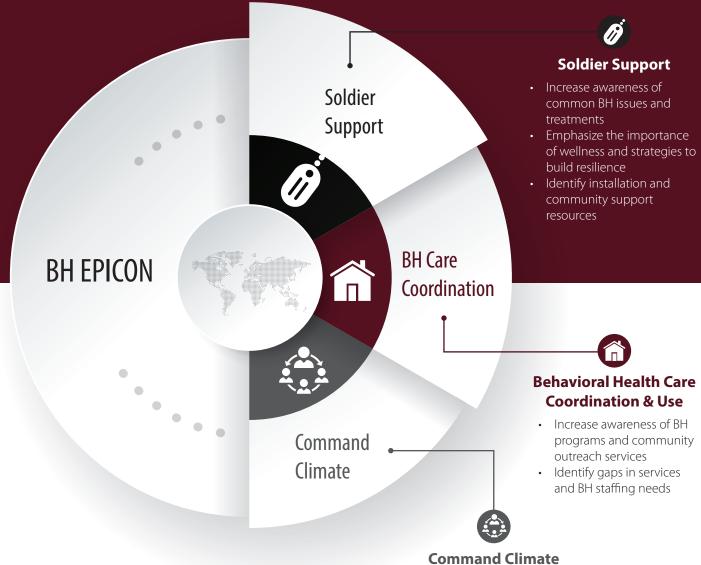


A **BH EPICON** is a public health investigation of a perceived increase in suicidal behavior, aggression, violence, or an associated behavioral health issue such as alcohol misuse. The U.S. Army Public Health Center's Division of Behavioral and Social Health Outcomes Practice (BSHOP) designs each BH EPICON to address these public health concerns based on the specific needs of the unit, the commander's intent, and resource and timeline considerations.

## BH EPICONs provide a holistic assessment in three main areas:





## Command Climate

- Create a climate that eliminates stigma associated with seeking BH services
- · Boost cohesion and morale
- Encourage active leadership support and engagement with subordinates

# **BH EPICON**



BEHAVIORAL HEALTH
EPIDEMIOLOGICAL
CONSULTATION (BH EPICON)

## FREQUENTLY ASKED QUESTIONS

### Why are BH EPICONs requested?

BH EPICONs are typically requested by line leaders or commanders when there is a perceived increase in BH concerns (e.g., suicidal behavior, aggression/violence) and related issues (e.g., alcohol and drug use, sexual assault). Though requests are usually made by U.S. Army stakeholders and further negotiated between the chains of command, EPICONs have been requested and completed for other Services. The U.S. Army Public Health Center's Division of Behavioral and Social Health Outcomes Practice (BSHOP) ultimately receives the request and determines if the situation would benefit from a BH EPICON. If so, the EPICON is designed based on the specific needs of the unit, the commander's intent, and resource and timeline considerations.

#### What types of data can be collected by a BH EPICON?

The four potential components of an EPICON are:

- 1. Serious event and index case analyses Characteristics of individuals engaged in serious incidents (e.g., substance abuse, domestic violence, suicidal behavior) reported within the unit via Serious Incident Reports (SIRs) are summarized. The medical records of the most relevant cases are typically selected for an in-depth review to identify significant stressors, similarities, and differences across cases. Results are compiled together and reported as aggregate findings.
- 2. Analysis of administrative data At-risk behaviors are identified and medical encounters from Army and installation-level data sources are examined to assess population-level trends. Investigators can use the data to compare a unit with another similar unit to identify potential differences that may indicate actions should be taken to address at-risk behaviors.
- 3. Targeted population surveys Data are collected via customized BH surveys. The team travels with 60 laptop computers and can survey a brigade of Soldiers in 4-5 days. Survey questions consist of validated behavioral and social health scales and questions specific to the command's concerns. Survey data are analyzed, and results include rates of demographics, risk factors, and BH indicators (e.g., PTSD symptoms, depression symptoms, aggressive actions, hazardous drinking behavior) within the population.
- **4.** Focus groups and in-depth interviews Conduct focus groups with a sample of Soldiers and in-depth interviews with leaders and key individuals identified by the command. Focus groups can reveal attitudes and perceptions such as risk factors specific to the unit or installation, BH access and barriers, occupational stressors, and command climate that may be difficult to gather through surveys alone. Feedback is recorded and documented, and the data are then analyzed by BSHOP's team of qualitative analysts.

#### How can BH EPICONs help military leaders?

Findings from BH EPICONs provide a holistic assessment of BH concerns, job stressors, unit cohesion, social support, and related factors. Because they are tailored to the specific needs of the requesting customer, BH EPICONs provide actionable recommendations for risk reduction to improve Soldier health and well-being.

### What are the limitations of a BH EPICON?

BH EPICONs are limited by funding, time, and the specificity of the information available. Results of a BH EPICON are only relevant to the population and timeframe of the study.

For more information about BH EPICONs, please contact the Division of Behavioral and Social Health Outcomes Practice Phone: 410-436-5426

Email: usarmy.apg.medcom-phc.list.eds-bshop-ops@mail.mil Website: https://phc.amedd.army.mil/topics/healthsurv/bhe/Pages/default.aspx

A BH EPICON assesses how the problem(s) or issue(s) within the unit/command compare to background rates; what population(s) is affected; the breadth and depth of the problem; changes in the behavior(s) over time; contributing factors; and what can be done to reduce or eliminate the issue(s).





