Lessons Documented

Mission

The MHAT IV mission was directed by the Commanding General (CG), Multi-National Forces – Iraq (MNF-I). The scope of the mission was defined by the MNF-I Surgeon and approved by the MNF-I CG. Therefore, there was no need for a charter from the US Army Surgeon General; particularly since this MHAT included Marine Corps personnel who are not under the purview of the Army.

Organization

The current MHAT members were assigned to MNF-I. They worked under the supervision of and were supported by the MNF-I Surgeon. This relationship was very productive and worked well from the beginning of planning the MHAT mission. MNF-I had the tasking authority, by cutting a fragmentary order (FRAGO) to implement the survey sampling plan developed by the MHAT IV. In addition, the MNF-I Surgeon provided space in his office that facilitated a close working relationship between the surgeon himself, his staff, and the MHAT IV. There was also a close working relationship with the OIF Behavioral Health Consultant who provided key documents relating to mental health and suicide tracking. Recommend sustaining these relationships in future MHAT missions.

Team Composition

Past MHATs have utilized large teams of senior officers (predominately COLs and LTCs) and senior enlisted Soldier subject matter experts from psychiatry, psychology, social work, psych nursing, occupational therapy, Chaplains, research psychology, and mental health specialists. These teams had upwards of 13 people. The current MHAT consisted of two research psychologists, a lieutenant colonel who led the team and a major, and an enlisted mental health specialist. The small team concept worked well as it was easier to transport team members and to provide logistical support. However, a 4-person team would allow for two 2-person teams to go out to units to conduct focus groups allowing the MHAT to simultaneously go to multiple locations and complete the mission more efficiently.

Execution

The MHAT IV members developed the data sampling plan and all the survey instruments and provided these to the MNF-I Surgeon and the Brigade Behavioral Health Staff. Numerous conference calls and emails with MNF-I Surgeon and the Brigade Behavioral Health Staff were required in order to plan and coordinate the MHAT mission. This worked well by allowing input and

direction from in-theatre personnel. The MHAT IV Itinerary was an important planning document (see Appendix S). Future MHATs need to ensure that they develop a realistic itinerary in coordination with in-theatre personnel prior to the MHAT arriving in theatre.

Past MHATs distributed and collected all surveys. This time, the medical brigade used in-theatre behavioral health assets (combat stress control (CSC)) personnel to administer the surveys to service members. The plan was for surveys to be sent out, completed and returned to the MNF-I Surgeon's office prior to or soon after the MHAT arrived in Iraq. To make this happen, the medical brigade used the military postal system (MPS) to send the surveys to the units being assessed and requested they send them back using the MPS. This plan had two problems. Several units did not receive the surveys at all or surveys did not arrive until a date when it made it impossible to meet the original suspense date. Second, some of the unit and behavioral health points of contact (POCs) left the theater due to mid-tour leave or the end of their deployments. This greatly complicated collection and tracking of the surveys when this responsibility was passed to the MHAT. This resulted in none of the completed surveys arriving in the MNF-I Surgeon's office by the date the MHAT arrived in Iraq.

To solve these problems, MHAT IV members updated the unit and behavioral health POC list. Each unit POC was phoned or emailed to verify they had received the surveys and determine the dates the surveys would be completed. For those units that received surveys, POCs were provided DHL Shipping account information (using the WRAIR Dept. of Military Psychiatry's DHL account) in order to return completed surveys so they would not be lost using MPS. For those units that had not received their surveys, additional surveys were sent via DHL and FedEx. For those units that were located at FOBs that DHL and or FedEx did not service, the MHAT IV traveled to those FOBs to hand deliver the surveys. In addition, the MHAT had to fly to three other FOBs to pick up completed surveys. For planning purposes, it takes at least one full day to travel to most FOBs, a minimum of one day to do the work (if all units are available), and a minimum of one day to return. Recommend future MHATs use a combination of DHL/FedEx and hand delivery of surveys to ensure survey delivery and return.

Focus groups

MHAT IV members conducted focus groups with junior enlisted Soldiers/Marines and NCOs to further explore Battlefield Ethics. Focus groups should remain in the purview of MHAT members and not be conducted by in-theatre personnel. Information obtained in the focus groups was invaluable in preparing the brief and the report. Strongly recommend that future MHATs continue to conduct focus groups.

Outbrief and Report Completion

MHAT IV conducted outbriefs with multiple operational and medical leaders in Iraq prior to leaving the theatre. These included the MNF-I CG, MNF-I CoS, MNF-I CSM, MNF-I R&S CG, MNC-I CoS, 3rd MEDCOM CG, and a video teleconference with the CFLIC Surgeon and the MND-West (US Navy) Psychologist. In addition, the MNF-I Surgeon briefed MHAT-IV findings to all BN and above leaders in Iraq during the CGs Commander's Conference. Briefing all the senior leaders, including the CSM, facilitated getting MHAT findings and recommendations out to the theatre in the most efficient manner.

In addition, the MHAT IV completed a draft of the MHAT IV Report prior to leaving Iraq. The MNF-I Surgeon strongly supported having a completed draft report within weeks of the data collection rather than waiting months. This required this MHAT to remain in theatre 3 weeks longer than past MHATs. In addition, this allowed the MHAT to brief CONUS senior medical and DoD leaders much sooner than previous MHATs. Together, completing multiple outbriefs and writing the draft report in theatre allowed the findings and recommendations to be released to those who can enact the recommendations in a timely manner.