stigma, military personnel have avoided seeking help due to the fear of being labeled. here are five targets that the military and the VA should focus on including perceptions that care utilization is a sign of weakness, stereotypes about mental illness and mental health diagnoses (e.g indicative of incompetence, dangerousness, or “craziness”), self-blame (e.g. feeling responsible for having a mental illness), uncertainty about the signs and symptoms of mental illness, and uncertainty about the nature of treatment (2010). However, articles reported that avoidant coping strategies were not effective in reducing mental health symptoms (Blow, et al., 2017; Shore, Aldag, McVeigh, Hoover, Ciulla, & Fisher, 2014). Avoidance coping included behavioral and mental disengagement, venting of strong emotions, denial, and abuse of substances.

The importance of education and informing military personnel about mental illness has resulted in an emphasis for increasing access for education and intervention for military personnel. The push for increasing access for mental health services has progressed towards using technology and mobile health as a method to improving access

and improving the quality of life (Shore, Aldag, McVeigh, Hoover, Ciulla, & Fisher, 2014; Dickstein Vogt, Handa, & Litz 2010). Internet use is associated with anonymity and empowerment and is a useful medium for addressing self-stigma; and allows for increased patient engagement in health care through the use of devices (Shore, Aldag, McVeigh, Hoover, Ciulla, & Fisher, 2014; Dickstein Vogt, Handa, & Litz 2010).

Quality and Limitations of Research:

The articles demonstrated an effective sample size whether it was the number of articles reviewed and/or the number of participants in the study. The articles were peer-reviewed articles and published within the last ten years. Of the articles reviewed, common limitations noted by the authors included autonomy of the participants, design of the study, and attitudes and perception of mental health impacted study results. The articles written by Dickstein, Vogt, Handa, and Litz (2010) and Blow et al., (2017) indicated that autonomy and confidentiality were impacted due to the coding used in the study or the potential consequences of health seeking behavior due to military personnel career tracks. The type of study, and the design of the study, were noted to be limitations in articles reported by Chen, Yank, & Chiang (2018) and Bian et al., (2011). Chen et al., (2018), reported that the design study of a cross sectional versus a longitudinal study may have produced different results. The authors reported that a longitudinal study may have examined the interaction between different coping strategies in the study compared to a cross sectional study. Bian, et al., (2011) reported that due to the subjects being from military units with special services, subjects were means of clustering rather than random grouping which would have minimized the sample error. In addition, the article had

missing values due to participants leaving the study for unexpected reasoning including post change, duty, training, and other reasons. In addition, the authors indicated that the limitation regarding attitudes of self-stigma and mental health issues impacted the process of data collection in studies secondary to their pre-existing perception impacting intervention (Adler, Bliese, McGurk, & Lastro, 2011). The last limitation noted by the authors, was that studies were often self-reported compared to other use of measurements and/or assessments which resulted in bias (Chen, Yang, & Chiang, 2011; Alder, Bliese, McGurk, & Lastro, 2011). In regards to the type of research conducted, an increase in randomized control studies and longitudinal studies may have provided increased information on the clinical questions stated above, provided increased data, and allowed for researchers to analyze data over a prolonged period of time demonstrating the effectiveness of intervention.

Conclusion:

The epidemic in mental health and the number of increased reports of mental health issues in military personnel demonstrates the need for providing early intervention and prevention techniques, education, and access to support to improve overall well-being and the mental health crisis in military personnel. The research supports that early intervention and prevention techniques such as education, coping strategies, interactive communication, and improving access are methods of improving mental health issues and resulted in an increased number of military personnel seeking help. In addition, techniques such as Battlemind debriefing and training, along with the use of technology, has improved mental health outcomes, increased access for military personnel, and

increased the likelihood of participation by service members due to the negative common perceptions surrounded around seeking help. By providing military personnel with the appropriate tools and access, military personnel have reported an increase in their quality of life, improvements in mental health and coping, and increased participation in roles and occupations.

CHAPTER FOUR

The program developed is called *Warrior Mind*, an educational and informative program geared towards improving mental health in military personnel and improving occupational performance using occupational therapy approaches. The intervention used in this program will include providing educational tools, awareness, and providing interventions using coping strategies, preventative techniques, and providing support groups to improve mental health in active veterans. The aim of this paper is to provide a description of the proposed program, literature review that provides further information on mental health in the military, and to provide relevant information on the design of the program.

Recipients:

This program is primarily geared toward military personnel, however, can be a tool used for educating military personnel, healthcare providers, and occupational therapists who work with the military. The aim of *Warrior Mind* is to provide military personnel with the appropriate tools and education to improve mental illness, breakdown barriers and perception of mental illness, and provide effective strategies that will improve mental health, occupational performance and quality of life using occupational therapy based strategies. This program can also be used for healthcare providers as a resource for effective methods based on evidence based practice found in this dissertation.

Literature Review

Mental health issues continue to be an epidemic and continue to be on the rise.

The stigma and perception of the military culture may dissuade them from seeking help or disclosing mental health problems. As a result, military personnel face being medically downgraded and removed from specific duties, especially if on medication for mental health; concerned reporting mental health issues may affect relationships, and are affected by the stigma of reporting mental illness will perceive the individual as weak (Sharp et al., 2015). After conducting a thorough review of literature, it is imperative that mental health and stigma in military personnel is addressed by changing the military culture and providing the tools that can effectively address these issues. In the article written by Bian et al., (2011), the author argues that coping strategies as an early intervention has demonstrated to be effective in improving overall personal health, and quality of life. More specifically, the author argues that problem-focused and help seeking are more effective as they directly try to eliminate the source of the stress rather than negative effects of the stress (Bian, et al., 2011).

Methods of Delivery

The program uses occupational therapy approaches, and would benefit from an occupational therapist performing and/or guiding the intervention process. However, areas such as coping strategies can be implemented by the individual once properly trained on these techniques. The proposed program will be delivered through a website which will consist of educational and training sessions, webinars education, provide resources that are accessible for military personnel, and delivery of effective interventions to clinicians. The purpose of this type of delivery is to increase access and convenience to active military personnel and healthcare providers.

The website will include a general idea of *Warrior Mind's* purpose, vision, mission, and provide educational tools that are specific for military personnel and healthcare providers. The mission of *Warrior Mind* is to improve mental health in military personnel by improving access, reducing stigma and barriers, and providing military personnel and healthcare providers the appropriate tools using evidence-based practice. The vision of the program is to lead change in perception and stigma, increase awareness, education, and access in order to reduce mental health issues in military personnel.

The website will allow individuals to access information for healthcare providers, military personnel, and provide other informative resources. (Figure 4.1). The information provided for military personnel will vary from the information provided to the healthcare providers, however, the website will allow for the viewer to have access to all materials on the website. For military personnel, the information is geared towards increasing awareness, providing information on resources that can be applicable to their experiences such as coping strategies, and will be an education tool that educates military personnel on mental health. In addition, the program will educate military personnel on the role of occupational therapy in assisting military personnel on how to address mental health issues (Figure 4.2). On the other hand, healthcare providers are provided an informative lecture and webinars that will educate one on different intervention techniques that can be used. For example, the program will educate on preventative and early intervention techniques such as Battlemind Training, coping strategies, social support, education and increasing knowledge, and use of virtual reality. An example of an

intervention the viewer will be educated on is Battlemind Debriefing and Training. Battlemind Debriefing and Training emphasizes training, transition from combat to home, recognizes this transition as a social-psychological task, and promotes support from peers and leaders. The intervention comprises of self-confidence, taking calculated risks and handling future challenges, mental toughness, overcoming setbacks, maintaining positive thoughts during times of adversity, emphasizes the importance of unit cohesion, safety, relationships, and common physical, social, and psychological reactions to combat (Figure 4.3).

By using these methods, the program will reach an increased number of individuals, improve accessibility, and still provide a personnel and interactive approach. In addition, the program would provide a guide that will simply provide access and resources for military personnel to improve mental health issues. Lastly, of the articles reviewed in previous modules, the internet and providing tools for military personnel allowed for an increase in access, and an increased likelihood of participation in addressing mental health issues. Internet use is associated with anonymity, empowerment and is a useful medium for addressing self-stigma; and allows for increased patient engagement in health care through the use of devices (Shore, Aldag, McVeigh, Hoover, Ciulla, & Fisher, 2014; Dickstein Vogt, Handa, & Litz 2010).

Modes of Intervention

After completing a thorough review of literature articles, effective modes of intervention included: use of coping strategies, early intervention and preventative techniques, interactive and social communication using groups, and use of Battlemind

debriefing and training. Below is a further look at the intervention strategies listed and application of intervention.

Effective modes of intervention described by research studies in this doctoral project include educating on coping strategies that military personnel can use, social interaction, Battlemind training, improving education and understanding on mental illness, and improving overall perception on seeking help for mental health. The modes of intervention, which are primarily early intervention and prevention techniques. This aspect of the paper will analyze a deeper understanding of the intervention techniques. The first intervention is in regards to coping strategies and social interaction. In the article written by Bian et al., (2011), the author argues that coping strategies as an early intervention, and the application of coping strategies has demonstrated to be effective in special-services military personnel improving overall personal health, and quality of life. Interventions that are problem-focused and help seeking are more adaptive and positive since they tend to eliminate the source of stress rather than simply address the negative effects of stress (Bian, et al., 2011). As mentioned the importance of approach-oriented coping strategies which eliminates the stress and modifies its external causes resulting in resilience and psychological well-being. In addition, social interactions and communicating with other military personnel who have experienced similar situations allows for military personnel to be more open about speaking about their mental health experiences. Increased support system results in decreased alienation, isolation, and occupational deprivation.

In more recent studies, Battlemind Training which was developed by Walter Reed

Army Institute of Research is a series of mental health training modules that is provided to military personnel that helps prepare for the mental rigors of combat, but also provides service members with trainings to improve their transitions home (Adler, Castro, McGurk (2007). A third mode of intervention consists of educating military personnel about mental health issues, signs and symptoms of mental health, and removing stigmas and barriers that prevent military personnel from seeking the appropriate help necessary. Educating military personnel reduces common stigmas that may prevent military personnel from seeking the appropriate help necessary. The importance of education also allows military personnel to advocate for oneself and be able to apply intervention as individuals and throughout their daily living. Lastly, the use of virtual reality is a more recent intervention method that is being used. Virtual reality is being used as a means for preparation and readiness for military experiences that will be encountered, used to deliver exposure therapy, and used as a means to implement coping strategies. All in all, these modes of interventions will be discussed on the website for healthcare providers and military personnel to access and gain further information.

Vision for the Program

The importance of having short term and long term visions are important when creating and evaluating a program, and also allows objective findings to support the success of the program.

The short term visions include:

- a. The creation of mental health educational tools using webinars/websites/handouts and increasing access for military personnel

- b. Increased knowledge about mental illness reported by military personnel and improved number of active members reporting use of preventative and secondary care techniques
- c. Advocate for the role of occupational therapy in assisting and providing healthcare for military personnel
- d. Creating an interactive and user-friendly program for military personnel and/or healthcare providers that will address interventions that are effective

The long term visions include:

- a. Changing the military culture and reducing the stigma around mental illness in military
- b. Reduced number of reported mental health cases reported by military personnel and increased participation in occupation measured by occupational performance

Measuring Effectiveness of Program

The program will be delivered through an interactive educational website that includes webinars, educational and training programs, and information that will be accessible for the military personnel. The overall goal of the program is to provide military personnel and healthcare providers of military personnel with tools that can be used to improve mental health issues. For this program, in order to measure the effectiveness of the program a survey with a series of questions will be asked on the effectiveness and use of the website provided (Table 4.1). The questions will be asked using a Likert-scale approach, and a data analysis will be conducted to measure the effectiveness of the program and/or areas of improvements need to be addressed based on

scores provided. (Table 4.1).

Barriers/Challenges:

Warrior Mind aims to improve mental health issues by providing accessibility, user-friendly and evidence-based tools that are accessible and applicable for military personnel and healthcare providers. However, there are barriers to this program which include the stigma surrounding mental health and accessibility. Stigma surrounded around mental health issues in military personnel is a barrier to military personnel seeking the appropriate help necessary. Therefore, this can impact the number of individuals that use the program. On the other hand, by providing this tool as an online program, the goal is to educate military personnel and care providers within the comfort of their own environment. This program will not directly cure mental health issues, however, by providing education and tools regarding mental health issues the program will increase awareness and reduce barriers to seeking help. While the program is online which provides access to individuals world-wide, it does require the use of the internet and a technology device that will allow access to the program.

Conclusion

Warrior Mind is an interactive, education, and evidence-based tool used to address mental illness in military personnel by providing information and education on mental health. In addition, the program does provide information for military healthcare providers and educators using the evidence-based approaches for addressing mental health issues. The program will use educational and training sessions, webinars, and

technology and a website.

Table 4.1

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Disagree
Was the website user-friendly?					
Was the website easy to navigate?					
Did the information on the website provide education regarding mental health?					
Was the information provided useful and easy to follow? Did the content provide you information that you can apply to your personal experience/work?					
Overall, how satisfied were you with the program?					

Figure 4.1: Images of *Warrior Mind* website

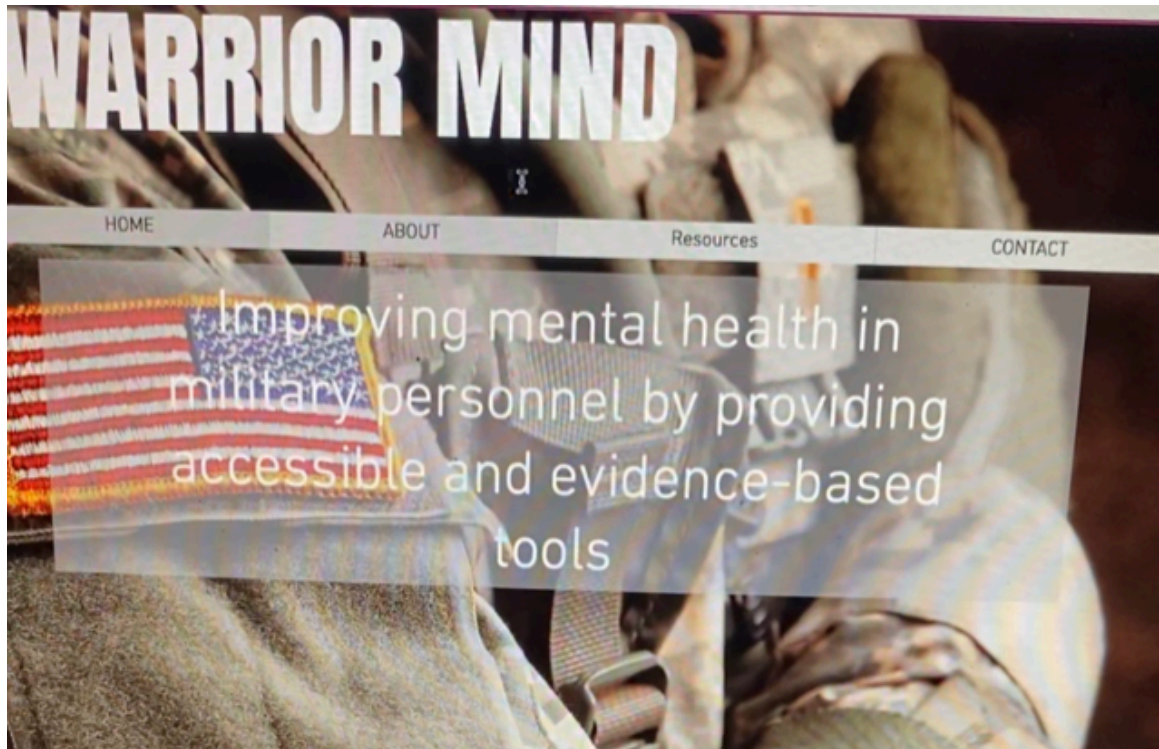


Figure 4.2: Sample of Lecture/Slide on Role of Occupational Therapy for military personnel in addressing mental health issues.

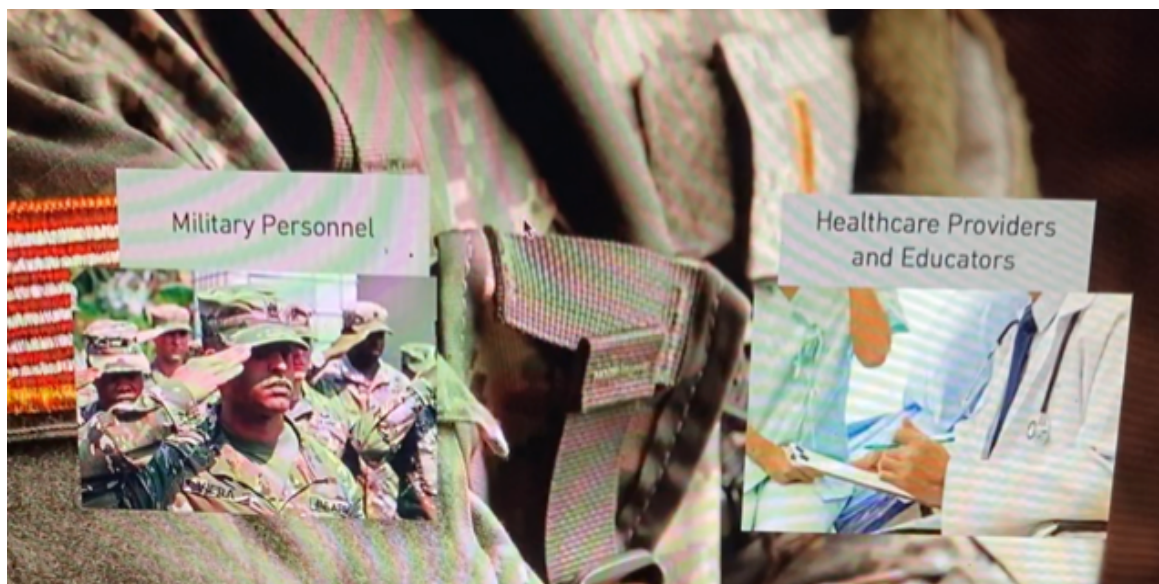


Figure 4.3: Sample of Lecture/Slide on early intervention techniques found in this program, Warrior Mind. The slides are information regarding Battlemind Debriefing Training, an early intervention technique.

Role of Occupational Therapy

- Occupational Therapist have a unique skill set that can provide a comprehensive manner of rehabilitation addressing the physical and mental health component of one's life.
 - Mental Health: Military personnel experience mental health issues after combat experiences and have difficulty transitioning into civilian life.
 - Physical Health: Occupational Therapist are trained in addressing different injuries, and have the ability improve occupational performance, increase participation in daily activity meaningful occupations, and roles/responsibilities.
- Occupational Therapist can assist with early intervention and preventative care
 - Reduces overall mental health issues
 - Provides access and tools to military personnel when addressing mental health
- Also assist with transition, adaptations, improving occupational performance, participation in meaningful occupations, and roles/responsibilities.

Battlemind Debriefing Training

- Battlemind Debriefing and Training emphasizes training, transition from combat to home, recognizes this transition as a social-psychological tasks, and promotes support from peers and leaders.
- The intervention comprises of self-confidence, taking calculated risks and handling future challenges, mental toughness, overcoming setbacks, maintaining positive thoughts during times of adversity, emphasizes the importance of unit cohesion, safety, relationships, and common physical, social, and psychological reactions to combat.

Battlemind Debriefing Training Cont'd

Battlemind Psychological Debriefing is designed for use in three different ways:

1. In-theatre event driven debriefing: occurs following a potentially traumatizing event during deployment
2. In-theatre time-driven debriefing: occurs at specified time points during deployment to address the cumulative effects of deployment
3. Immediate post-deployment briefing: facilitate the transition from combat to home

FUNDING PLAN

Funding Plan Proposal: *Warrior Mind*

Introduction

Military personnel have demonstrated increased stress levels, a decline in occupational and work performance, experienced the feeling of isolation, have been removed from roles and responsibilities, and have experienced stigma due to their experience of mental illness (Kashiwa, Sweetman, and Helgeson, 2017). According to Kashiwa, Sweetman, and Helgeson (2017), military personnel have increased reports of social isolation, occupational deprivation, decreased participation in meaningful occupations, and decreased functionality due to experiences post combat. In addition, the stigma experienced by military personnel regarding mental health has resulted in military personnel not seeking the appropriate help necessary to address their mental health issue leading to decline in mental health, occupational performance, decline in roles and responsibilities, and decreased quality of life. Common stigmas that military personnel experience regarding mental illness include: perceived as weak, self-blame for their mental illness, and fear of being perceived differently by co-workers and military personnel. The U.S. Department of Veterans Affairs reported approximately twenty veterans die from suicide each day (Kashiwa, Sweetman, & Helgeson, 2017). The authors indicated that suicide rates increased by thirty-two percent from 2001 to 2014; whereas suicide rates among adult civilians increased by 23% (2017). Regarding this, the need for early intervention and preventative techniques are needed. Occupational therapists have the unique ability and knowledge to improve areas of cognition, participation in

functional and meaningful tasks, and improve overall quality of life. Warrior Mind is an education program that aims to provide mental health resources and tools to reduce mental illness in the military using occupational therapy approaches, and this paper provides the funding information required for this program.

The program, *Warrior Mind*, is an educational and informative program geared towards improving mental health in military personnel, and improving occupational performance using occupational therapy approaches. The intervention used in this program will include providing educational tools, awareness, providing interventions using coping strategies, preventative techniques, and providing support groups to improve mental health in active veterans. More specifically, the program will be provided online so that military personnel have access in the comfort of their own environment providing autonomy and confidentiality for military personnel, provide resources that are educational and user-friendly, and be able to provide access to those around the world as a global program.

Available Local Resources

The local resources within the community that are available include VA hospitals, Walter Reed, and Wounded Warrior. The goal with partnering with these organizations is that they value the wellness of the military, have the ability to provide skilled services including exchanging of the most recent scientific based practice, and are looking for innovative ideas to improve wellness in military personnel. In addition, the program also aims to partner with military personnel as they can provide information regarding their personal experiences and provide insight to further enhance the direction of the program

to meet the needs of these individuals.

The materials required to perform this program will include computer access, the development of a website, and Microsoft access. The program will also need occupational therapists who will help create the educational component of the program regarding intervention techniques specifically geared towards coping strategies, preventative and early intervention methods. This program will seek volunteering from occupational therapists, however, there is an understanding as the program develops that monetary compensation will be provided. In addition, the program is open to accepting occupational therapy students who have a passion for serving military personnel, research, and who desire a clinical experience with our team.

This program was initially designed as a response to a doctoral project completed as a post-professional occupational therapy doctoral student at Boston University. Under the guidance provided by mentors, professors, and classmates were given throughout the project.

Needed Resources: Budget

The budget for implementing Warrior Mind will consider the monetary need to supply personnel benefits/salaries, equipment, supplies, rental of facilities, and travel. The initial implementation of the program was completed by the author and did not consist of monetary benefits. However, it is anticipated that in the second year of implementing the program, and upon continuing growth of the program, monetary components will be provided to therapists. This will consist of approximately \$75,000 depending on how quickly the program grows and the partnership with larger

organizations such as Walter Reed, Veterans Affairs, Wounded Warriors, and many others. The equipment to supply the program is primarily a computer, internet, and a website. The initial implementation of the website was from Wix which was free. However, in order to upgrade the website it will cost an additional \$30 monthly. As the program grows in the next two to three years, the goal is to implement a website completely geared toward preventative care with enhanced technology. The estimated cost is approximately \$15,000. The equipment used for this program includes a computer, internet access, and Microsoft Word. In addition, those participating in the program must have computer and internet access. The cost of this may vary, however, an anticipated budget of \$5,000/year should be a median range. The cost of office space is anticipated to be an average of \$700/month in the coming years. In addition, the budget will be placed for travel to allow for occupational therapists to enhance the program, educate others about the program and partner with larger organizations. The anticipated monthly budget would be approximately \$2,000 for the year. Lastly, a budget of \$3,000 for miscellaneous will be considered in case there is an increased need for expenses in a specific area, items break, or changes are made to the program. To further analyze the budget and expenses of the program, refer to Table 5.1 to evaluate the budget required for each year.

Table 5.1 Budgeting Plan

	Initial implementation of Program up to Year 1	Year 1	Year 2–3
Budget			
Personnel Benefit/Salaries	\$40/ hour (approx. 15–20 hours per week) \$3,200 per month	\$75,000	\$75,000
Equipment	\$0–\$30	\$5,000	\$15,000
Supplies	\$5,000	\$5,000	\$5,000
Rental of Facility	\$0	\$700	\$700
Travel	\$1,000	\$1,000	\$1,000
Miscellaneous	\$3,000	\$3,000	\$3,000
Total	\$47,430	\$89,700	\$99,700

Potential Funding Resources

The program will aim to partner with larger organizations, receive grants and funding from other state, federal, and community foundations to assist with funding the program. The following chart demonstrates the following potential funding grants and organization.

Table 5.2 Potential Funding Sources

Name of Organization	Grant Information/Programs that Support
Department of Defense Veterans Affairs	These organizations have provided grants that are available for programs specifically for the military. Many grants can be found at: https://www.grants.gov/learn-grants/grant-making-agencies/department-of-veterans-affairs.html
The Veterans Support Foundation (VSF)	This organization provides funding in the form of grants for veteran related projects. VSF provides funding for charitable, scientific and educational purposes
Overwatch Alliance	Overwatch alliance supports military charities that aim to heal our nation's hearing. The organization awards grants to non-profit organizations who provide services to active military, veterans, and their families. The foundation accepts applications for awards up to \$15,000.
Fisher House Foundation	Provides funding for military personnel and military organizations. The organization has served more than 400,000 families (since 1990), and has partnered with larger organizations such as the Department of Veterans Affairs and Defense to care for the military. In addition, the company states that 93% of each dollar spent directly helps military, veterans, and their families. More specifically, the organization is looking to fund organizations that use new methods to serve the military.

The goal for this program is to promote the need of our program Warrior Mind and the importance of providing early intervention/preventative care for military personnel. Partnership with these organizations, will aid with the expenses for the program and will facilitate program expansion.

Conclusion

In conclusion, the proposed program Warrior Mind aims to address a significant need regarding mental illness in the military. The program is designed to provide

preventative and early intervention resources for military personnel to reduce the risk of mental illness. The program will provide military personnel an opportunity to have increased access, address mental health issues, and allow for an opportunity to reach more military personnel globally using a professional website. The proposed document demonstrates a funding plan for the program, the anticipated cost for the implementation and growth of the program, and funding and partnership opportunities that will help promote the program.

DISSEMINATION PLAN

Proposed Program

Warrior Mind is an educational and informative program geared towards improving the mental health in military personnel, and improving occupational performance using occupational therapy approaches. The intervention used in this program will include providing educational tools, awareness, providing interventions using coping strategies, preventative techniques, and providing support groups to improve mental health in active veterans. More specifically, the program will be implemented online using a website so that military personnel have access in the comfort of their own environment to provide autonomy and confidentiality for military personnel, provide resources that are educational and user-friendly, and be able to provide access to those around the world as a global program. This chapter will provide a thorough description of the dissemination plan, the target audience, the goals of the program, budget, and evaluation of the program.

Dissemination Goals

The efforts of this dissemination plan will aim to improve mental health in military personnel by providing educational tools, effective intervention methods, and provide increased access in order to reduce mental health issues and improve quality of life.

Long Term Goal: As a result of participating in *Warrior Mind*, military personnel and healthcare providers that work with military personnel will obtain increase knowledge, expertise, and resources on mental health issues in the military that will aim to decrease

the mental health issues in military, provide global access, and improve overall quality of life for military personnel. Common mental illness military personnel experience include: post-traumatic stress disorder, military sexual trauma, depression, and stress (Suris, Link Malcom, Chard, Ahn, & North 2013).

Short Term Goal: Participation in *Warrior Mind* will provide military personnel and healthcare providers with effective intervention techniques, using occupational therapy approaches, that are geared towards preventative and secondary care that will reduce the risk of mental illness.

Short Term Goal: *Warrior Mind* will provide effective and accessible resources to military personnel and healthcare providers via a website that will allow increased access on a global scale.

The importance of education and informing military personnel about mental illness has resulted in an emphasis for increasing access for education and intervention for military personnel. The push for increasing access for mental health services has progressed towards using technology and mobile health as a method to improving access and improving the quality of life (Shore, Aldag, McVeigh, Hoover, Ciulla, & Fisher, 2014; Dickstein Vogt, Handa, & Litz 2010). Internet use is associated with anonymity and empowerment and is a useful medium for addressing self-stigma; and allows for increased patient engagement in health care through the use of devices (Shore, Aldag, McVeigh, Hoover, Ciulla, & Fisher, 2014; Dickstein Vogt, Handa, & Litz 2010).

Short Term Goal: *Warrior Mind* will help to identify barriers and stigma related to mental health issues increasing awareness on mental health issues and addressing those

barriers in order to address mental health issues.

The evidence-based literature suggests that stigma can be defined as an attribute that is deeply discrediting to the stigmatized individual by ascribing a negative attribute to the labeled person resulting in experiences of rejection as a result of the attribute (Schreiber, & McEnany, 2015). In fact, stigma is one of the leading causes as to why most military personnel do not seek the appropriate care needed (2015).

Target Audience

The primary audience for *Warrior Mind* is military personnel and the secondary audience are healthcare providers and stakeholders that work with military personnel. The primary target audience is military personnel for these individuals are at increased risk for mental illness and due to the stigma experienced in the military, military personnel are not seeking the appropriate help necessary. The stigma and perception of the military culture may dissuade them from seeking help or disclosing mental health problems. Individuals in the military can be medically downgraded and removed from specific duties including management of weapons, especially if on medication for mental health (Sharp, et al., 2014). The concerns of military personnel seeking treatment and reporting mental health issues may also affect relationships with leaders (Sharp, et al., 2014; Schreiber & McEnany, 2015). In addition, the stigma that individuals may seem weak if one seeks help is associated with the masculine culture of the military (Sharp, et al., 2014; Heath et al., 2017; Schreiber & McEnany, 2015). By acknowledging barriers for military personnel from seeking the appropriate help necessary for mental illness,

understanding the lack of preventative and secondary care for addressing mental illness, and understanding the lack of knowledge and education on this topic, military personnel can benefit from this program to increase knowledge, awareness, and access to mental health resources and intervention. The secondary audience for this program is healthcare providers working with military personnel, and stakeholders. Healthcare providers this program aims to target include individuals working directly with the military, VA hospitals, Walter Reed, and many others. Through participation in this program, these individuals will have the opportunity to implement intervention techniques in their practice that will directly address the patient's needs in regard to mental health, increase knowledge on preventive and secondary care for mental health, and be provided tools regarding mental health issues.

Key Messages

Primary Audience: Military Personnel

The shortcoming experienced by military personnel is in regard to the lack of preventative care implemented in order to reduce mental health issues, address common stigmas in the military culture that result in barriers to seeking help, and the lack of knowledge/education on this topic. By learning and educating on effective interventions that will help address mental health, provide educational resources, increase access and awareness, military personnel are likely to reduce the risk of mental illness. Research evidence has shown that early intervention including educating military personnel on mental illness, providing coping strategies, tools to address mental health and stressful encounters during combat, and providing a team oriented approach of discussing

experiences, similar to Battlemind Training, reduce the risk of mental illness (Alder et al., 2011).

Research suggests that mental health related stigmas significantly impact patients resulting in decreased use of mental health services by military personnel (Dickstein, Vogt, Handa, & Litz, 2010). Common stereotypes include military personnel being perceived weak, affected relationships with leaders and co-workers, self-blame for their mental illness, lack of knowledge regarding mental illness, and belief that avoidance of mental health issues make the issue disappear. By educating on stigma and barriers in addressing mental illness, military personnel will be more knowledgeable about the illness, reduce negative perception of mental illness, improve quantity of life and reduce risk of maladaptive behaviors, and address common barriers and stigmas that will increase participation in treatment for mental illness.

The evidence-based literature has shown that early intervention techniques such as coping strategies, and the application of coping strategies, has demonstrated to be effective in military personnel by improving overall personal health, reducing stressors, and quality of life (Bian, et al., 2011). By implementing intervention techniques such as coping strategies, social support, early intervention techniques, Battlemind Training, providing resources, and educating on mental illness, military personnel are more likely to address their mental health issues.

Secondary Audience: Healthcare providers and Stakeholders

Addressing mental illness and providing appropriate healthcare for military personnel is important in order to reduce the risk of mental illness and provide healthcare that military personnel are willing to attend and implement. Common barriers to military personnel seeking medical assistance regarding their mental health issues is due to lack of knowledge, poor relationships with medical providers, stigma regarding mental health, perception of colleagues, and impact of reporting mental illness on their job security. Therefore, providing care to military personnel that best supports their needs and accommodates common stigmas that prevent military personnel from seeking mental health services.

Evidence suggests that military personnel are willing to access mental health services in non-traditional ways, such as telehealth, and prefer to be seen by a non-uniformed practitioner. In a study consisting of 163 active services members in the U.K. Armed Forces, only 5% of participants preferred to be seen by a uniformed clinician compared to 30% preferring to be seen by a non-uniformed practitioner (Gould, 2011). On the other hand, 65% percent reported not having a preference (Gould, 2011). Overall, of the reported 5% of patients that expressed a preference to be seen by a uniform provider, suggests that there is an increased fear held by patients about how they will be perceived by their colleagues in uniform rather than their non-uniform colleagues (Gould, 2011). Nevertheless, it is possible that military personnel perceived as being seen by non-uniform providers allows for one to disclose vulnerabilities away from cultural norms in

a mental health setting, allowing for freedom and autonomy (Gould, 2011).

The push for increasing access for mental health services has progressed towards using technology and mobile health as a method to improving access and improving the quality of life (Shore, Aldag, McVeigh, Hoover, Ciulla, & Fisher, 2014; Dickstein Vogt, Handa, & Litz 2010). Internet use is associated with anonymity and empowerment and is a useful medium for addressing self-stigma; and allows for increased patient engagement in health care through the use of devices (Shore, Aldag, McVeigh, Hoover, Ciulla, & Fisher, 2014; Dickstein Vogt, Handa, & Litz 2010).

Influential Speaker: Dr. Jennifer Phillips, OTD, OTR/L is a lecturer at Boston University, College of Health and Rehabilitation Sciences: Sargent College. In addition, Dr. Phillips is the academic mentor assisting with the completion of this dissertation.

Dissemination Activities

To target the primary and secondary audiences the use of electronic media, specifically, the use of a website will be utilized. The website will provide information that is geared specifically towards each target audience. For example, military personnel will be educated on mental illness signs and symptoms, addressing stigma to reduce barriers, and educating on coping strategies and preventative techniques. Healthcare providers will be educated on evidence-based intervention techniques and delivery of those interventions. The use of a website will allow for increased access to military

personnel, provide information and resources, and allow for confidentiality. For healthcare providers the use of a website will allow for access, increased information, and education on non-traditional methods of delivering healthcare services.

The website will provide resources and webinars that will provide education on mental health, intervention techniques, and education on resources available. The webinars will consist of PowerPoint presentation and recorded educational series that will be approximately 30 minutes long. In addition, the program will continue to provide educational resources weekly to biweekly.

Budget

Table 6.1 is the proposed dissemination budget for the implementation of *Warrior Mind* and anticipated cost for continuing the program for the next three years.

Table 6.1: Dissemination Budget Plan

	Initial implementation of Program up to Year 1	Year 1	Year 2–3
Budget			
Personnel Benefit/Salaries	\$40/ hour (approx. 15–20 hours per week) \$3,200 per month	\$75,000	\$75,000
Equipment	\$0–\$30	\$5,000	\$15,000
Supplies	\$5,000	\$5,000	\$5,000
Rental of Facility	\$0	\$700	\$700
Travel	\$1,000	\$1,000	\$1,000
Miscellaneous	\$3,000	\$3,000	\$3,000
Total	\$47,430	\$89,700	\$99,700

Conclusion:

In conclusion, the following is a dissemination to successfully implement *Warrior Mind*. The implementation of the activities and a website will reach the primary and secondary audiences of this program. *Warrior Mind* will provide information on mental health, improve access, and provide effective intervention techniques to reduce the risk of mental health issues. The total cost associated with dissemination activity will be approximately \$47,000. Itemized expenses are described in the budget table of the funding plan. The program's long-term goal is to reduce the risk of mental health issues in the military by improving access, educating, and utilizing electronic media.

Executive Summary

Introduction:

The pervasive military culture comprising values, traditions, norms and perceptions of how members of the armed forces should think, communicate, and interest has impacted military personnel leading to the creation of a culture that has led to increased social stigma and decreased quality of life in military personnel. The social stigmas military personnel experience is linked to significant barriers to acquiring the necessary help for military personnel. With that being said, the role of occupational therapy aims to improve the quality of life in military personnel and mental health using preventative and early intervention techniques. This Executive Summary will provide an overall understanding of mental illness in the military, the role of occupational therapy in providing preventative and early intervention care, provide key findings identified by research, and general recommendations by the author.

Project Overview:

The proposed explanatory model of the problem is that the military culture experienced by military personnel has resulted in a decrease in addressing mental health needs, a decrease in occupational performance and an overarching theme of decreased quality of life for military personnel. The lack of education regarding mental illness, lack of preventative and secondary care to address mental illness, the stigma experienced towards individuals of mental illness, and insufficient resources has resulted in increased mental health disparities in the military.

Stigma can be defined as an attribute that is deeply discrediting to the stigmatized individual by ascribing a negative attribute to the labeled person resulting in experiences of rejection as a result of the attribute (Schreiber, & McEnany, 2015). In fact, stigma is one of the leading causes as to why most military personnel do not seek the appropriate care needed (2015). Within the military culture, common stigmas are found regarding mental health and seeking help for mental health. The concerns typically noted for military personnel who seek the appropriate help is that they are perceived as weak, may be treated differently by leadership, and members having less confidence in that individual (Gould, Greenberg, & Hetherton, 2007). The stigma experienced within the military culture has been linked to being a significant barrier to military personnel acquiring the necessary help needed. In addition, the military culture lacks the appropriate education regarding the signs and symptoms of mental illness, education about mental illness, and information about how to seek help. This also demonstrates the lack or decreased awareness of preventative care for military personnel. The lack of preventative care for military personnel, and the barriers to seeking help, has resulted in decreased occupational performance and decreased quality of life in military personnel.

Based on the evidence-based literature, there is a significant need for providing preventative and early intervention strategies. The program created from this doctoral project, *Warrior Mind*, aims to target the military population by providing education and resources, addressing barriers of mental illness, and providing effective intervention through occupational therapy.

The aim of *Warrior Mind* is to provide military personnel with the appropriate tools and education to improve mental illness, breakdown barriers and perception of mental illness, and provide effective strategies that will improve mental health, occupational performance and quality of life using occupational therapy-based strategies. This program can also be used for healthcare providers as a resource for effective methods based on evidence-based practice found in this dissertation. The proposed program will be delivered through a website which will consist of educational and training sessions, webinars, resources that are accessible for military personnel, and delivery of effective interventions to clinicians. The purpose of this type of delivery is to increase access and convenience to active military personnel and healthcare providers. The modes of intervention will include coping strategies, social interaction, Battlemind Training, increasing awareness on mental illness, and effective intervention for addressing mental illness. Battlemind Debriefing and Training emphasizes training preparation, assists with transition from combat to home, assists with overcoming tasks and psychological reactions to combat, promotes support for peers and leaders, and provides increase safety for military personnel.

Key Findings:

The role of occupational therapy is to assess the individual's functional abilities, determine a treatment and intervention plan; develop, restore, or maintain skills; adapt to disabilities; attenuate challenging situations; and adapt the environment to promote optimal autonomy in the patient's daily, family, social and professional lives (Brown &

Hollis, 2013). Kashwia, Sweetman, and Helgeson (2017), describe the role of occupational therapy for promotion of adaptive coping strategies, meaningful relationships, access to mental health care to reduce feeling of social isolation and lack of belonging associated with suicide, facilitate coping strategies and the promotion of social inclusion, the use of client centered approaches, and building trust. According to Kashwai, Sweetman, and Helgeson (2017), increased reports of social isolation and occupational deprivation, and decreased participation in meaningful occupation were due to decrease in functionality post combat. Therefore, occupational therapy practitioners play a critical role in assisting with the implementation of early intervention techniques to reduce the risk of mental illness. Early intervention skills such as providing coping strategies have demonstrated effective outcomes in improving mental health and psychological well-being in military personnel. As mentioned, early intervention techniques such as increasing education and awareness, social interaction, Battlemind Training, and the implementation of early and secondary prevention reduces mental health issues and improves quality of life. Bian et al., (2011), argue that coping strategies as an early intervention, and the application of coping strategies, has demonstrated to be effective in special-services military personnel improving overall personal health, and quality of life. The importance of social interaction and peer support as a method of early intervention strategy allows for improved mental illness, the ability to communicate experiences, and reduces the feeling of isolation. (Adler, Bliese, McGurk, Hodge, & Castro, 2011). However, Alder et al., (2011) uses the Battlemind debriefing and training emphasizes the transition from combat to home and recognizes this transition as a social-

psychological task and promotes support from peers and leaders (2011). This training is an early intervention program for reintegration following combat most commonly used at Walter Reed Army Institute of Research. This intervention comprises self-confidence, taking calculated risks and handling future challenges, mental toughness, overcoming setbacks, maintaining positive thoughts during times of adversity, emphasizes the importance of unit cohesion, safety, relationships, and common physical, social and psychological reactions to combat (2011). The results of the intervention demonstrated fewer posttraumatic stress symptoms, depression symptoms, and sleep problems, and lower levels of stigma, especially for those who experienced high levels of combat exposure (2011).

The importance of education and informing military personnel about mental illness has resulted in an emphasis for increasing access for education and intervention for military personnel. The push for increasing access for mental health services has progressed towards using technology and mobile health as a method to improving access and improving the quality of life (Shore, Aldag, McVeigh, Hoover, Ciulla, & Fisher, 2014; Dickstein Vogt, Handa, & Litz 2010). Internet use is associated with anonymity and empowerment and is a useful medium for addressing self-stigma; and allows for increased patient engagement in health care through the use of devices (Shore, Aldag, McVeigh, Hoover, Ciulla, & Fisher, 2014; Dickstein Vogt, Handa, & Litz 2010).

Recommendations:

Based on the evidence-based literature investigated in this doctoral project, the implementation of early intervention techniques and educating military personnel about mental illness will reduce the risk of mental illness in the military and reduce barriers to seeking help for mental illness. More specifically, implementing early intervention techniques such as Battlemind Training, educate military personnel on mental illness, allow for social interaction, and provide access to healthcare and intervention techniques using non-traditional methods such as electronic media. Therefore, there is substantial evidence that demonstrates the effectiveness of early intervention. Through this dissertation, the author completed an early intervention technique called *Warrior Mind* that will provide education on mental illness and educate on effective intervention.

The program, *Warrior Mind*, will be delivered through an interactive educational website that includes webinars, educational and training programs, and vital information that will be accessible for military personnel. The overall goal of the program is to provide military personnel, and healthcare providers of military personnel, with tools that can be used to improve mental health concerns. For this program, in order to measure the effectiveness of the program, a survey with a series of questions will be asked on the effectiveness and use of the website provided. The questions will be asked using a Likert-scale approach, and a data analysis will be conducted to measure the effectiveness of the program and/or areas of improvements that need to be addressed based on scores provided.

Conclusion:

In conclusion, the stigma and military culture surrounding military personnel has impacted one's mental health and perception of seeking help. The stigma of fear of losing their jobs, perception of masculinity, altered relationships, and self-perception of seeking help have all become barriers to military personnel pursuing the help needed. The role of occupational therapy is critical in improving the quality of life for military personnel. Occupational therapy practitioners have the distinct ability to provide education including preventative strategies and early intervention to reduce risk of mental health, provide accommodations, improve participation in occupational roles, and improve overall functioning. As mental health becomes an epidemic, it is imperative that occupational therapists continue to advocate for their role in mental health and assisting military personnel to improve overall quality of life and function. The implementation of *Warrior Mind* aims to provide military personnel and healthcare providers with education, effective intervention techniques, and provide resources to reduce mental illness in the military.

CONCLUSION

Mental health in the military continues to be an issue as nearly thirty percent of military personnel report mental health issues (Coll, Weiss, & Yarvis, 2011). The stigma surrounded around mental health issues and admitting to a psychological issue are perceived to have consequences due to societal stigma. These common stigmas including being perceived differently by colleagues, removed from roles and responsibilities, downgraded from duty, and perceived weak. The military culture and stigma have resulted in decrease in occupational performance and quality of life for military personnel. This problem has demonstrated the gap in practice with preventative and early intervention techniques in addressing mental health issues. This doctoral project aimed to address mental health in the military and the role of occupational therapy in improving quality of life and occupational performance.

Occupational therapist has the unique ability to provide education including prevention strategies and early intervention techniques to reduce the risk of mental health, provide accommodations, improve occupational roles and improve overall functioning. Common and effective intervention strategies found in this research include coping strategies, increasing education and knowledge, Battlemind Training, improving transition to civilian life, and increasing access to resources using non-traditional avenues such as technology. Therefore, the program, *Warrior Mind*, an educational and informative program geared towards improving mental health in military personnel and improving occupational performance using occupational therapy approaches. The intervention used in this program will include providing educational tools, awareness,

and providing interventions using coping strategies, preventative techniques, and providing support groups to improve mental health in active veterans. Through the implementation of *Warrior Mind*, military personnel will have increased access, education, and resources in addressing mental illness. In addition, the stigma of mental illness will be addressed, and the access of resources will provide military personnel with confidentiality and autonomy. In conclusion, this dissertation aimed to address the gap of practice in regard to mental health in the military and implement the role of occupational therapy in addressing this gap by providing preventative and early intervention techniques to improve quality of life and occupational performance.

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CURRICULUM VITAE

