



MENTAL HEALTH SCREENING within organisations What's the evidence?

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2024



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Who am I? - @profngreenberg

- ◆ Professor of Defence Mental Health based at King's College London
- ◆ President Elect of SOM
- ◆ Led the WPA position statement on MH at work (2023)
- ◆ Managing Director of March on Stress Ltd
- ◆ Military background in the Royal Navy for >23 years


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Background

- ◆ Many personnel work in challenging roles
- ◆ Their work can lead to psychological and physical injury
- ◆ Many personnel with problems do not come forward to request professional help
- ◆ Screening may represent a mechanism to improve 'employee resilience'

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House Passes New Recruit Mental Health Screening




WASHINGTON — New mental health screening that supporters say could help avert the high rate of military suicides or even stop shooting rampages passed the House on Thursday as part of the massive 2019 defense budget.

The House bill, sponsored by Rep. Glenn Thompson, R-Pa., orders the national instructor of health to create a universal mental health evaluation for potential recruits that would search past suicide attempts and psychiatric disorders. The data could be used by the services to weed out candidates with potentially dangerous mental health issues.

Battleland
Military struggles for the rest of us

ADF defends mental health services for veterans and the screening of recruits



Senators want to strengthen military mental health screenings

Army Mental Health: Better Screening Yields Better Results

By Mark Thompson (@tdt) on Apr 17, 2019



Just how often should the services be screening its troops for mental illness before they're shipped off to war? We are seeing, again and again, that bad things — depression, anxiety, suicide, PTSD — can happen to soldiers in order to have to get to the end of the line and see the right result — the soldiers might be drawn to the side for war, it's the government's job to keep them in line!

For best, see first Army mental health reports in the April issue of *The American Journal of Psychiatry*.

This preliminary report screening services was associated with a decreased need for clinical care for combat stress, psychiatric, and behavioral disorders, and suicidal ideation. (The symptoms, conditions, and other outcomes that best predict outcomes for mental health care are not yet known.)

219 views

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What is screening?

- ◆ Asking questions in order to ascertain an individual's vulnerability to develop mental ill-health or to identify their mental health status
- ◆ Aim is to maintain or improve an individual's state of mental health

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Screening – potential options

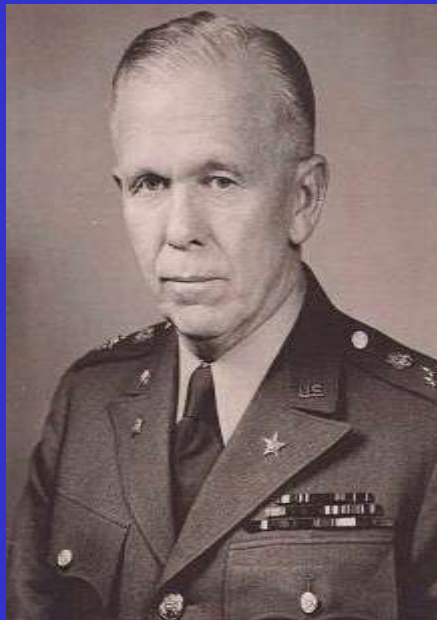
- ◆ Selection (pre-joining, pre-role)
- ◆ Health screening (post exposure)
- ◆ Surveillance (research, unit climate surveys)

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The seduction of pre-screening

- ◆ Screening beforehand for “vulnerability to PTSD” is seductive
- ◆ The grandmother test is good...however other tests are very poor
- ◆ Historically - US Army and WW2

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The grandmother test?

New Research
Effectiveness of Mental Health Screening and Coordination of In-Theater Care Prior to Deployment to Iraq: A Cohort Study

Christopher H. Warner, M.D.; George R. Appenzeller, M.D.; Jessica R. Parker, Psy.D.; Carlynn N. Warner, M.D.; and Charles W. Hoyle, M.D.

Received: September 13, 2010
 Accepted: October 29, 2010
 Published online: April 01, 2011 | <http://dx.doi.org/10.1176/app.ajp.2010.10091303>

[Abstract](#) | [Full Text](#) | [References](#) | [Supplementary Materials](#) | [PDF](#) | [PDF Plus](#)

Abstract

Objective:
 The authors assessed the effectiveness of a systematic method of predeployment mental health screening to determine whether screening decreased negative outcomes during deployment in Iraq's combat setting.

Method:
 Primary care providers performed directed mental health screenings during standard predeployment medical screening. If indicated, on-site mental health providers assessed occupational functioning with unit leaders and coordinated in-theater care for those cleared for deployment. Mental health-related clinical encounters and evacuations during the first 6 months of deployment in 2007 were compared for 10,678 soldiers from three screened combat brigades and 10,353 soldiers from three comparable unscreened combat brigades.

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US ex-astronaut to plead insanity
 By Andy Gallacher
 BBC News, Florida

Lawyers for former Nasa astronaut Lisa Nowak say they are planning to pursue a defence of temporary insanity when she stands trial in Florida next month.

The 44-year-old mother of three is charged with attempted kidnap, assault and burglary.

Police say she confronted a woman she believed was a rival for the affections of a space shuttle pilot.

Capt Nowak made headlines after police said she drove across the US wearing adult nappies to avoid toilet breaks.

She was arrested at Orlando airport here in Florida after

VIDEO AND AUDIO NEWS
 Lisa Nowak's fall from grace
 Watch

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Screening in police

- ◆ MMPI – seven year follow up



Results

Contrary to expectations, we were unable to demonstrate any association between validated pre-employment measures of personality and psychopathology with mental health outcomes amongst newly recruited police officers over a 7-year follow-up.

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Pre-role/deployment screening

- ◆ No evidence of effectiveness
- ◆ Factors related to the event & more important the handling of the post event period are far more influential
- ◆ This is different in the general population (not one's employer)

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Post Incident Screening

- ◆ Within organisations this aims to be a system of early detection (for intervention)
- ◆ However, this can be problematic
- ◆ Concerns about stigma/labelling and confidentiality may hinder benefit
- ◆ Routinely used by US, CAN, ADF, NLD and many others

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Post deployment screening - US

- ◆ US military Post Deployment Screening
 - Written and then face to face check
 - Done at “immediate redeployment” and again at 3-6 months
 - Leads to referral advice if score +ve
- ◆ Questions on mental health (inc PTSD) and mTBI and exposures

13.a. During this deployment, did any of the following events happen to you? (Mark all that apply)

(1) Blast or explosion (e.g., RED, RPG, IED, land mine, grenade, etc.)? Yes No

If yes, please estimate your distance from the closest blast or explosion:

Less than 25 meters (82 feet)

25-50 meters (82-164 feet)

50-100 meters (164-328 feet)

More than 100 meters (328 feet)

(2) Vehicular accident/crash (any vehicle including a

(3) Fragment wound or bullet wound?

a. Head or neck

b. Rest of body

(4) Other injury (e.g., sports injury, accidental fall, etc)

If yes to any of the above, please explain: _____

15. Have you ever had any experience that was so frightening, horrible, or upsetting that, in the PAST MONTH, you:

a. Have had nightmares about it or thought about it when you did not want to? Yes No

b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? Yes No

c. Were constantly on guard, watchful or easily startled? Yes No

d. Felt numb or detached from others, activities, or your surroundings? Yes No

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US Army post deployment screening research Milliken, et. al., Table 4, JAMA 2007 (N=56,350)

PTSD Screen Positive (PC-PTSD ≥ 3) n=3474 (6.2%)	Number (%) Who Received Mental Health Treatment and Number of MH Sessions	Number (%) Recovered 6 Months Post-Iraq (PC-PTSD < 3)
Referred to Mental Health n=804	None, 349 (43.4)	205 (58.7)
	1 Session, 128 (15.9)	69 (53.9)
	2 Sessions, 70 (8.7)	36 (51.4)
	≥ 3 Sessions, 257 (32.0)	96 (37.3)
Not Referred to Mental Health n=2670	None, 1721 (64.5)	1181 (68.6)
	1 Session, 419 (15.7)	254 (60.6)
	2 Sessions, 129 (4.8)	67 (51.9)
	≥ 3 Sessions, 401 (15.0)	150 (37.4)

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Post Operational Screening Trial (POST)

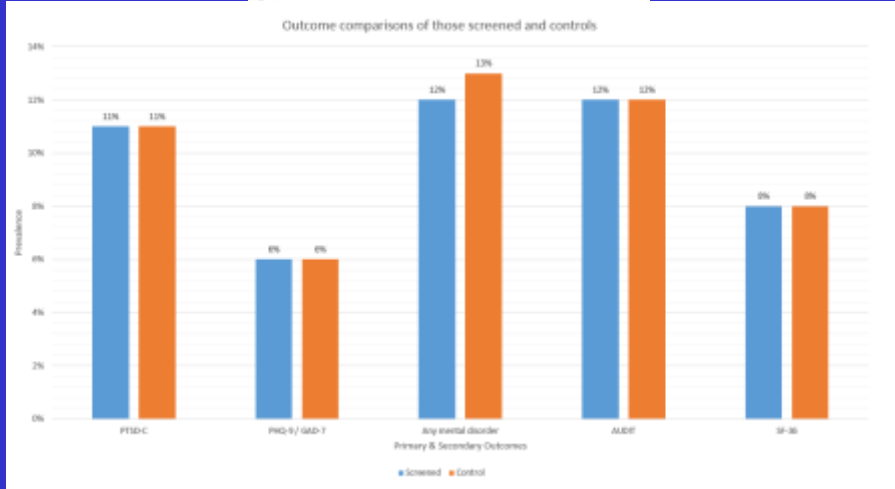
- ◆ US funded ~ \$3M RCT
- ◆ Involved ~9000 troops returning from Afghanistan (Herrick 14-16)
- ◆ Computer based screening vs. control group
- ◆ Tailored feedback offered to screened troops
- ◆ 6-12 weeks (initial); 10-24 months (follow up; mean 15 months)
- ◆ Outcomes: Primary: Mental Health; Secondary: Help-seeking

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POST Screening outcomes - MH

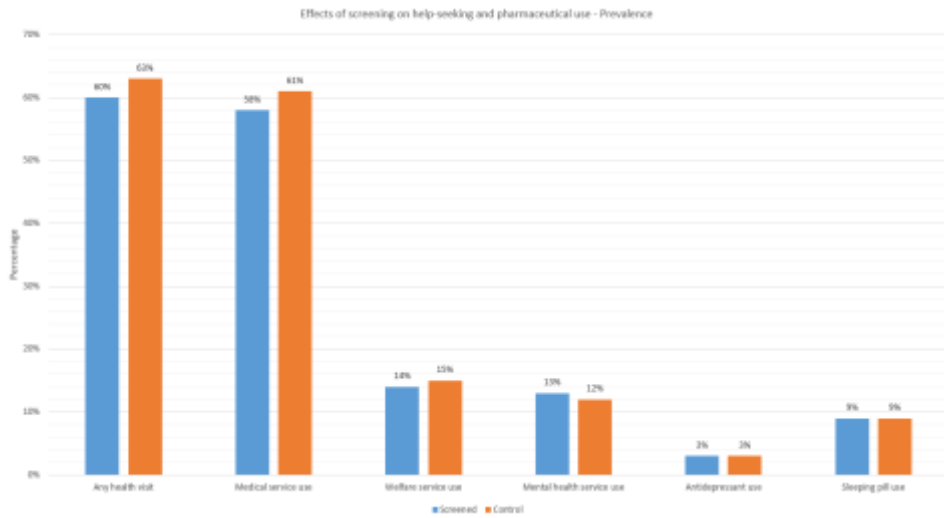
Post-deployment screening for mental disorders and tailored advice about help-seeking in the UK military: a cluster randomised controlled trial

Wallerstein, J. S., et al. (2017). *Journal of the American Academy of Child and Adolescent Psychiatry*, 56(10), 1000-1008.



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POST Screening outcomes - behaviour



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Overall outcome

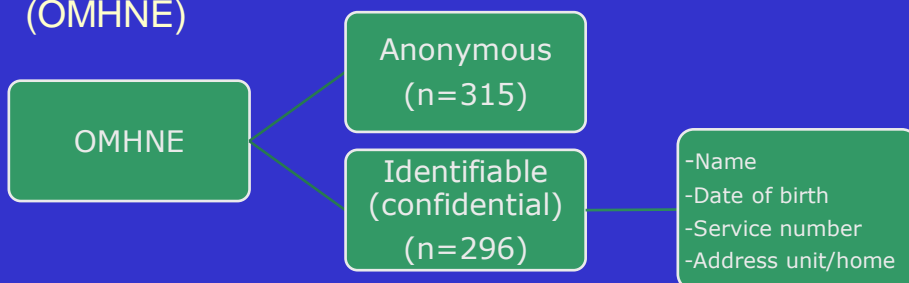
- ◆ No improvement in mental health or help-seeking
- ◆ Interesting finding that 1/3 did not want to see feedback (no link with MH status)
- ◆ No support for introduction of post deployment screening
- ◆ WHY
 - Organisational/stigma concerns
 - Wrong natural history (variation, recovery, delay)
 - Wrong approach (no interviewer???)

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Does anonymity make a difference?

• Data collected in-theatre during deployment to Iraq (2009)

• Operational Mental Health Needs Evaluation (OMHNE)



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OMHNE

Measures:

- Post-Traumatic Stress Disorder Checklist (Civilian)
- probable PTSD
- General Health Questionnaire (GHQ-12)
- symptoms of common mental disorders
- Stigma measure



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Sample	611
Response Rate	99.8%
Men	89%
Women	11%
Army	82%
Regulars	94%
3+ Combat related events experienced	35%

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Fear et al. BMC Public Health. 2012 Sep 17;12:797.

Symptom Reporting	Identifiable (n=296) (%)	Anonymous (n=315) (%)	Adjusted OR (95% CI)
PTSD			
17-29	88.4	81.4	1.00
30-39	7.5	8.0	1.20 (0.66-2.19)
40-49	2.4	5.8	2.74 (1.12-6.69)
50+	1.7	4.8	3.18 (1.13-8.90)
Common mental disorders			
	18.1	22.9	1.43 (0.95-2.14)

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ORIGINAL ARTICLE

Importance of Anonymity to Encourage Honest Reporting in Mental Health Screening After Combat Deployment

Christopher H. Warner, MD; George N. Appenzeller, MD; Thomas Grieger, MD; Slava Belenkiy, MD; Jill Breitbach, PsyD; Jessica Parker, PsyD;Carolynn M. Warner, MD; Charles Hoge, MD

ARCH GEN PSYCHIATRY/VOL 68 (NO. 10), OCT 2011 WWW.ARCHGENPSYCHIATRY.COM
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So....

- ◆ People do not tell the truth
- ◆ Even when 'reassured' that no personal outcome will occur
- ◆ However well intentioned....monitoring/screening cannot work

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So is mental health screening futile?



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The problems with mental health selection/health screening within organisations

- ◆ No evidence of effectiveness to date
- ◆ Natural history wrong – most get better
- ◆ False positives swamp system (labelling)
- ◆ Suspicion amongst target population
- ◆ May be well intentioned but not organisationally effective

Jones & Wessely 2003; Rona et al 2004; French et al 2004; Rona et al, JAMA 2005

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So what to do

- ◆ Don't screen – focus on improving helpseeking
 - Eg. Royal Foundation 'heads together'



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So what to do

- ◆ Self-assessment and improved advice / online therapy
- ◆ Good evidence that many workers prefer to self-manage
- ◆ ?Give them the tools



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So what to do

- ◆ Improve the ability of social networks to encourage help-seeking
 - e.g. Community Reinforcement and Family Training (CRAFT)
 - Used in the VA in San Fran area
 - Trial in the UK beginning

Nicole Nayoshi and David C. Hodgson (2016). The Efficacy of Individual Community Reinforcement and Family Training (CRAFT) for Concerned Significant Others of Problem Gamblers. *Journal of Gambling Issues*, Issue 33, pp. 188-212. doi: 10.4308/jgi.2016.33.11

The Efficacy of Individual Community Reinforcement and Family Training (CRAFT) for Concerned Significant Others of Problem Gamblers

Nicole Nayoshi¹
David C. Hodgson¹

Treatment options for concerned significant others (CSOs) of problem gamblers are limited, and available treatment focus

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Improving the knowledge/skills of primary care professionals/screening in higher risk environments

RESPECT-Mil: Feasibility of a Systems-Level Collaborative Care Approach to Depression and Post-Traumatic Stress Disorder in Military Primary Care

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Conclusions on screening

- ◆ Easy to see why screening is seen as an attractive option
- ◆ However, evidence is lacking that it works within organisational settings
- ◆ May be useful in 'already help-seeking populations' or within populations with no career/attitudinal impact concerns of their responses
- ◆ Possibility that screening may 'cause harm'
- ◆ Improving appropriate help-seeking may be best achieved by other means (family, colleagues, leaders)

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Questions??



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