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ISSUE PAPER:
MENTAL HEALTH FOR THE FORCE

Description of Issue: (1) An increasing number of deployers have unmet psychiatric needs, and find it difficult to obtain treatment due to stigma, access problems, policy hurdles, and inadequate numbers of providers. (2) Policies and interventions are poorly coordinated. (3) First Responder stress management training is inadequate.
An opportunity exists to improve policies, training, and coordination of services in order to minimize psychological casualties and effectively treat those that do occur.

Background: DODD 6490.5 *Combat Stress Control Programs*, dated Feb 1999, stipulates that service programs "shall consist of curricula, training, and exercise requirements for … operations that focus on primary, secondary, and tertiary prevention of [combat stress reactions] in settings from garrison to the battlefield." Such a comprehensive program has never been put into place for the Marine Corps.

The OSCAR Pilot program is an initial effort in this direction however and has been very successful within its narrow scope. 1MARDIV enjoyed a 99% return to duty rate amongst the 457 patients psychiatrically evaluated during OIF-II. With its focus on prevention and resiliency, OSCAR has been embraced by senior Marine combat leadership and has been inundated with patients.

A 170-Marine pilot of the new Post-Deployment Health Reassessment (PDHRA) at I MEF produced a 29% referral rate, with 10% to mental health alone. Unfortunately, NH Camp Pendleton's mental health clinic is already operating at capacity, having experienced a fourfold increase in patient visits since 2003. Without a large expansion of mental health capacity at Camp Pendleton, screening can only be conducted for the units at greatest risk.

Discussion of Actions Needed: It is unwise to use the PDHRA to identify problems that cannot be promptly addressed. At least ten additional mental health providers will be necessary for each MEF-sized concentration of post-deployment Marines in order for all eligible personnel to be screened. Most of these providers should be "embedded" within the organic health service support elements in order to maximize access and overcome stigma.

It is advocated that OSCAR be expanded to all MAGTF elements. The need for mental health care generated by the PDHRA demonstrates the longstanding, unidentified need for available, organic stress management capacity for the Marine Corps. The current pilot is contingent upon scientific proof of its efficacy, but this premise should be reconsidered. The efficacy of OSCAR, like the armoring of HUMMV's, is abundantly evident in the crucible of conflict – a time when controlled studies are the most difficult to conduct.

Marine Corps Health Services should work with the new M&RA COSC Section to promulgate new coordinating doctrine, policies, training and TTP's for MARFOR Stress Management. It is essential to expand combat stress training for First Responders
Expected Benefits: (1) minimize psychological casualties and their impact on families and the health of the Force, (2) emphasize caring for our own, (3) minimize over-diagnosis and disability, (4) decrease manpower costs, and (5) decrease lost-man days

Timelines: (1) PDHRA: immediately begin screening high-risk units and any volunteers in I MEF (~5000); regionalize the consult load (~250); over the next nine months, obtain additional MH providers per I MEF experience. (2) OSCAR: MARFOR's to advocate for OSCAR now; HQMC(HS) seek MROC decision for OSCAR continuation and expansion and place OSCAR in POM 08. (3) MARFOR stress management policy: HQMC(HS) to work with M&RA COSC Section to establish a policy framework within the next four months; complete policies, training outlines, and TTP's within nine months; expand First Responder training within twelve months.

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Attachment A

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