

# Ohio Army National Guard Mental Health Initiative

---

## Summary of Research and Finances

Wednesday March 23, 2011



1

## U.S. Representative Marcy Kaptur

---



Congresswoman Marcy Kaptur continues to champion the project & advocate for annual congressional funding allocations

"Ohio serves as a national model in evaluating the largest sample of returning veterans ever undertaken by the Department of Defense in cooperation with the Ohio National Guard. The goal is to identify these conditions, study their onset, and treatment, and do everything possible to alert Ohio vets that care is available if they are experiencing these conditions." - Congresswoman Kaptur

2

## U.S. Representative Betty Sutton



Represents Ohio's 13<sup>th</sup> Congressional District and serves on the House Armed Services Committee in the 112<sup>th</sup> Congress.

Legislative advocate for the Ohio Army National Guard Mental Health Initiative.

"Congresswoman Sutton believes that we have a moral responsibility to care for our troops and veterans. As the proud daughter of a WW II veteran, she is committed to providing our service members with the benefits they deserve. She has supported legislation etc." Reference: <http://sutton.house.gov/issues/?id=31&story=issues> <sup>3</sup>



**October 23, 2009: Administrative Advisory Board Meeting Beightler Armory, Columbus Ohio**

4



## Study Sites

---

- **Joe Calabrese, MD**

- Coordinating Principal Investigator
- University Hospitals Case Medical Center – Coordinating Center
- Renee Slembariski, Coordinating Center Administrator
- Data Management and Statistical Analysis Unit
  - Stephen Ganocy, PhD (Director)
  - Philip Chan, MS (Assoc Director)

5



## Study Sites

---

- **Marijo Tamburrino, MD**

- Co-Principal Investigator
- University of Toledo

- **Sandro Galea, MD, DrPH**

- Co-Investigator
- Director of Field Procedures
- Columbia University
- Marta Prescott, MPH – Data Analyst

6



## Study Sites

---

- **Israel Liberzon, MD, PhD**
  - Co-Investigator
  - Director of Translational Research
  - University of Michigan, Ann Arbor VA
  - Anthony King, PhD – Director of Genetics Repository
- **Philip Reed, PhD**
  - Director, Biomedical Research & Informatics Center
  - Michigan State University
  - Informatics Support for In-Person Survey

7



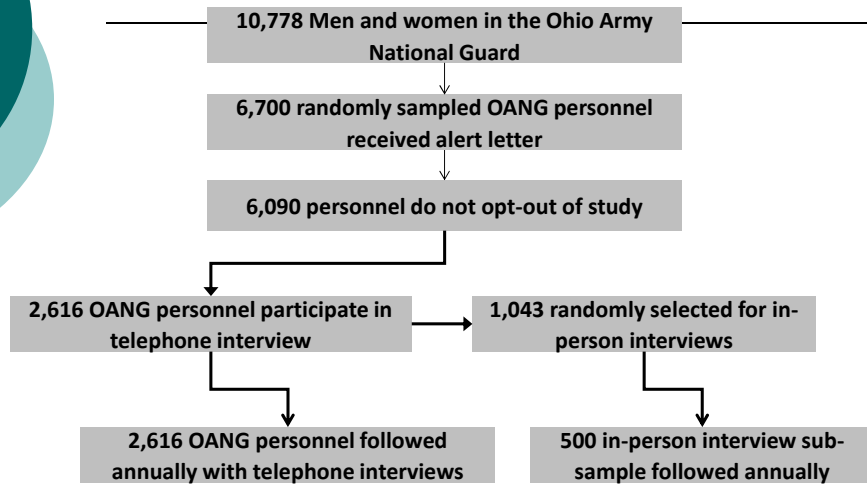
## Timeline

---

- January 2005-initial submission to Congress.
- December 2005-initial allocation
- 2006+2007-survey development, MOMRP approval, & contract execution May 2007.
- 2007 & 2008 OHRP & local IRB approval.
- November 2008-interviews began.
- DNA repository approved March 2010 and began recruitment May 2010.

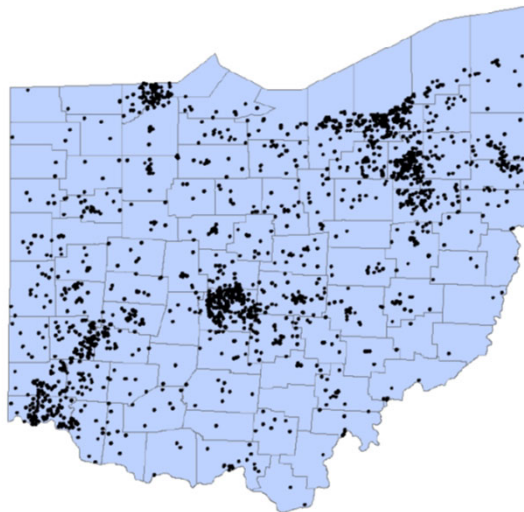
8

## Wave 1 (current & lifetime questions)

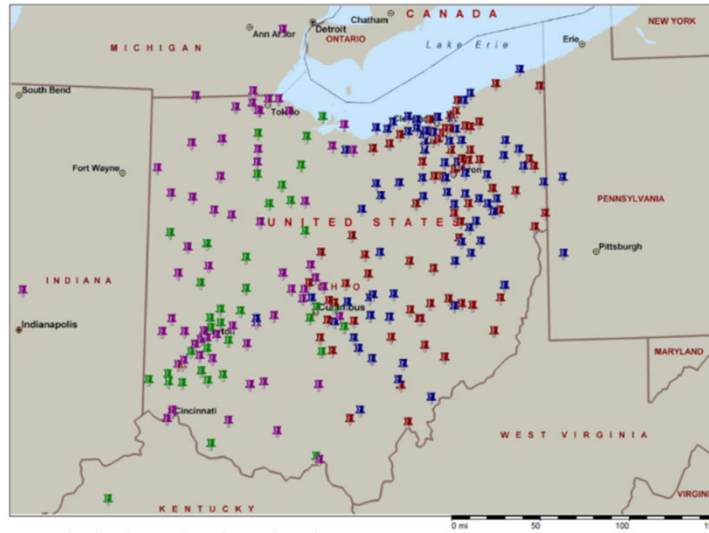


9

## Telephone Survey, N=2,616 Key Study Component



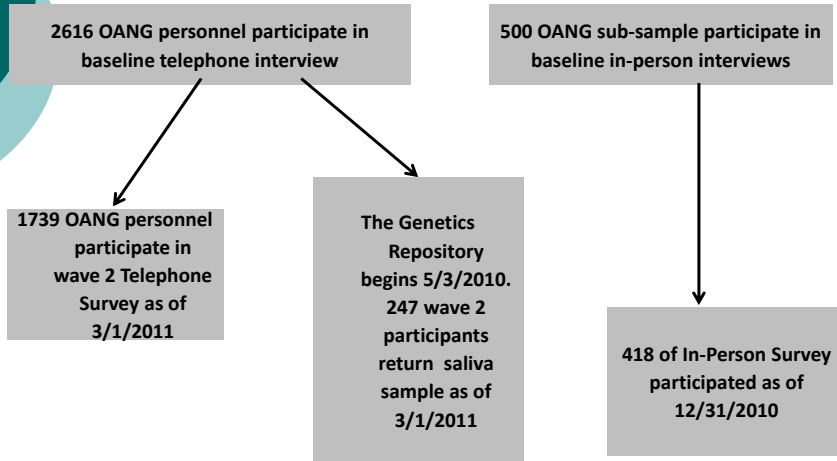
## In-Person Survey, N=500 Key Study Component



## Genetics Predictors of Resilience Key Study Component

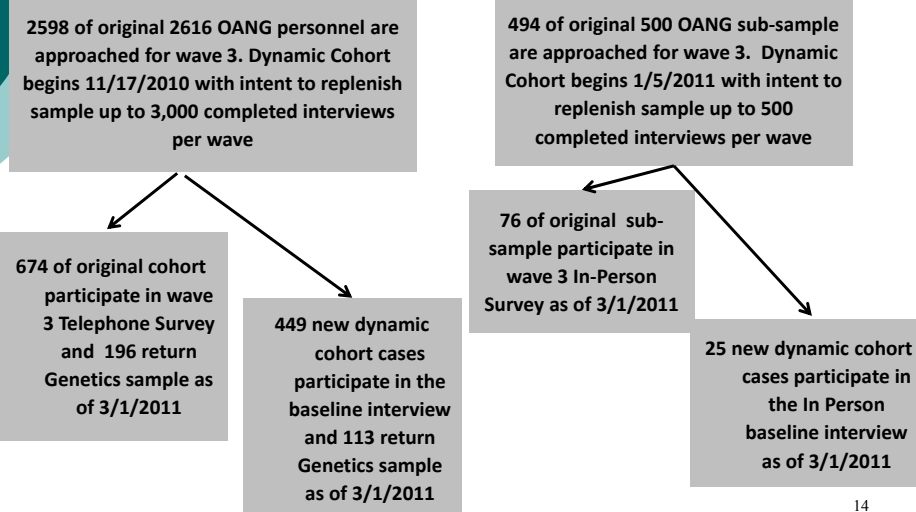
- Participants are approached to give DNA saliva samples association studies.
- Targeting ~2,000 de-identified DNA samples.
- Currently up to 1,210 who have committed to provide samples
- 478 who have already sent their sample into the DNA Repository.

## Wave 2 Sampling: old questions plus new questions on suicide and drug use




13

## Wave 3 Sampling: new questions on drug dependence, legal problems, and resilience




14


Summer 2009

## Study Newsletter

- Biannual
- Summer 2010 newsletter featured OhioCares & advice from CH Chou:
  - Asking for help is a sign of strength
  - Encouraging service members to utilize resources

**Primary Investigators**



Dr. Joseph Calabrese  
Assistant Professor, Ohio State University  
Law School, Columbus, Ohio

**Dr. Joseph Calabrese**  
Assistant Professor, Ohio State University  
Law School, Columbus, Ohio

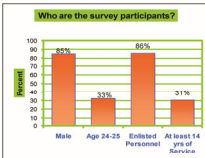
"The mission of this project is to identify the unique needs of young men and women who have served in the military and to provide them with the resources and support they need to successfully transition to civilian life. We are deeply committed to this endeavor and look forward to having the opportunity of working with you on this project."

**Dear Guard Member,**

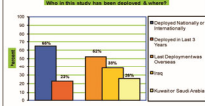
We would like to thank you for your participation and support throughout our study. We have very much enjoyed spending with you and meeting with those of you who have participated in the research thus far. We greatly appreciate your time and participation and would like to introduce you to our primary investigators. We would also like to let you in on our progress and recent findings from the telephone survey.

**Recent Findings**

**Who are the survey participants?**



**Where have they been deployed to?**




**As of July 21, 2009, 2,305 Ohio National Guard Members have completed the telephone survey, and 291 of the randomly selected subjects have completed the in-person survey.**

The map of Ohio counties on the right shows the locations of the participants who have been contacted.

We look forward to sharing more information with you, and we would also like to extend an invitation to our next meeting. Please contact us at 614-292-0000 or email us at ONGStudy@OSU.edu. Thank you again for your continued support!

"The greatest hurdle to encouraging help-seeking behavior is the negative stigma attached to seeking behavioral health care. It takes a **STRONG AND COURAGEOUS** person to admit to having emotional problems and to seek help." - Chaplain Chou

15



## Detailed, Operationally, Meaningful Interface with the Ohio National Guard

- OhioCares Workgroup and Committee Work ~ 50 meetings since 2006
- Testimony submitted to the Defense Health Board on "OHARNG Completed Suicides, Preliminary Project Data, and ONG Suicide Prevention Training"
- Annual Commanders Call Meeting
- OSU/VA/Guard Conference for training social workers
- Operation Reconnect: "Understanding the Needs of Military Service Members & Their Families"

16





## Key Findings (1)

---

- **Most common lifetime illnesses** identified in the initial sample: Alcohol abuse 24%, alcohol dependence 23.5%, “any depressive disorder” 21.4%, and PTSD 9.6%.
- Lifetime prevalence of 9.6% PTSD in this sample may suggest a greater level of resilience to PTSD among OHARNG Soldiers than compared to other reserve forces.

17



## Key Findings (2)

---

- As a whole, military deployment history was not associated with suicidal thoughts, but mental illness was.
- Soldiers with PTSD were at increased risk for suicidal ideation and among those with PTSD, those with at least 2 or more additional conditions were 7.5 times more likely to report suicidal ideation at some point in their lifetime than those with PTSD alone.
- Pre-deployment training and post-deployment support were key predictors of resilience to the development of PTSD.

18



## Key Findings (3)

---

- Risk of PTSD doubles when ONG members experience multiple combat traumatic events.
- Risk of PTSD increases fourfold among ONG members exposed to both civilian and combat traumatic experiences.
- Overlap between job stress and traumatic events increase risk of PTSD by ~700%.
- Overlap between marital stress and traumatic events increase risk of PTSD by ~700%.

19



## Manuscripts in progress

---

- Ohio Army National Guard Mental Health Initiative: baseline collection of a ten-year longitudinal study sample
- Pre-, peri-, and post-deployment characteristics and the risk of posttraumatic stress disorder among Ohio National Guard soldiers
- PTSD Comorbidity in the Baseline Sample of 2,616 Soldiers in the Ohio Army National Guard Study of Combat Mental Health
- Context of military and civilian traumatic events and the risk of posttraumatic stress disorder among National Guard soldiers
- Alcohol abuse and dependence in the Ohio National Guard
- Utilization of mental health care among guard soldiers
- Risky behaviors and substance use among guard soldiers

20

## Project Funding

<u>Current Budget</u>	<u>Expended Funds</u>	<u>%</u>
\$12,308,000	\$6,293,154.46	51%
<i>Through 11/6/2012 Year 4 of Project</i>	<i>As of 12/31/2010</i>	

<u>Congressional Allocations</u>		<u>Awarded</u>
FY-2006	\$4.5m	\$4.215m
FY-2007	\$2.6m	\$2.216m
FY-2008	\$2.8m	\$2.378m
FY-2009	\$2.4m	\$2.101m
FY-2010	\$1.6m	\$1.398m
FY-2011	\$3.0m	suspended

21

## Consequences of Suspension of Congressionally Support (1)

- Project is funded through the end of 2012 (end of Project Year 4).
- Discontinuation of congressionally directed funding anticipated.
- If further funding not obtained, the project will sacrifice data collection during years 5 to 10.



## Consequences of Suspension of Congressionally Support (2)

---

- PTSD prevalence rates likely to be underestimates since ~25-30% of PTSD has delayed onsets.
  - Not infrequently, soldiers experience delayed onsets of PTSD starting 5 years or more after the experience of combat-related trauma.
- Soldiers to continue to experience the cumulative burden of the service in work life (unemployment), family life (divorce/separation), and social life (homelessness/living on the streets).



## Current Study Component Annual Costs

---

- Telephone Survey = \$1.485m
- In-Person Survey = \$1.971m
- DNA Repository = \$92K

\*Includes a 35% overhead rate, and costs were estimated for Year 5 of the project



## Recommended Course of Action

---

- Continue project as designed for the full 10 years.
- While it would be preferable to keep all components of the study through the full 10 years as originally planned, we understand that the Department of Defense may not be interested in funding the project in its entirety.
- Annual cost of all three study components = \$2.889m

\*When combining the components, some cost sharing can be achieved, which decreases the total budget.

25



## Other Possible Courses of Action

---

1. Keep In Person Survey + DNA collection only
  - Annual Cost = \$2.063m
2. Keep In Person Survey only
  - Annual Cost = \$1.971m
3. Shorten duration of study to 8 years total and keep all 3 components
  - Annual Cost = \$2.889m



## Other Possible Course of Actions

---

- 4) Keep Telephone Survey + DNA collection
  - Annual Cost = \$1.570m
- 5) Complete In Person Survey each year, the Telephone Survey every **2 years** + DNA collection
  - Annual Cost = \$2.387m
- 6) Keep Telephone Survey Only
  - Annual Cost = \$1.485m
- 7) Stop the study after Year 4 at the end of 2012 (no further funding)

27



## Questions?

---

28