Military Mission, Culture & Psychotropic Considerations

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Disclaimer

• The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government.
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These speakers have no conflict of interest to disclose.

Enabling Objectives

- Review service specific military missions
- Discuss cultural considerations associated with military service
- Examine common stressors associated with military service
- Review the current literature as it relates to military based mental health care.
- Explore the influence of mental illness stigma within the military
- Introduce service specific prevention/intervention models
- Analyze military constraints associated with psychotropic therapy
- Discuss high risk, problem prone, and low volume issues associated with military based mental health care.
- Summarize rules of engagement for prescribing psychotropic medications to military service members
Elephant in the room...

**Civilian Priority**
- Privacy/HIPPA concerns
- Establishing trust and rapport
- Ethical concerns of non maleficence

**Military Priority**
- Privacy/HIPPA concerns
- Establishing trust and rapport
- Ethical concerns of non maleficence
- Medical – Legal – Ethical - Mission related concerns associated with functioning in a combat or training zone

Military Mission

- **Department of Defense**: The mission of the Department of Defense is to provide the military forces needed to deter war and protect the security of our country.
- **United States Army**: To fight and win our Nation’s wars by providing prompt, sustained land dominance across the full range of military operations and spectrum of conflict in support of combatant commanders.
- **United States Navy**: To maintain, train and equip combat-ready Naval forces capable of winning wars, deterring aggression and maintaining freedom of the seas.
Military Mission

- **United States Air Force**: To deliver sovereign options for the defense of the United States of America and its global interests to fly and fight in air, space and cyberspace.
- **United States Marine Corps**: Marines are trained, organized and equipped for offensive amphibious employment and as a “force in readiness.”
- **United States National Guard**: Provide trained and disciplined forces for domestic emergencies or as otherwise required by state law.
- **United States Coast Guard**: To protect the public, the environment, and the United States economic and security interests in any maritime region in which those interests may be at risk, including international waters and America's coasts, ports, and inland waterways.

Cultural Considerations

- Military vs. Non Military
- Army vs. Navy vs. Air Force vs. Marine Corps
- Active vs. Reserve
- Deployed vs. Non Deployed
- Grunts vs. Pogues
- Combat Snobbery
- Military Medicine (Caregiver Occupational Stress)
Military Stressors

Operational Stress
- Life Threat
- Loss
- Inner Conflict
- Wear and Tear

Occupational Stress
- Constant state of potential change
- Permanent change of station (PCS)
- Temporary Duty
- Overseas assignment
- Behavioral expectations
- Reserve mobilization

Relevant Research

  - Quantified prevalence with ~ 6% of the (then) 1.4 million military service members receiving outpatient mental health treatment annually.
  - Advising research priorities of
    - (1) operationally define of incidence, prevalence, severity, risk factors, and health care use of mental health disorders,
    - (2) identify the impact of mental disorders on occupational functioning,
    - (3) validate mortality data, define rate variability, and establish surveillance clusters for suicide
Relevant Research (Cont.)

- Hoge, et. al., 2004: Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care
  - Studied early look at mental health of Army and Marine Corps service members that deployed either to Iraq of Afghanistan revealing a significant risk of mental health problems and multiple barriers to care
  - Data from spouse surveys indicated that spouses experience similar rates of depression as Soldiers
  - Military spouses often rely on primary care for mental health services

Relevant Research (Cont.)

  - Mild traumatic brain injury (i.e., concussion) occurring among soldiers deployed in Iraq is strongly associated with PTSD and physical health problems 3 to 4 months after the soldiers return home
- Hoge, 2011: Interventions for War-Related Posttraumatic Stress Disorder
  - Significant improvements in population care for war veterans will require innovative approaches to increase treatment reach
    - Attention to occupational context
    - Combat physiology
Military Mental Illness Stigma

- Westphal, 2004: Discourse Analysis of Navy Leaders’ Attitudes about Mental Health Problems
  - The literature suggests that stigma, fear of negative career impact, and subordinates' concern about leaders’ attitudes are significant barriers to the use of mental health services.
  - Westphal’s data showed that concerns about sailors’ mental combat readiness, not mental illness stigma, were the dominant discourse of leaders’ attitudes about mental illness.
- Britt, et. al., 2007: The Stigma of Mental Health Problems in the Military
  - Evidence regarding the public suggests the public generally holds negative stereotypes toward individuals with psychological problems, leading to potential discrimination toward these individuals. The internalization of these negative beliefs results in self-stigma, leading to reduced self-esteem and motivation to seek help.

Mental Illness Stigma (cont.)

- Britt, et. al., 2008: Perceived Stigma and Barriers to Care for Psychological Treatment: Implications for reactions to stressors in different contexts.
  - Results reveal the importance of examining both stigma and barriers to care as moderators of the stressor–strain relationship, and reinforce the need to develop interventions to address stigma and remove barriers to care.
  - Findings reveal the relationships between different leader behaviors and factors that influence a service member’s decision to seek mental health treatment.
Mental Illness Stigma (cont.)

- Ben-Zeev, et. al., 2012: Stigma of mental illness and service use in the military.
  - Stigma-change programs specifically created by/for the military that integrate components of education and direct contact with respected peers or veterans who have coped with mental health problems may have great utility at both the early stages of military training and later, when soldiers return from theatres of operation.

Service Specific Prevention/Intervention Models

- Service Specific Models designed to facilitate:
  - Early intervention/Risk mitigation
  - Foster resiliency
  - Decrease stigma
  - Army’s “Battlemind” or “Comprehensive Soldier Fitness”
  - Air Force’s “Landing Gear”
  - Navy & Marine Corps Combat Operational Stress Continuum
### Psychotropics

- **MOD 11:** Individual Protection and Individual Deployment Policy
- **Requirements:**
  - Mandatory peri-deployment assessments with LIP
  - CentCom waiver necessary to make an unauthorized request
- **Authorized:**
  - Stable on Antidepressants (90 days prior to deployment)
  - Stable on Psychoactive Stimulants (90 days prior to deployment)
- **Unauthorized:**
  - Antipsychotics (excluding Seroquel 50mg or less QD)
  - Mood Stabilizers for the purpose of Mood Stabilization
  - Scheduled sleeper agents or benzodiazepines
Psychotropic Implications

- Side Effects
  - Cognitive capacity
  - Threat response
  - Sedation
- Role Function
  - Deployability
  - Security clearance
  - Weapons handling

High Risk, Problem Prone & Low Volume Considerations

- Mental illness stigma
- Treatment adherence
- Functional limitations of treatment
- Over developed (PTSD) avoidance cluster
- Clinical overlap of traumatic brain injury (TBI)
- Dual diagnosis concerns
- Poly-pharmacy
- Off label prescribing
- Individual Augmentees (IA)
- Caregiver Occupational Stress
Rules of Engagement

- Learn from Service Member:
  - Role Function
  - Deployment History
  - Status within Deployment Cycle
  - Readily Available Support System
- Collaborate with Uniformed Medical Provider
  - Diagnosis
  - Disposition
  - Plan of Care
  - Performance Limitations

References

References


Recommended Reading

- Man’s Search for Meaning, Viktor Frankl
- Achilles in Vietnam: Combat Trauma and the Undoing of Character, Jonathan Shay
- Odysseus in America: Combat Trauma and the Trials of Homecoming, Jonathan Shay
- Rule Number Two, Heidi Squier Craft
- On Killing: The Psychological Cost of Learning to Kill in War and Society, David Grossman
- On Combat, the Psychology and Physiology of Deadly Conflict in War and Peace, David Grossman

Additional Training

- Centers for Deployment Psychology’s Military Cultural Competence Training
  - http://www.essentiallearning.net/student/content/sections/Lectora/MilitaryCultureCompetence/index.html
- National Center for PTSD
  - http://www.ptsd.va.gov/professional/ptsd101/course-modules/military_culture.asp
- Glossary of Military Terms
  - http://www.essentiallearning.net/student/content/sections/Lectora/MilitaryCultureCompetence/MilitaryTerms2.pdf
- MOD 11
- The Psychological Needs of U.S. Military Service Members and Their Families: A Preliminary Report