

MHS Profiles

MILITARY HEALTH SYSTEM

ANSWERING THE CALL

*The DoD-USPHS
Mental Health Initiative*

by Keyra Boise





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RRING CALL

Health Initiative

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Many service members embark on their combat deployments fearlessly—protecting our country by risking their own lives. But in many instances, returning home can be just as daunting. Although most returning war veterans feel proud of their service, their sense of pride can be doused by stress, depression or anxiety.

On April 15, 2008, the Department of Defense and the U.S. Public Health Service Commissioned Corps created a unique partnership by signing a memorandum of agreement for the DoD-PHS Partners in Mental Health: Supporting our Service Members and Their Families initiative. As a result, for the past 24 months mental health officers in the USPHS have been detailed to Army, Navy or Air Force military medical treatment facilities across the U.S. to care for the mental health needs of service members who are returning from overseas deployments, as well as retirees and family members.

“The purpose of the MOA is to augment the number of clinicians we have working

in our military treatment facilities,” said Lt. Col. Hans Ritschard, director of DoD Psychological Health Strategic Operations. “The Public Health Service is able to place providers in locations where there’s a high operational tempo. When the ops tempo is high, our mental health active duty clinicians deploy frequently. Having public health clinicians in those treatment facilities provides continuity of care for our mental health patients.”

Although the DoD and USPHS missions are unique to each organization, they find common ground under this MOA and have vowed to work together to provide much needed mental health care treatment for service members and their families.

“The process for staffing this MOA is unique because the mission is very important to all of us and allows the sister services to come together and form a joint services operation,” says Capt. Dean Coppola, director of Commissioned Corps Recruitment in the Office of the Surgeon General.

A Desire to Serve.

After almost ten years of service, Lt. Cmdr. Robin Lewis resigned from the Navy and began a career in public health with the U.S. Public Health Service Commissioned Corps. As a Commissioned Corps officer, she provides mental health care services at Naval Medical Center Portsmouth in Portsmouth, Va. (Photo by Brian Callan)

Making a Difference.

Capt. Paul Andreason uses treatments like recreational and art therapy to help his patients learn to have fun again. (Photo courtesy of the USPHS)



As a result, USPHS has ramped up its recruiting campaign to ensure that available positions under the MOA are filled by clinicians who can provide appropriate care to service members and their families. Additionally, USPHS is placing special emphasis on the transition of new recruits, as

well as existing officers, into these positions.

To date, over 100 mental health clinicians have been recruited to provide clinical care under this agreement. However, there is high demand for these specialized providers and the call to duty for this meaningful

mission often starts with a sense of patriotism and a desire to make a difference.

Lt. Cmdr. Robin Lewis has always had a desire to serve, so her transition from active duty Navy officer to Commissioned Corps officer was, to her, fairly seamless.





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with the USPHS, she immediately realized that it would provide her with an opportunity to do what she loved while also allowing her to maintain close ties to the military.

"I had a wonderful experience in the Navy, but the deployments and the operational tempo [were] just not fitting in with my family anymore," says Lewis. "After talking with a past commander from the Naval Hospital Guam, who is very involved in the initiative, I was introduced to the possibility of coming back into the Navy and serving as a Public Health Service officer and immediately that sounded very appealing."

For the past year, Lewis, a clinical psychologist, has served as department head of the Substance Abuse Rehabilitation Program at the Naval Medical Center Portsmouth in Portsmouth, Va., which is one of the Navy's two largest drug and alcohol treatment centers. Joining the USPHS under this MOA has given her the flexibility she needs to be able to

spend quality time with her family, without the constant deployments she faced as an active duty Navy officer.

As the department head at SARP, Lewis manages a staff of over 65 people, handles administrative duties and leads a weekly group therapy session. Additionally, she meets with children and adolescents at the hospital one day per week. She is mindful to always attend these sessions because she knows the importance of treating the entire family and understands the impact psychological health issues can have on a service member's home life.

"It's very important because it's supporting our troops indirectly, but yet directly, because if your family is not in order, then things can be chaotic, and that has huge implications on our military personnels' readiness," says Lewis.

Working under the MOA allows for increased continuity of care for mental health services and makes it possible for Lewis

Prior to joining the USPHS she served in the Navy for almost 10 years. During her transition from the Armed Services, she realized that she wanted to begin a career in public health to serve the underserved. So when a fellow Navy officer introduced Lewis to the prospect of a career



and her staff to track and closely monitor their patients' progress. According to Lewis, the most rewarding part of her job is witnessing the change and transformation of service members for whom she provides care.

"You get people who come in that first day, and when I'm doing my introductory talk with them, their body language is shut down and

they don't want to be here. But after being here for four weeks, they get to cross the commencement stage and get their sobriety coin. They give back by telling the people who are still in treatment, the staff and the visitors what their experience has been. That's incredibly rewarding and worthwhile to be a part of, because you're hearing from them about how the program has changed them."

Additionally, the DoD-USPHS initiative has equally strong benefits for the active duty mental health care clinicians with whom Lewis works on a daily basis. She believes that USPHS presence in MTFs has a ripple effect: USPHS officers provide stability that allows active duty military medical staff to fulfill other aspects of their jobs, especially during times of high stress.



“If they’re active duty Navy psychologists getting ready to deploy, they can focus on getting ready for deployment because there’s continuity and consistency amongst the Public Health Service officers. I can step in and say, ‘OK, I can handle this. You go and take care of what you need to do with your family.’ So, from a collegial standpoint, there are a lot of positives,” says Lewis.



Under this initiative, USPHS officers are providing a full spectrum of services, ranging from purely clinical to a mixture of administrative and clinical work. Often times, USPHS officers are deployed on special international humanitarian missions that would otherwise take an active duty service member away from his or her primary duties.

One such opportunity includes serving on the USNS Comfort for over a month to provide relief efforts for Haiti. Lewis was asked to fill a spot for DoD, so she was the primary USPHS officer onboard the ship for over five weeks. She recognizes what a great experience and accomplishment this was, used the opportunity to tell people about the USPHS, and explained what it means to wear the uniform.

Serving the Underserved:

The U.S. Public Health Service Commissioned Corps is an elite team of more than 6,000 full-time, well-trained, highly qualified public health professionals dedicated to delivering the Nation’s public health promotion and disease prevention programs and advancing public health science. (Photo courtesy of the USPHS)

Collaborative Effort:

Lt. Cmdr. Lewis commends the staff at the Naval Medical Center Portsmouth for truly embracing the USPHS officers and integrating them into the mental health directorate. This successful partnership allows them to provide quality mental health care services to their patients. (Photo by Brian Callan)



Career Flexibility. *Having the opportunity to change careers without changing jobs is what initially attracted Capt. Andreason to the Commissioned Corps. USPHS officers are exposed to assignments that focus on everything from regulation to clinical care to policy and research. (Photo by Caroline Deutermann)*

Lewis shares, “It was an amazing mission. They [Navy personnel] were in the Port of Haiti [immediately following the earthquake], and I flew down there a couple of days after they arrived and joined the crew. I provided mental health services, primarily to the Haitians onboard, but also to the staff as well. It was an incredible experience.

I’ve never done anything like that, working 17, 18, 19 hour days and going to bed and then getting up and doing the exact same thing for weeks on end. There was so much work to be done, but it was incredibly rewarding.”

She also has taken advantage of leadership opportunities outside of the USPHS. Last year, she chaired the Macklin Symposium, the premier educational symposium at Naval Medical Center Portsmouth, which was a high visibility event. Her visible role resulted in people from all over the world learning about the USPHS and its rich history.

// Our mission is extremely varied and for those of us who find this service attractive, that’s really the thread that runs through it—our diversity. //

The mission of the USPHS Commissioned Corps is deeply rooted in the history of our nation’s health defense. In 1871, John Maynard Woodworth became the first supervising surgeon, a position known today as the Surgeon General. He created a cadre of mobile, career-service physicians who could be assigned to various marine hospitals, thus giving birth to the USPHS Commissioned Corps. As America’s only uniformed service of public health professionals, the mission of the USPHS is to protect, promote and advance the health and safety of our nation.

“Our mission is extremely varied and for those of us who find this service



attractive, that's really the thread that runs through it—our diversity,” said Coppola. “This service is built on diversity—diversity of mission and diversity of its officers.”

As a vital part of the Department of Health and Human Services, the USPHS Commissioned Corps is an essential component of the largest public health program in the world. Officers value the diversity that comes with being a part of this small, yet proud, service and welcome the opportunity to serve where they are needed most. As a result, the USPHS also has created openings for current officers to transition into assignments providing mental health care services under this agreement.

Capt. Paul Andreason has been with the Commissioned Corps for over 20 years and when the opportunity presented itself, he did not hesitate to accept a position under the MOA. Andreason is a clinical psychiatrist and the attending physician and co-director of the trauma recovery program in Psychiatric Continuity Service at Walter Reed Army Medical Center in Washington, D.C. As a career USPHS officer, he has taken advantage of many opportunities to work within various capacities of the public health field.

“I had a great 11 years at FDA, where I was a part of

THE U.S. PUBLIC HEALTH SERVICE'S MENTAL HEALTH CARE MODEL

Officers providing mental health care services to support the Department of Defense-U.S. Public Health Service Mental Health Initiative use a public health model that is based on building resilience and facilitating recovery for people with or at risk for mental illness or substance use disorders. Commissioned Corps officers are detailed to military treatment facilities across the United States to treat service members returning from armed conflicts who may be affected by mental health issues such as post-traumatic stress disorder, traumatic brain injuries, insomnia, anxiety, flashbacks and depression.

USPHS officers with a focus in mental health/behavioral health support the initiative by working on assignments throughout the DoD to:

- provide direct mental health and substance abuse prevention services
- provide clinical care
- develop and implement mental illness prevention and treatment programs
- manage behavior health programs
- conduct behavioral health research

This unique partnership between DoD and the USPHS has expanded the number of mental health providers caring for military personnel affected by deployments, as well as veterans and families in need of mental health services and substance abuse treatment. Some USPHS officers are serving at MTFs in North Carolina, Colorado, Hawaii, Georgia and Alaska with the Army, Air Force and Navy.



the Division of Psychiatric Drug Products, and I got to see a lot of new drugs come to market and to learn about them firsthand. Then I was given the opportunity to lead one of the first deployable mental health units after Hurricane Katrina in 2005,” says Andreason.

The lessons learned from this mission included recognizing the need for USPHS to have pre-organized, deployable

public health, mental health and rapid deployment force teams that could staff the federal medical stations during a crisis. Andreason was one of five team leads in charge of organizing and training deployable mental health teams for future disasters and humanitarian missions. His team deployed to Galveston, Texas, following Hurricane Katrina and later responded to several requests for help from Native

American Reservations with mental health issues when they were short on staff.

“I feel like I’ve been able to go where help is needed and do very interesting, exciting and fulfilling activities as a physician,” says Andreason.

In his current role at Walter Reed, he uses the research experience he gained early in his career as a fellow at the National Institutes of Health to develop a protocol that could have major implications on how service members are treated prior to returning from deployment.

Working under this MOA gives him a feeling of coming full circle to complete the family legacy. His grandfather was an Army artillery officer in World War I, his father was an Air Force radar intercept officer during the Cold War and his uncle was a B-17 flight engineer in World War II.

“I feel like coming back and doing this work now has allowed me to carry on the family tradition. And, at the same time, it allows me to take care of people who are like my own family members.”

Andreason’s team provides individual and group therapy, manages medication, and collects and distributes data on alternative and emerging treatments for post-traumatic stress disorder. He and his staff guide patients through



Well Rounded *Capt.*

Andreason also serves as the co-director of the USPHS vocal ensemble in Washington, D.C. which provides ceremonial music for USPHS events. (Photo by Caroline Deutermann)



a four-week program and are able to see first-hand improvements their patients make on a daily basis.

“At the end of the program, we can reassess what the patient’s needs are and build a treatment plan. We have our patients long enough to make a difference that is noticeable.”

He hopes that patients see this initiative as a step toward meeting their needs. Above all, he wants them to get better and to learn how to enjoy life again.

“A lot of times people have forgotten how to have fun, and we want to help them regain that. If we can do this, it is a major accomplishment,” Andreason says.

The biggest misconception that Andreason and his staff hear from their patients is that talking about mental illness symptoms can end your career. He is working diligently to dispel this myth and to encourage those in need to seek treatment.

“I have seen several



enlisted personnel, non-commissioned officers and commissioned officers, as well, who have had some fairly major symptoms and who have returned to duty. And, I don’t see where it has hurt their careers at all. Continued impairment is likely to be a career problem, but getting well can be

Humanitarian Mission

Lt. Cmdr. Lewis and a Navy Psych Tech provide support to a patient preparing for discharge to a local Haitian hospital. Lewis served on the USNS Comfort for over 5 weeks, providing mental health care services immediately following the earthquake in Haiti. (Photo courtesy of Lt. Cmdr. Robin Lewis)

“ I provided mental health services primarily to the Haitians onboard, but also to the staff as well. There was so much work to be done, but it was incredibly rewarding. ”



career building.”

As the need for mental health services has increased, so have the services offered at MTFs. Andreason and his team are already using cutting-edge treatments for PTSD, and they have fielded several

requests from other MTFs to share best practices. While he recognizes that sharing information and raising awareness about the DoD-USPHS MOA is important, he says the most significant challenge is finding qualified clinicians to be commissioned into the

USPHS to serve under this agreement.

To decrease the gap in delivery of mental health care services, both DoD and USPHS leadership are working diligently to fill positions made available by the MOA.



Best Kept Secret:

Working under the DoD-USPHS MOA has allowed Lt. Cmdr. Lewis to continue with her military career, while also providing her with an opportunity to serve where she is most needed. (Photo by Brian Callan)



“We’re definitely making progress. We’ve got over 100 positions filled, which is 40 up from where we were just 10 months ago. We’ve gotten good feedback from the services, and there’s a focused recruiting campaign that’s making progress,” says Ritschard.

Under the agreement, mental health services and capabilities have expanded in the MTFs where USPHS officers are stationed. While the MOA is one of many existing initiatives available to provide mental health care support to service members, their families and retirees, it is vital to ensuring beneficiaries have ongoing access to mental health care.

Like many of her colleagues, Lewis’ experience has been positive thus far, and she recognizes the importance of both departments working collaboratively to continue to support this effort moving forward.

“I hope that it goes beyond the 10-year initiative and forms a long-lasting partnership of working together.” ■

USPHS RECRUITMENT



The Commissioned Corps continues to actively recruit mental health service providers to support the DoD-USPHS Mental Health initiative, including:

- psychiatrists
- licensed clinical psychologists
- licensed clinical social workers
- psychiatric nurse practitioners
- physician assistants

Additionally, rehabilitation providers such as physical therapists, occupational therapists and speech language pathologists also are in high demand under the agreement.

Officers are assigned to specific locations within the United States for three years. After the initial three-year period, extensions to remain in an assignment are negotiated between DoD and the USPHS.

To learn more about how the Commissioned Corps is “answering the call,” visit the website at www.usphs.gov and view background on the organization, officer profiles, stories and application qualifications. Also, consider becoming a fan on Facebook at www.facebook.com/USPHS.





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