***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 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| b. Educational and training opportunities  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| c. Desire to serve the country  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| d. Retirement benefits  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| e. Family tradition  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| f. Opportunities for career advancement  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| g. Opportunities to travel and experience different locales  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| h. Leadership opportunities  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| i. Other reason (SPECIFY)  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
|   |  |  |  |  |

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 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |
| b. Provision of administrative support staff  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |
| c. Provision of clinical support staff  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |
| d. Skill level of clinical support staff  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |
| e. Promotion policies  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |
| f. Mental health care treatment practices  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |
| g. Camaraderie among mental health providers  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |
| h. Professional development opportunities  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |
| i. Support from medical command structure  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |
| j. Compensation  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |
| k. Morale among mental health providers  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |
| l. Mental health care management and administrative policies  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |
| m. Leadership opportunities  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 | 5 🞎 |

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 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| b. Length of deployments  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| c. Compensation  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| d. Impact of rotations/PCS  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| e. Clinical caseload  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| f. Emotional impact of serving during wartime  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| g. Administrative workload  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| h. Impact of service on family and relationships  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| i. Lack of opportunities for career advancement  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| j. Retirement/End of obligation  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| k. Productivity requirements  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| l. Other reason (SPECIFY)  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
|   |  |  |  |  |

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 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| b. Fewer deployments  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| c. Shorter deployments  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| d. More time devoted to clinical care  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| e. Promotion criteria that emphasize clinical skills  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| f. Equitable work assignments between uniformed and non-uniformed mental health providers  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| g. Equitable base pay between uniformed and non-uniformed mental health providers  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| h. Increased opportunities for professional development  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| i. Increased financial incentives, such as higher retention bonuses  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| j. A retirement policy that counts bonus pay toward retirement benefits  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| k. Improved support from medical command  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| l. Greater military support for, and acceptance of, mental health treatment for troops  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| m. Reduced administrative duties  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| n. Fewer rotations and PCS  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| o. Counting medical/graduate school toward time served  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| p. Reduced productivity requirements  | 0 🞎 | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |

**SECTION D: EXTENDING MILITARY SERVICE**

**SECTION D: ABOUT YOU**

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:**

P:\Questionnaires (for Survey)\RBHP\RBHP Survey Final (4-16-10).docx

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Patty Cloud revised

RBHP – 06551.300

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