



Readiness of Soldiers and Adult Family Members Who Receive Behavioral Health Care

Identifying Promising Outcome Metrics

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Behavioral health (BH) conditions comprise the second most common medical reason for nondeployability in the U.S. Army. To inform the Army's efforts to monitor and improve outcomes, the authors aimed to identify promising metrics to assess readiness among soldiers and adult family members who receive BH care. Such metrics would expand the Army's outcome monitoring efforts beyond symptom improvement metrics for patients who received BH care.



RESEARCH QUESTIONS

- What outcome metrics could be used to assess readiness among soldiers and adult family members who receive behavioral health care?
- How do BH providers assess soldier readiness, and how could the readiness assessment be improved?



KEY FINDINGS

Stakeholders reported that psychiatric symptoms, diagnoses, treatment, and impaired functioning are important indicators of lack of readiness among soldiers and adult family members

- BH expert and provider responses were consistent with the Army's current policies regarding BH conditions and their potential negative impact on readiness.
- Stakeholder interviews highlighted the importance of the Army's ongoing symptom monitoring as a key component of monitoring readiness.
- Stakeholders also highlighted the significant role of multiple aspects of functioning related to readiness.

No existing data source or patient self-report instrument met criteria for Army-wide implementation of a readiness metric for soldiers, but one instrument is promising

- The Walter Reed Functional Impairment Scale assesses important components of soldier readiness, is

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feasible to use, and appears valid and reliable, but further pilot testing is needed.

- No existing data source or patient self-report instrument met criteria for Army-wide implementation of a readiness metric for adult family members.

BH providers reported some variability in assessing readiness, but BH experts and providers offered suggestions for improving readiness assessment

- BH providers reported using a variety of information sources to assess readiness; patient self-report measures and clinical interviews were used most commonly.
- BH experts and BH providers suggested that the Army's Behavioral Health Data Portal should be improved for better performance and expanded to include additional measures.
- These stakeholders also suggested that more information should be collected about family members, including whether they are ready for their soldier to deploy.



RECOMMENDATIONS

- The Army should conduct a pilot evaluation of a soldier readiness metric based on the WRFIS.
- The Army should increase standardization in applying profiles, including continuing provider training.

