Embedded Mental Health Mission and Objectives

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DISCLAIMER

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Learning Objectives

• Understand/appreciate the difference in approach and outcomes between Submarine embedded Mental Health Programs and MTF/Civilian Mental Health.

• Understand the unique training needed for eMHP providers and the skills and interventions necessary to perform embedded mental health/resilience enhancement.
Kings Bay, GA
COMSUBGRU-10
SUBRON-16/20

Groton, CT
SUBRON-12
SUBRON-4

Norfolk, VA
COMSUBFOR
SUBRON-6

Bangor, WA
COMSUBGRU-9
SUBDEVRON-5
SUBRON-17
SUBRON-19

Pearl Harbor, HI
COMSUBPAC
SUBRON-1
SUBRON-7

San Diego, CA
SUBRON-11

Guam
SUBRON-15

SUBFOR TODAY
Source: SUBFOR

FORCE STRUCTURE
63 – SSNs (5 INACT/MTS, 9 PCUs, 10 Overhaul)
4 – SSGNs
14 – SSBNs

SUBFOR Manpower
Total: ~ 22,000
Officer: 2,213 A + 486 R
Enlisted: 16,936 A + 1,036 R
Civilian: 1,562
Contractor: 536
Impact of eMHP and the Resiliency Approach on SUBPAC

- 76% reduction in annual Psych UPLs (111 less in FY-18) SUBPAC-wide since eMHP inception in NOV 2016
  - Almost one crew of an SSN Submarine saved at CSP each fiscal year
  - ~$900K BUMED investment has saved >$15M in FY-18 in training costs of UPLs alone

- 96% reduction in annual Psych UPLs (68 less in FY-18) at Pearl Harbor since initiating Resiliency Approach in MAR 2017
  - Pearl Harbor was previously homeport with highest UPLs in SUBFOR

- 180% increase in Return to Duty rate (~30% to now >85%) across SUBPAC

- Reinforces conditioning to improve conduct and performance

- Leaders report change in climate and culture toward improved resilience and toughness
SUBPAC Homeport Monthly Psychological UPLs
Comparing FY-16 (blue) vs. FY-17 (red) vs. FY-18 (green)
(Sailor:Provider ratios in parentheses)
(Total UPLs for each site beneath graphs)

Pearl Harbor (1800:1)
Bangor (4000:1)
Guam (1000:1)
San Diego (700:1)

This brief is Unclassified

Resiliency Approach rolls out at Bangor (AUG 2017)
Resiliency Approach rolls out at Pearl Harbor (MAR 2017)
Zero Psych UPLs after Resiliency Approach briefed to all Khakis at CSS-11 (FEB 2018)

(Sailor:Provider ratios in parentheses)
(Total UPLs for each site beneath graphs)
Resiliency Approach Initial Roll Out at Groton (APR 2017) (significant decrease in UPLs)
Resiliency Approach paused at Groton (FEB-MAY 2018) (increase in UPLs)
Embedded Mental Health Program (eMHP) Services Provided

The goal of eMHP is to promote psychological readiness, resiliency, and manage stress in a healthy manner

- Direct Patient Care
- Psychiatric/Psychological Consultation to Commanders, Command Triad, Medical Dept.
- Collaboration with Force Chaplain, MTF Mental Health, Ombudsman, Fleet Readiness Group, Fleet and Family Services, NCCOSC
- “24/7” Access to Care
- Holistic Medical/Psychological Evaluation and Treatment
- Command/Family Member Involvement and Referral
- Substance Abuse Rehab Program Referrals
- Emotional Regulation/ Positive Psychology/ Psychotherapy
- Family Meetings
- Medication Management
- Command Climate Evaluation
- Introduction to MH Services During Indoctrination
- Command and Crew GMT and Leadership Training Briefs
- Executive Coaching
- Complementary and Alternative Medicine

Full Spectrum of Preventive and Clinical Care
Total Integration and Collaboration in Treatment Facilitation
Tenets of the eMHP Model

Close collaboration with spouse, Chain of Command, Undersea Medical Officer, Chaplain, Independent Duty Corpsman, and available resources to achieve desired outcomes.

Photo courtesy: U.S. Coast Guard

Patient Centered Team Based Approach “PCM”

- Patient (P)
- Command (C)
- Medical/MH (M)

C – Close to workspace
  - Convenience

Q – Quick
  - Appt ~ 1 week; sooner if needed

K – Known
  a. Sailor knows eMHP staff
  b. Sailors know what outcomes to expect from MH

eMHP Model “CQK”
Performance Optimization

• Performance Optimization and Innovation in mental health treatments need to be encouraged in the operational setting
  – Maximizes Operational Readiness

• Prioritizing non-duty limiting treatments

• U.S. Navy policies are moving toward Performance Optimization versus Illness/Pathology based care models
Illness Based Model vs. Performance Optimization Based Model

- **Illness Based Model:**
  - Designed to manage mental disability conditions
  - Most Sailors in Submarine Force do not have mental disability conditions
  - Patients may be inadvertently placed on duty limiting medications

- **Performance Optimization Model:**
  - Designed to manage Sailors without disability conditions
  - Aligns demographics and objectives of the Submarine Force/Line with operational readiness principles
  - Utilizes non-duty limiting treatments to obtain optimal results

- Operational psychiatrists are essential to prescribe with surgical precision
- **There is a place for both approaches, Performance based model leads to improved patient screening/referral to higher levels of care**
- **Caution for Drift:** the tendency for eMH to fail to accurately see Sailors as patients, or medical environment which fails to see patients as Sailors (tendency to under or over pathologize)
Selecting and Training eMHP Providers

- eMHP expansion and development
  - Training to include Industrial Organizational and Performance/Sports Psychology concepts (i.e., during internship and residency).

- Orientation course and refresher summits for providers are essential to train to the vision/mission/practices of eMHP.
Training eMHP Providers: Approach

• Balance of both individual and organizational needs must always be considered in the context of the ethical principles of Beneficence, Justice, Autonomy, and Nonmaleficence within the military construct

• Provider must be proficient with a variety of therapeutic approaches

• Staffing and funding decisions for eMHP needs to be "outcome based" and not "productivity based" (Relative Value Units-RVUs, which is related to the volume of patients seen). Outcomes are what truly matter when analyzing Return on Investment and positive impact on Operational Readiness
### Why eMHP & Resiliency Approach Produces Optimal Outcomes

<table>
<thead>
<tr>
<th>Illness Based</th>
<th>Resilience/Toughness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traditional Clinical MH</strong></td>
<td><strong>Embedded/Operational MH</strong></td>
</tr>
<tr>
<td>• Limited resources/time to engage</td>
<td>• Enhanced, culturally-competent, occupationally-specialized care</td>
</tr>
<tr>
<td>• High volume, universal (active duty) access</td>
<td>• Awareness of mission and operational tempo</td>
</tr>
<tr>
<td>• Medical model – Pathology-based treatment</td>
<td>• Performance optimization</td>
</tr>
<tr>
<td>• Separation from command – potential secondary gain</td>
<td>• Tailored consultation for both patient and command</td>
</tr>
<tr>
<td>• Less opportunity to engage commands</td>
<td>• Conditions: Sailors to seek help appropriately when stressed and stay in the fight</td>
</tr>
<tr>
<td>• Safety (suicide) risk/protective factors – unable to fully assess personal/operational risk</td>
<td>• Involves command in problem solving; improves morale</td>
</tr>
<tr>
<td>• Clinical system flexibility to meet multiple levels of severity</td>
<td>• Individual provider flexibility to meet multiple levels of clinical severity</td>
</tr>
</tbody>
</table>
Measuring Outcomes

• Outcomes that matter to the Line are:
  – Tangible improvement in symptoms and performance
  – Decreased unplanned losses
  – Increased return to duty rates
  – Improved good order and discipline

• In order to effectively achieve these outcomes, eMHP providers need to:
  – Spend a great deal of time with each individual patient and with commands to solve the patient's, and at times, the unit’s problems
    • In some cases 4+ hours can be spent during a single patient encounter to achieve the desired outcome of returning a Sailor to duty/preventing an unplanned loss
Formula of Factors Impacting Resilience/Toughness

(Causal/Risk Factors)

- Pre-existing mental problems, traumas, diagnoses
- Elevated operational tempo & burnout
- Secondary gain
- Social (family, financial, legal) & Substance use problems
- New mental illness/disability
- Conduct/behavior/performance of duty problems
- Lack of effective mental/medical treatment

(Protective Factors)

- Healthy factors & incentives in work and social environment & appropriate exercise of performance and conduct standards
- Coping Skills
- Resiliency & Social/Work Support Network
- Healthy Goals and Motivation to remain on Active Duty
- Pt reaching out for help early/reduced stigma

High positive number signifies high likelihood for Un-Resilience
High negative number signifies high likelihood for Resilience
Spheres of Influence Affecting Factors Associated with Resilience

**Command**
- Elevated work/operational tempo & stress/burnout
- Maintenance of Performance & Conduct Standards

**Patient/Sailor**
- Pre-existing Mental problems, Diagnoses, Disabilities
- Healthy factors in work & social environment
- Secondary Gain
- New Mental & Medical Illness/Disability
- Improve Resiliency and develop Support Network & resources to address Sailors’ Problems
- Pt reaching out for help early/reduced stigma
- Sailor Conduct/Behavior/Performance problems
- Social/family/legal/financial/substance problems
- Healthy goals & motivation to remain on Active Duty

**eMHP/UMO**
- Develop Coping Skills & Stress Mgmt
- Assist Command and Sailor in designing solutions to address their spheres/factors

This brief is Unclassified
Resiliency Approach: How it Works

Command gives Sailor 1.0 EVAL.; ADSEP for Unsat Performance or Misconduct

Return to Duty Process

Experiencing Problems

Condition treated & Waiver obtained

Full Duty Submariner

Pt improves to meet standards

Resources (command, FFSG, Chaplain, eMHP)

No Disability

Condition identified

Disability condition identified

Not back on boat/Not meeting standards

with Page 15 contacts JAG, and waits 15-30 Days

COMMAND

LIMDU or PEB
Traditional Model: How it Works

ADSEP for Condition not amounting to a Disability (CnD)

Return to Duty Process

Experiencing Problems

Condition treated & Waiver obtained

Full Duty Submariner

Resources (command, FFGS, Chaplain, eMHP)

Pt. given choice between resilience vs avoiding stressors

No Disability Condition identified

Disability condition identified

LIMDU or PEB

Not back on boat/Not meeting standards

Pt. improves to meet standards
Traditional Approach Operantly Conditions Sailors to be Un-Resilient

<table>
<thead>
<tr>
<th>Positive Reinforcement (provides pleasure)</th>
<th>Negative Reinforcement (reduces discomfort)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• GI Bill</td>
<td>• Avoid Return to Duty (avoid stressor)</td>
</tr>
<tr>
<td>• Honorable Discharge</td>
<td>• Early out of contract</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Discouragement (provides discomfort)</th>
<th>Negative Discouragement (reduces pleasure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Return to Duty (return to stressor)</td>
<td></td>
</tr>
<tr>
<td>• Stigmatization/teasing</td>
<td></td>
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</tbody>
</table>

Reinforcement (increases frequency of behavior)

Discouragement (decreases frequency of opposing behavior)
Resiliency Approach Operantly Conditions Sailors to be Resilient

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<tr>
<th>Positive Reinforcement (provides pleasure)</th>
<th>Negative Reinforcement (reduces discomfort)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Building coping skills</td>
<td>• Command involvement (improve stressor)</td>
</tr>
<tr>
<td>• Increasing self-esteem</td>
<td>• Close care with eMHP</td>
</tr>
<tr>
<td>• Honorable Discharge</td>
<td></td>
</tr>
<tr>
<td>• GI Bill</td>
<td></td>
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<th>Positive Discouragement (provides discomfort)</th>
<th>Negative Discouragement (reduces pleasure)</th>
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<tbody>
<tr>
<td>• General Discharge</td>
<td>• Ineligible for GI Bill</td>
</tr>
<tr>
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</tbody>
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Reinforcement (increases frequency of behavior)

Discouragement (decreases frequency of opposing behavior)
Classical Conditioning: Traditional Model

- Patients associate “Mental Health” with the following:
  - Opportunity to avoid stressors
  - Avenue to evade work
  - Fear of losing clearance

- Co-workers associate Sailors seeking “Mental Healthcare” as:
  - “Sad Pandas” and other derogatory terms
  - “Tapping Out” and other slang for “quitting”

- Commands associate Mental Health as:
  - “Wizards” (because they make their Sailors disappear)

- Outcome of all of the above is that Mental Health is labeled with a HUGE STIGMA

- STIGMA is a factor which PREVENTS SAILORS who are a high risk for suicide from SEEKING HELP
Classical Conditioning: Resiliency Approach

- Patients associate “Mental Health” with the following:
  - Way to overcome stressors
  - Avenue to get help and return to work
- Co-workers associate Sailors seeking “Mental Healthcare” as:
  - Having courage to seek help so they can be optimal team members
  - Having admirable traits
- Commands associate Mental Health with:
  - Resource that assists commands in returning Sailors to duty
  - “Send your Sailors to Mental Health early so they can get the help they need and return to a boat.”

Outcome of all of the above is that STIGMA associated with Mental Health is REDUCED

REDUCTION IN STIGMA is a factor which ENCOURAGES SAILORS who are a high risk for suicide to SEEK HELP
Conclusions

- eMHP is a novel, cost effective approach to military mental healthcare

- eMHP aligns the organization and the individual Sailor

- eMHP custom designs its programs and treatment approaches to optimize Operational Readiness

- Operant and Classical conditioning (amongst other models) to design organizational policy, and a team-based approach that unifies eMHP with individual Sailors and the organization

- Submarine Force eMHP drastically increases return to duty rates, reduces unplanned losses, and develops a resilient command climate and culture previously unattainable
Questions?

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Back-Up Slides

This brief is Unclassified
2. **Policy:**

   a. Physical or behavioral conditions which impair a member’s performance, but do not amount to a physical disability, are covered under this article.

4. **Characterization of Service.** Honorable (HON), unless an entry level separation (ELS) (MILPERSMAN 1910-308) or General (under honorable conditions) (GEN) (MILPERSMAN 1910-304), is warranted. Selected Reserve (SELRES) personnel are not eligible for ELS.
(d) Separation for personality disorder, or other mental disorder not constituting a physical disability, is not appropriate nor should it be pursued when separation is warranted on the basis of unsatisfactory performance or misconduct. In such circumstances, the enlisted Service member should not be separated under this paragraph regardless of the existence of a personality disorder.
2. **Policy.** Members may be separated when they are unqualified for further naval service as demonstrated by any of the following reasons:

   a. Receipt of an enlisted performance evaluation with one or more 1.0 marks in any performance trait. Counseling, per Note 1, must be completed and subsequently violated. Physical fitness assessment failures must be processed under MILPERSMAN 1910-170;

5. **Characterization of Separation.** For members separated under paragraphs 2a through 2e of this article, the characterization of separation should be under honorable conditions (general), unless an entry level separation (ELS) or honorable is warranted per MILPERSMAN 1910-304. For members separated under paragraphs 2f through 2i of this article, the characterization of separation should be honorable, unless an ELS or under honorable conditions (general) is warranted per MILPERSMAN 1910-304. Selected Reserve personnel are not eligible for ELS.
### EVALUATION REPORT & COUNSELING RECORD (E1 - E6)

**PERFORMANCE TRAITS:**
- 1.0 - Below standards / not progressing or UNSAT in any one standard.
- 2.0 - Does not yet meet all 3.0 standards.
- 3.0 - Meets all 3.0 standards.
- 4.0 - Exceeds most 3.0 standards.
- 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.

#### 34. QUALITY OF WORK:
- Needs excessive supervision. Product frequently needs rework. Wasteful of resources.

#### 36. MILITARY BEARING/CHARACTER:
- Consistently unsatisfactory appearance.
- Poor self-control; conduct resulting in disciplinary action.
- Unable to meet one or more physical readiness standards.
- Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT.

#### 37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE:
- Needs prod to attain qualification or finish job.
- Prioritizes poorly.
- Avoids responsibility.

#### 39. LEADERSHIP:
- Neglects growth/development of welfare of subordinates.
- Fails to organize, creates problems for subordinates.
- Does not set or achieve goals relevant to command mission and vision.
- Lacks ability to cope with stress.
- Inadequate communicator.
- Tolerates hazards or unsafe practices.

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MILPERSMAN 1910-142

Separation by Reason of Misconduct - Commission of a Serious Offense

2. **Policy**

   a. Members may be separated based on commission of a serious military or civilian offense when the offense would warrant a punitive discharge, per reference (a), for a same or closely related offense.

<table>
<thead>
<tr>
<th>If...</th>
<th>Then least favorable characterization is...</th>
</tr>
</thead>
<tbody>
<tr>
<td>notification procedure is used,</td>
<td>general (GEN) per MILPERSMAN 1910-308.</td>
</tr>
<tr>
<td>administrative board procedure is used,</td>
<td>OTH per MILPERSMAN 1910-300.</td>
</tr>
</tbody>
</table>
103a. Article 134—(Self-injury without intent to avoid service)
a. Text of statute. See paragraph 60.
b. Elements.
   (1) That the accused intentionally inflicted injury upon himself or herself;
   (2) That, under the circumstances, the conduct of the accused was to the prejudice of good order and discipline in the armed forces or was of a nature to bring discredit upon the armed forces.
   [Note: If the offense was committed in time of war or in a hostile fire pay zone, add the following element]
   (3) That the offense was committed (in time of war) (in a hostile fire pay zone).
c. Explanation.
   (1) Nature of offense. This offense differs from malingering (see paragraph 40) in that for this offense, the accused need not have harbored a design to avoid performance of any work, duty, or service which may properly or normally be expected of one in the military service. This offense is characterized by intentional self-injury under such circumstances as prejudice good order and discipline or discredit the armed forces. It is not required that the accused be unable to perform duties, or that the accused actually be absent from his or her place of duty as a result of the injury. For example, the accused may inflict the injury while on leave or pass. The circumstances and extent of injury, however, are relevant to a determination that the accused’s conduct was prejudicial to good order and discipline, or service-discrediting.
   (2) How injury inflicted. The injury may be inflicted by nonviolent as well as by violent means and may be accomplished by any act or omission that produces, prolongs, or aggravates a sickness or disability. Thus, voluntary starvation that results in a debility is a self-inflicted injury. Similarly, the injury may be inflicted by another at the accused’s request.
d. Lesser included offense. Article 80—attempts
e. Maximum punishment.
   (1) Intentional self-inflicted injury. Dishonorable discharge, forfeiture of all pay and allowances, and confinement for 2 years.
   (2) Intentional self-inflicted injury in time of war or in a hostile fire pay zone. Dishonorable discharge, forfeiture of all pay and allowances, and confinement for 5 years.
f. Sample specification.
   In that __________ (personal jurisdiction data), did, (at/on board—location) (in a hostile fire pay zone) on or about _____ 20 __ , (a time of war,) intentionally injure himself/herself by __________ (nature and circumstances of injury).
1. HEALTHCARE PROVIDERS

   a. Command notification by healthcare providers will not be required for Service member self and medical referrals for mental health care or substance misuse education unless disclosure is authorized for one of the reasons listed in subparagraphs 1 b (1) through 1 b (9) of this enclosure.

   b. Healthcare providers shall notify the commander concerned when a Service member meets the criteria for one of the following mental health and/or substance misuse conditions or related circumstances:

   (1) Harm to Self, The provider believes there is a serious risk of self-harm by the Service member either as a result of the condition itself or medical treatment of the condition.

   (2) Harm to Others, The provider believes there is a serious risk of harm to others either as a result of the condition itself or medical treatment of the condition. This includes any disclosures concerning child abuse or domestic violence consistent with DoD Instruction 6400.06 (Reference (f)).

   (3) Harm to Mission, The provider believes there is a serious risk of harm to a specific military operational mission. Such serious risk may include disorders that significantly impact impulsivity, insight, reliability, and judgment.

   (4) Special Personnel, The Service member is in the Personnel Reliability Program as described in DoD Instruction 5210.42 (Reference (g)), or is in a position that has been pre-identified by Service regulation or the command as having mission responsibilities of such potential sensitivity or urgency that normal notification standards would significantly risk mission accomplishment.

   (5) Inpatient Care, The Service member is admitted or discharged from any inpatient mental health or substance abuse treatment facility as these are considered critical points in treatment and support nationally recognized patient safety standards.

   (6) Acute Medical Conditions Interfering With Duty, The Service member is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs the Service member’s ability to perform assigned duties.

   (7) Substance Abuse Treatment Program, The Service member has entered into, or is being discharged from, a formal outpatient or inpatient treatment program consistent with DoD Instruction 1010.6 (Reference (h)) for the treatment of substance abuse or dependence.

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DoDI 6490.08, August 17, 2011

(8) Command-Directed Mental Health Evaluation, The mental health services are obtained as a result of a command-directed mental health evaluation consistent with DoD Directive 6490.1 (Reference (i)).

(9) Other Special Circumstances, The notification is based on other special circumstances in which proper execution of the military mission outweighs the interests served by avoiding notification, as determined on a case-by-case basis by a health care provider (or other authorized official of the medical treatment facility involved) at the O-6 or equivalent level or above or a commanding officer at the O-6 level or above.