

Retention of Behavioral Health Providers Survey for Former Military Mental Health Providers

August 2010

YOUR PRIVACY

Your participation in this survey effort is very important. This is your opportunity to tell officials your opinions of, and experiences with, the current military mental health care system. It is also an opportunity to provide feedback and identify areas where improvements are needed.

Your responses are confidential and your participation is voluntary. All identifying information is removed before results are sent to the Department of Defense.

Your information is grouped with others and no individual information is shared. Only group statistics will be compiled and reported. No information about you as an individual will be disclosed.

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read the following carefully.

Authority: The National Defense Authorization Act of 2008, Section 1618, and Title 10 of the United States Code, Section 1071.

Purpose: To identify the main causes of military mental health provider attrition and develop recommendations to improve retention of behavioral health providers in all military branches.

Routine Uses: None

Disclosure: Participation is completely voluntary; there are no penalties for non-participation. However, maximum participation is encouraged so that data will be as complete and representative as possible.

A. YOUR CURRENT STATUS

This survey is intended to measure the experiences and opinions of the person whose name appears on the envelope. The questionnaire should be completed by that person. If you are not the addressee, please give this survey to that person.

A1. Are you the person whose name appears on the mailing label of this envelope?

MARK ONE ANSWER ONLY

- 1 **Yes**
0 **No** → GO TO SECTION E

A2. Are you currently...

MARK ONE ANSWER ONLY

- 1 **A psychiatrist?** → GO TO SECTION B
2 **A psychologist?** → GO TO SECTION B
3 **Some other type of behavioral health provider?**
SPECIFY _____ → GO TO SECTION E
4 **None of the above** → GO TO SECTION E

A3. Did you serve in the military (either Active Duty, Reserves or Guard) since December 1, 2006?

MARK ONE ANSWER ONLY

- 1 **Yes**
0 **No** → GO TO SECTION E

A4. At any point during your military service, did you serve as...

MARK ONE ANSWER ONLY

- 1 **A psychiatrist?**
2 **A psychologist?**
3 **Some other type of behavioral health provider?**
SPECIFY _____ → GO TO SECTION E
4 **None of the above** → GO TO SECTION E

SECTION B: YOUR EXPERIENCES WITH MILITARY SERVICE

B1. How important was each of the following in your decision to join the military?

	MARK ONE ANSWER PER ROW			
	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT TOO IMPORTANT	NOT IMPORTANT AT ALL
a. Financial support.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Educational and training opportunities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Desire to serve the country.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Retirement benefits.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Family tradition.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Opportunities for career advancement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Opportunities to travel and experience different locales.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Leadership opportunities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Other reason (SPECIFY).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B2. When you first joined the military, how likely did you think it was that you would be deployed at some point during your military career?

MARK ONE ANSWER ONLY

- 1 Very likely
- 2 Somewhat likely
- 3 Not too likely
- 4 Not likely at all

B3. Were you ever deployed?

MARK ONE ANSWER ONLY

1 Yes

0 No → GO TO B8

B4. How many times were you deployed?

|_|_| ENTER NUMBER

ENTER "0" IF NEVER DEPLOYED AND GO TO B8

B5. For how many months, in total, were you deployed during your military career (including Active Duty, Reserves and Guard)?

|_|_| ENTER NUMBER OF MONTHS

B6. What was the length, in months, of your longest deployment?

|_|_| ENTER NUMBER OF MONTHS

B7. How many times, if ever, were you deployed to Iraq or Afghanistan?

|_|_| ENTER NUMBER

ENTER "0" IF NEVER DEPLOYED TO IRAQ OR AFGHANISTAN

B8. How many times, if ever, did you relocate due to a permanent change of station (PCS)?

|_|_| ENTER NUMBER

ENTER "0" IF NEVER RELOCATED

B9. Based on your personal experience, how would you rate each of the following aspects of serving as a military mental health provider?

	MARK ONE ANSWER PER ROW				
	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
a. Military support for, and acceptance of, mental health treatment for troops	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Provision of administrative support staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Provision of clinical support staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Skill level of clinical support staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Promotion policies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Mental health care treatment practices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Camaraderie among mental health providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Professional development opportunities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Support from medical command structure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Compensation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Morale among mental health providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Mental health care management and administrative policies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Leadership opportunities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

B10. What is the highest annual salary (including base pay and all allowances and special pay) you earned as a military mental health provider?

\$ |__|__|__|,|__|__|__| PLEASE ROUND TO THE NEAREST DOLLAR

B11. Please rate your overall satisfaction as a military mental health care provider.

MARK ONE ANSWER ONLY

- 0 Not satisfied at all
- 1 Somewhat satisfied
- 2 Satisfied
- 3 Very satisfied
- 4 Extremely satisfied

SECTION C: LEAVING MILITARY SERVICE

C1. How important was each of the following in your decision to leave the military?

	MARK ONE ANSWER PER ROW			
	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT TOO IMPORTANT	NOT IMPORTANT AT ALL
a. Frequency of deployments.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Length of deployments.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Compensation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Impact of rotations/PCS.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Clinical caseload.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Emotional impact of serving during wartime.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Administrative workload.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Impact of service on family and relationships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Lack of opportunities for career advancement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Retirement/End of obligation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Productivity requirements.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. Other reason (SPECIFY)..... _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C2. Which of the above was the MAIN reason you left the military when you did?

|___| LETTER FROM QUESTION C1 ABOVE

C3. Thinking back to when you first entered the military, did you...

MARK ONE ANSWER ONLY

- 1 Stay in the service longer than you originally planned?
- 2 Leave the service earlier than you originally planned?
- 3 Serve roughly the amount of time you originally thought you would?

C4. In what month and year were you discharged from, or did you retire from, military service, meaning that you were no longer serving on Active Duty?

|_|_|_| / |_|_|_|_|_|_|
MONTH YEAR

C5. Are you now...

MARK ONE ANSWER ONLY

- 1 Retired (not working)? → GO TO C9
 - 2 Providing mental health services in a civilian (non-VA) setting?
 - 3 Providing mental health services in a VA setting?
 - 4 Providing mental health services in a military setting as a civilian contractor or government service employee?
 - 5 Employed doing something other than providing mental health services?
 - 6 Not currently employed but seeking employment?) → GO TO C9
 - 7 Other? (SPECIFY)
-

C6. When you left the military, how important was it to you, personally, to continue to treat military and/or veteran populations?

- 1 Very important
- 2 Somewhat important
- 3 Not too important
- 4 Not important at all

C7. What is your current annual salary?

\$ |__|__|__|,|__|__|__| ENTER DOLLAR AMOUNT
ENTER "0" IF NOT CURRENTLY EMPLOYED

IF YOU ARE NOT CURRENTLY EMPLOYED, PLEASE SKIP TO C9 ON THE NEXT PAGE.

C8. Please rate your overall satisfaction with your current employment.

MARK ONE ANSWER ONLY

- 0 Not satisfied at all
- 1 Somewhat satisfied
- 2 Satisfied
- 3 Very satisfied
- 4 Extremely satisfied

C9. How much, if at all, would each of the following have encouraged you to extend your military service?

	MARK ONE ANSWER PER ROW				
	NOT AT ALL ENCOURAGED	SOMEWHAT ENCOURAGED	ENCOURAGED	VERY ENCOURAGED	ENCOURAGED A GREAT DEAL
a. Higher base pay.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Fewer deployments.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Shorter deployments.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. More time devoted to clinical care.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Promotion criteria that emphasize clinical skills.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Equitable work assignments between uniformed and non-uniformed mental health providers.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Equitable base pay between uniformed and non-uniformed mental health providers.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Increased opportunities for professional development.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Increased financial incentives, such as higher retention bonuses.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. A retirement policy that counts bonus pay toward retirement benefits.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Improved support from medical command.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. Greater military support for, and acceptance of, mental health treatment for troops.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. Reduced administrative duties.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. Fewer rotations and PCS.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. Counting medical/graduate school toward time served.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p. Reduced productivity requirements.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION D: EXTENDING MILITARY SERVICE

D1. What is your age now?

MARK ONE ANSWER ONLY

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 or older

D2. Are you male or female?

MARK ONE ANSWER ONLY

- 1 Male
- 2 Female

D3. Are you currently married, living as married, divorced, separated, widowed, or have you never been married?

MARK ONE ANSWER ONLY

- 1 Married
- 2 Living as married
- 3 Divorced
- 4 Separated
- 5 Widowed
- 6 Never married

D4. Do you have any children under the age of 18?

MARK ONE ANSWER ONLY

- 1 Yes
- 0 No

D5. Did you receive at least some of your medical/graduate school training while serving in the military (including residency, postgraduate work, and fellowships)?

MARK ONE ANSWER ONLY

1 Yes

0 No

D6. In what month and year did you enter the military?

|_|_| / |_|_|_|_|
MONTH YEAR

D7. Do you have any additional comments to add to this survey, please indicate below:

SECTION E: THANK YOU

THANK YOU FOR TAKING THE TIME TO COMPLETE THE SURVEY! Your generous contribution will greatly aid efforts to improve the mental health of our military community.

Return your survey in the postage-paid envelope. If the envelope is missing, please send your completed survey to:

MATHEMATICA POLICY RESEARCH
ATTN: RECEIPT CONTROL - Project 6551
P.O. Box 2393
Princeton, NJ 08543-2393

MPR DOCUMENTATION:

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