

# 2010 Military Health System Conference

## Providing Mental Health Care When and Where Patients Need It

Sharing Knowledge: Achieving Breakthrough Performance

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Defense Centers of Excellence for Psychological  
Health and Traumatic Brain Injury

# The Challenge



- Provide world-class care in the most inhospitable of environments
  - Mountains of Afghanistan
  - Ships at sea
  - Rural areas where the nearest MH provider is over 100 miles away
  - Along the DMZ
  - Combat environments

*Views and opinions expressed are those of the author and do not represent those of the Department of Defense.*

# The Challenge



- Provide Care to Individuals and Families subject to stresses that most civilians never experience
  - Combat operations
  - Frequent, repeated exposure to trauma
  - Long separations from families
  - Close, continuous contact with co-workers
  - Often under austere conditions

# The Challenge



- Address an increasing need for care
- Focus on all 3 components of psychological health
  - Resilience
  - Recovery
  - Reintegration

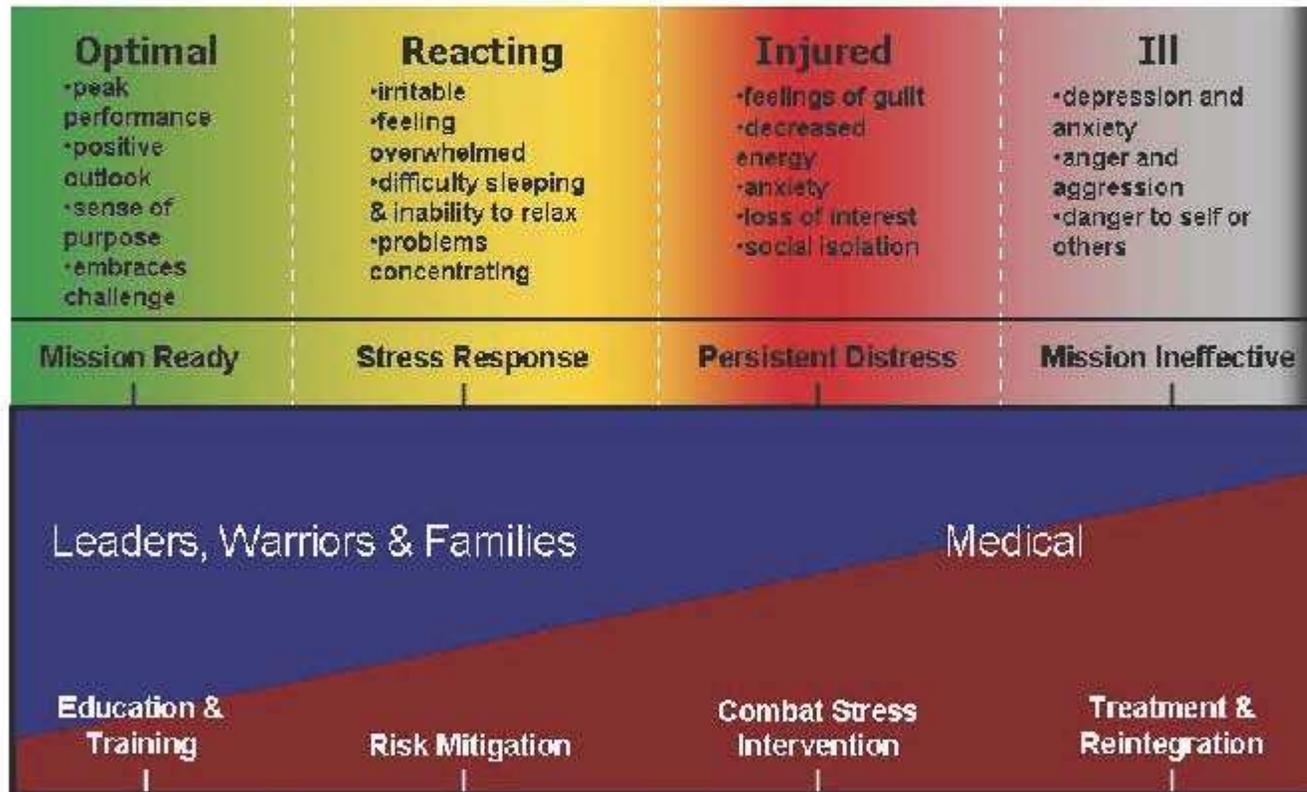


# Building a Culture of Resilience



## ← EARLY INTERVENTION

MISSION-READY



MISSION-READY

## ← RECOVERY

# The Opportunity



- Empower Line Leaders, Service members, and Families to take responsibility for Service members' Psychological Health
  - PH Protocols
  - OSCAR Extenders
  - Comprehensive Soldier Fitness
  - Leaders and Service members can provide both early identification and intervention
  - Families can do the same after redeployment

# The Opportunity



- Partner with civilian health care providers
  - Provide training on military issues, culture
  - CDP training for TRICARE providers
  - Telehealth to civilian provider offices
  - Potential surge capacity
  - Identify and engage evidence-based complimentary and alternative (CAM) providers

# Embedded Providers



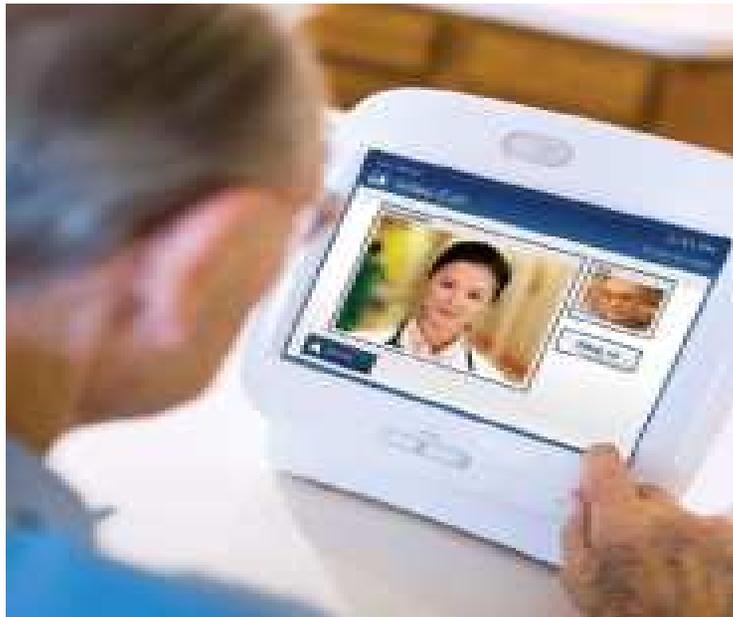
# Chaplains are Key!



# National Intrepid CoE



# Telehealth in CONUS and Theater



- Deliver web-based clinical services to rural areas
- TRIAP Pilot
- Working to develop capability to provide assessment/therapy in theater

# SIMCOACH: Innovation for PH



- Combines advanced Avatar, Artificial Intelligence, & Voice Recognition technology with videogame technology
- Will allow users to discuss issues with top experts in psychological health, TBI, and military issues



# Families are Important too!



- Need to focus on Families where and when they need assistance as well
  - Before
  - During and
  - After the deployment!





# Contact Information

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# PH In-Theater Protocol

## | Overview |



### **Purpose**

Designed for use by leaders and medics/corpsmen for early identification of and intervention with Service Members who are having psychological health concerns in theater.

This protocol can be triggered by exposure to a traumatic event, but also by an observed change in the Service member's behavior (even without a traumatic event).

### **Scope**

The PH In-Theater Protocol consists of 2 components:

1. Leader Based Early Identification and Intervention (slides 3 - 5). Medics/corpsmen can also perform these.
2. Medical Officer protocol when referral is necessary based on the Leader Protocol (slide 6).

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# PH In-Theater Protocol

## | Triggers for Leader Assessment/Intervention |



### Protocol Triggers

Leaders should implement this protocol when any of the following occurs:

**1.** A significant CHANGE in behavior, including:

Irritability, changes in sleep, unsafe behaviors, jumpiness, withdrawing from others, loss of interest in activities, uncharacteristic misbehavior, or any other significant change noted by leaders or peers.

**2.** Statements by the Service member that he/she is having difficulty.

**3.** Exposure to a potentially traumatic event, including:

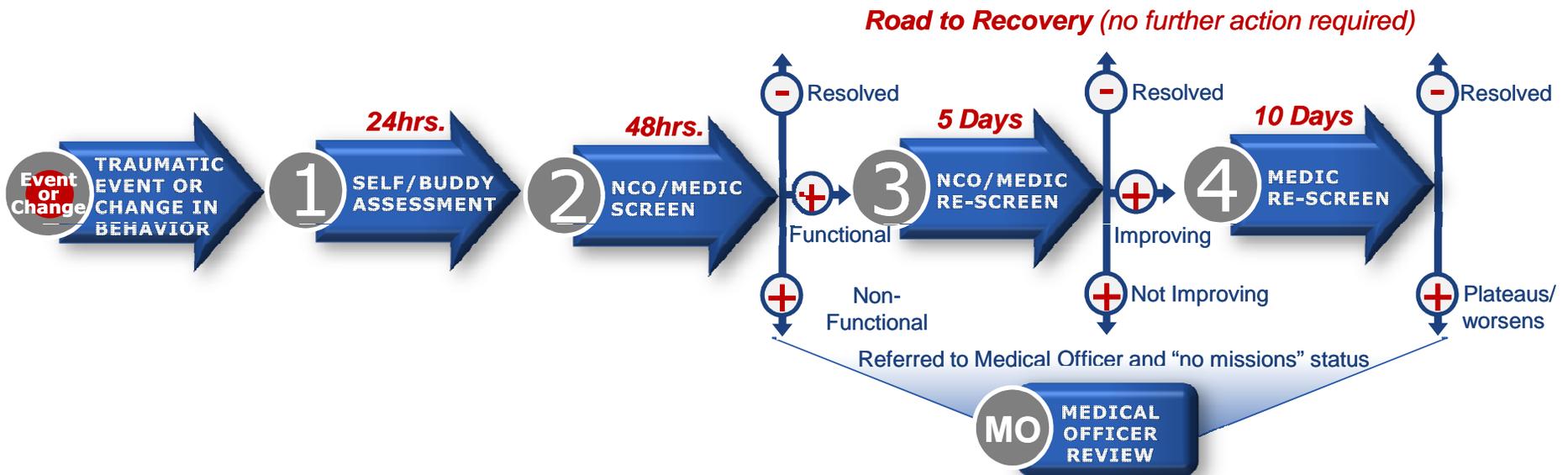
- Killing, witnessing killing or serious injury at close range, or exposure to dead bodies
- Any combat-related injury, including mild TBI
- Death or serious illness/injury of a friend or buddy
- Serious, sudden, home-front stress
- Any other event that is felt to indicate a need for screening by the chain-of-command or a medic/corpsman.

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# PH In-Theater Protocol



| Phase 1: Initial Assessment by NCO/Medic/Corpsman |



## Notes

- In steps 1 – 4, the Service Member remains fit for duty, including missions
- **-** means “No” to all five questions on the screen (slide 4)
- **+** means “Yes” to ANY question on the screen (slide 4)
- “Functional” means able to perform safely on missions
- SM may self-refer to medic at any point

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# PH In-Theater Protocol

## | Screening Questions |



- 1.** Has the person had more problems sleeping or with nightmares than usual since the event (or in the past week)?
- 2.** Has the person had more trouble concentrating than usual since the event (or in the past week)?
- 3.** Has the person felt or seemed more zoned out or disconnected since the event (or in the past week)?
- 4.** Has the person been more angry since the event (or in the past week)?
- 5a.** Has they gone out of your way to avoid thinking about the event (only for traumatic events)?
- 5b.** Has they felt more depressed than usual in the past week (others)?

**Note:** A positive (+) screen is answering “Yes” to any of the five questions.  
A negative (-) screen is answering “No” to all five of the questions.

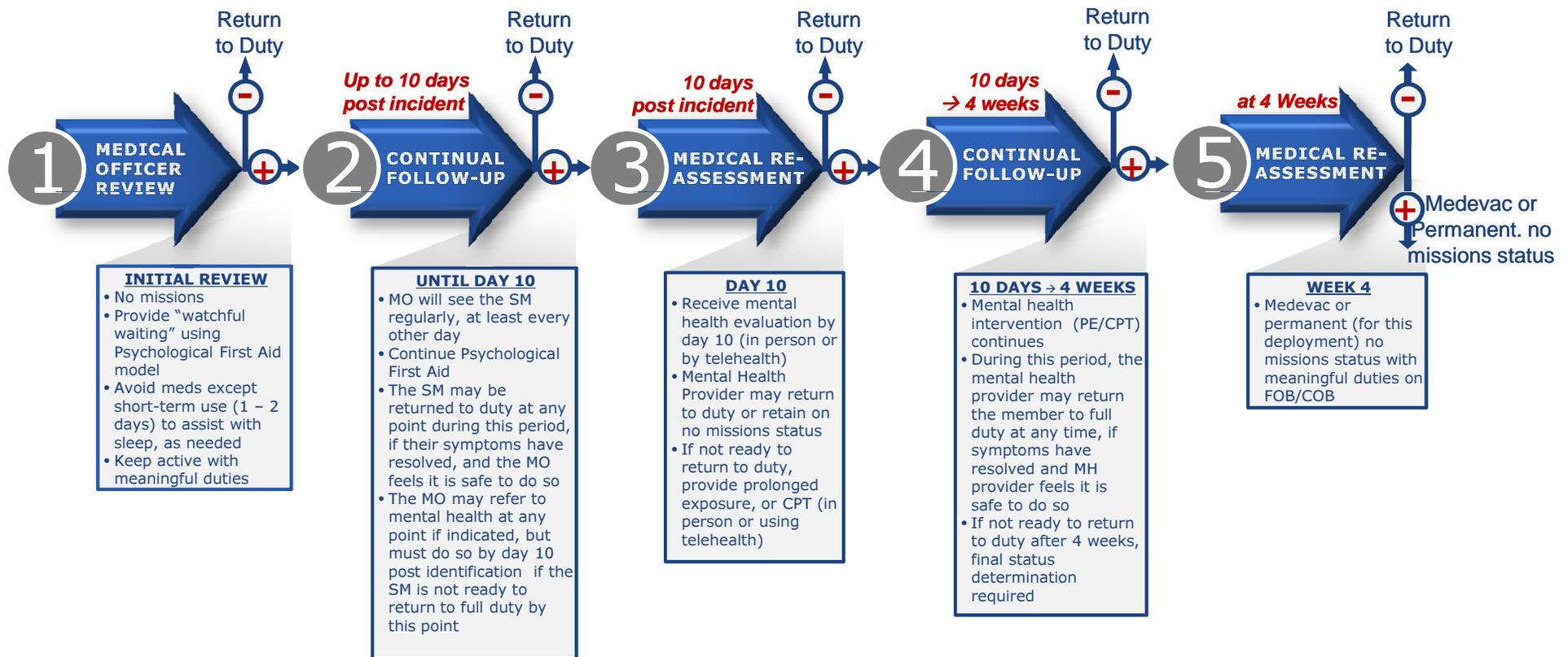
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# PH Traumatic Event Protocol

| Phase 2 (if needed): Medical Officer/Mental Health Provider |



## Road to Recovery





# Contact Information

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