



MINDLINES

Edition 13 | Spring 2012

www.nccosc.navy.mil

COSC CONFERENCE EDITION

Optimizing Mental Health Care

By Capt. Scott L. Johnston,
Ph.D., ABPP, MSC, USN,
Director, NCCOSC

Navy mental health care providers are passionate about helping our wounded warriors suffering from the stress injuries and illnesses brought on by more than a decade of war. When a Sailor or Marine sees one of these dedicated professionals, excellent care is delivered.

To get to that point, however, often involves navigation of a disjointed, confusing system. It can be frustrating for the service member who enters it and for the provider who practices in it. An easier, more efficient system is needed.

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Currently, Navy hospitals and clinics collect patient information in different ways and there are a number of assessment forms in use. Standardized measurements to gauge a patient's progress have been lacking, and communication across and within clinics has been hampered because there has not been a central repository for additional data not already in the electronic health record.

PHP offers a standardized framework for core clinical and care-management processes, allowing for consistent, high-

quality treatment tailored to the resources of a hospital or clinic. Providers will be better equipped to assess a patient's needs and they will be more informed to assign and adjust effective treatments.

This will be possible through an innovative and standardized collection of patient demographics, screening and 10-week re-evaluation measures, and treatment reviews. Information will be easily available through a Web-based registry and tracking tool.

The clearer picture PHP will provide in looking at a patient's progress will be exceptionally useful to clinicians. All provide treatment that they think is helpful for a patient but the system has never been able to show that it actually is. A patient can say "I'm feeling better," but providers have never had access to standardized, quantitative data to show that someone is indeed better. PHP will provide those important metrics.

An overview of PHP is on pages 2 and 3 of this issue of *Mindlines*, and I encourage you to take a few minutes to read it. With a pilot program now under way, patients and providers will soon be learning more about how PHP can help them.

Development of PHP has involved all departments of NCCOSC – programs, research facilitation, knowledge management and strategic communications – and it has provided some of the most gratifying work the center has produced. A more streamlined system is at hand that will improve the consistency and continuity of care for our most valuable assets, our Sailors and Marines. 

PHP

Psychological Health Pathways

PHP: WHAT YOU NEED TO KNOW

NCCOSC is tasked by the Navy Bureau of Medicine and Surgery (BUMED) to develop the Psychological Health Pathways (PHP) to meet the Military Health System objectives for a best-practice psychological health treatment and care management system.

Bottom Line Up Front

PHP provides a standardized framework for core clinical and care management processes. It supports evidence-based care using a comprehensive, interdisciplinary approach to care management. Clinics are able to expand upon PHP to meet individual patient and clinic needs. PHP is implemented in a phased approach according to the needs and resources of Military Treatment Facilities and clinics.

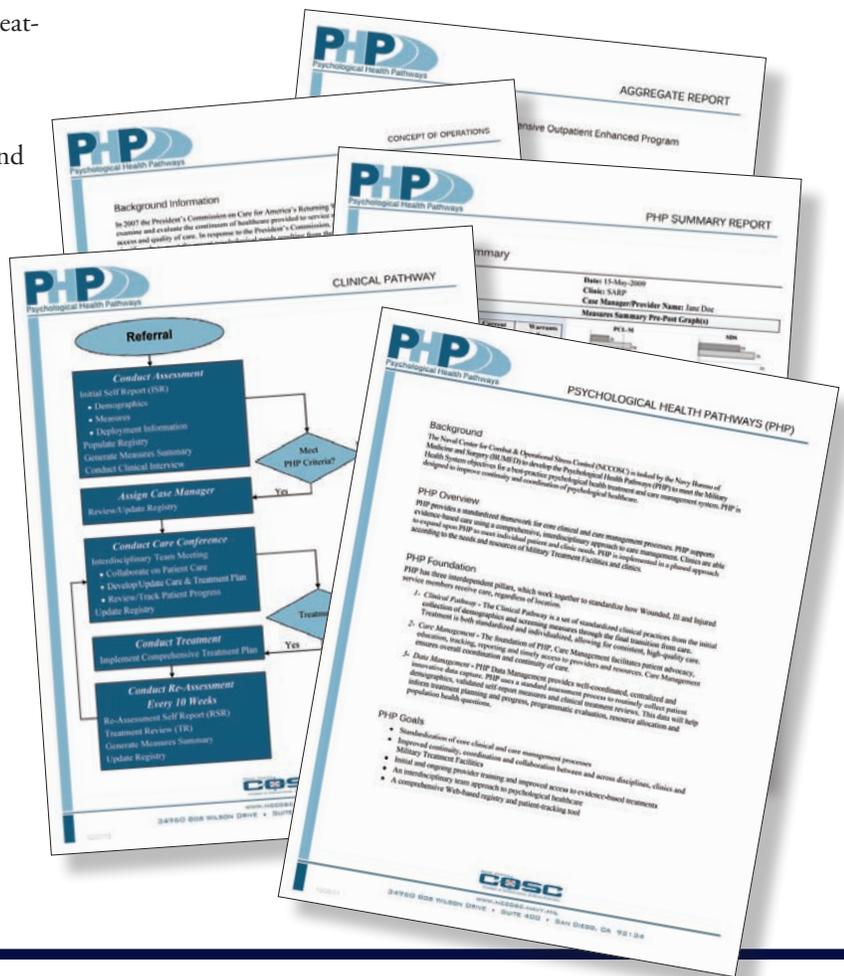
PHP Goals

- Standardization of core clinical and care management processes
- Improved continuity, coordination and collaboration between and across disciplines, clinics and Military Treatment Facilities
- Initial and ongoing provider training and improved access to evidence-based treatments
- An interdisciplinary team approach to psychological healthcare
- A comprehensive Web-based patient-tracking tool

Three Interdependent Pillars of PHP

The pillars work together to standardize how Wounded, Ill and Injured service members receive care, regardless of location.

- 1) *Clinical Pathway* - a set of standardized clinical practices from the initial collection of demographics and screening measures through the final transition from care. Treatment is both standardized and individualized, allowing for consistent, high-quality care.
- 2) *Care Management* - facilitates patient advocacy, education, tracking, reporting and timely access to providers and resources. Care Management ensures overall coordination and continuity of care.
- 3) *Data Management* - provides well-coordinated, centralized and innovative data capture. PHP uses a standard assessment process to routinely collect patient demographics, validated self-report outcome measures and clinical treatment reviews. This data will help inform treatment planning and progress, programmatic evaluation, resource allocation and population health questions.





PAVING THE ROAD TO FUTURE CARE

P psychological Health Pathways, or PHP, is a quality of care program to aid in the treatment of post-traumatic stress disorder (PTSD) and other serious mental health issues that can affect Sailors and Marines.

Providers and case managers in the current system of care do an excellent job, but there are challenges:

- There are a variety of ways a service member enters the mental health system, and uniform standards to assess a patient and determine the best treatment are needed.
- The effectiveness of some treatments isn't always tracked.
- With such a highly mobile population as the military, patients can get lost in the system.

With PHP, patient assessment forms are standardized. This assists providers to more quickly form a full picture of a patient's

“PHP doesn't dictate or set down rules. Instead, it provides guidelines and resources for clinicians to decide what treatment is best for a patient so that the highest quality of care is provided.”

problem and it's also a bonus for patients, who sometimes end up filling out the same forms multiple times if they move between treatment facilities.

PHP also supports appropriate evidence-based treatments for a patient that are based on the resources available at a treatment facility. Moreover, the program provides a Web-based patient-tracking system, and providers will have measurable results to guide them in their course of treatment.

As with the existing system, case managers are a core component of PHP. These professionals collaborate with the mental health provider and the patient to determine the best care plan, and they coordinate and monitor patient care.

With the PHP case management system supporting PHP, providers will have more time to focus on treating the patient and to stay current with the latest research in military mental health issues.

The bottom line for service members: PHP provides for easier and more effective navigation of the military mental health system and less wasted time.

The bottom line for mental health providers: PHP provides a more complete and measurable snapshot of how a patient is progressing, and more time will be available to focus on quality patient treatment.

NCCOSC began the initial phases of PHP in 2009 by working with military healthcare leadership to fine tune and evaluate all aspects of the process. A pilot program is now under way at Naval Medical Center San Diego and Naval Hospital Camp Pendleton with about 2,500 service members participating.

Capt. Scott L. Johnston, NCCOSC director, emphasizes that while the program uses standardized assessments and treatment reviews, PHP is designed to be a flexible process that can be tailored to the resources

available at a treatment facility.

“PHP doesn't dictate or set down rules,” Johnston says. “Instead, it provides guidelines and resources for clinicians to decide what treatment is best for a patient so that the highest quality of care is provided.”

He adds that there may be an added dividend with PHP. “A more streamlined and efficient system of care likely will lead to more patients staying in treatment until they recover.”

THE BOLD, THE DARING AND THE STRESSED

Editor's Note: Combat and its support operations often capture the headlines when talking about psychological stress in Sailors. But the surface, sub and air communities also have been experiencing an arduous high-operational tempo for many years. Longer periods at sea are coupled with maintaining warfare, training and inspections requirements, and periods in home port are equally demanding. Here's an overview from one much-deployed ship.

“**B**old and Daring” reads the banner on the USS DECATUR (DDG 73), a ballistic missile defense (BMD) destroyer homeported in San Diego. The phrase describes the ship's namesake – the great 19th century naval warfighter Stephen Decatur – and it's an equally apt description of the ship's 21st century mission and the attitude of her Sailors.

But the bold and the daring are not impervious to stress. The Decatur has deployed four times in four years as part of an effort to deter aggression from potential enemies in the Persian Gulf.

“With limited BMD ships in the fleet, we end up away more than we're home,” says HMC (SW) Shawn Brooks. “This doesn't hit home with the young Sailors until after we leave port, and then it kind of snowballs for them.”



Photos by Mass Communication 2nd Class Joseph M. Bulavac

Being away from home and family is difficult for Sailors, and the stressors attached to the job are often immediate and relentless. Sailors on ships like the USS Decatur have taken the brunt of budget cuts over the last few years.

“We’re doing the same job with 10 Sailors today that 30 Sailors were doing just six or seven years ago,” says Brooks. “The work hasn’t changed. The gear hasn’t changed. We’re just working our Sailors harder.”

Positive leadership, a clear sense of mission and an awareness of stress management are key to helping the Sailors find balance, says Brooks, who’s the ship’s senior medical department representative. Still, there are challenges.

“Once we’re at sea, little issues from home creep up. Like hearing how a dishwasher is breaking or a child gets in trouble or the spouse gets a parking ticket — it all starts to add up and eventually, some people crack.”

While there has not been time to do structured training in Operational Stress Control aboard the Decatur, Brooks said officers and chiefs know the importance of reminding Sailors to take care of themselves and one another, especially in relation to suicide awareness.

“We reinforce looking out for each other and we keep an eye on everyone,” he

says. “If we think someone is at risk, we’ll shadow them to make sure they’re OK.”

Says Cmdr. Shanti Sethi, commanding officer of the Decatur, “We encourage divisional leadership to communicate our plans and schedules so that the entire crew understands what’s coming next.

“It’s important to support those who ask for help dealing with pressure from work or at home.”

Opposite page: *The Arleigh Burke-class guided-missile destroyer USS Decatur (DDG 73) steams through the Pacific Ocean.* **Below:** *Capt. Scott L. Johnston, director NCCOSC, visits with Cmdr. Shanti Sethi and HMC (SW) Shawn Brooks aboard the Decatur in San Diego.* **Bottom:** *Crew members of the Decatur conduct maintenance on a .50-caliber machine gun before manning their sea and anchor station.*



Photo by Joe Griffin

It’s Not Just Combat

People who are not in the mental health field may think that post-traumatic stress disorder in service members is only associated with combat exposure. But a study* conducted by the Naval Health Research Center found that non-combat, deployment-related stressors play a very large role in contributing to cases of PTSD.

The study looked at nearly 1,600 Marines returning from deployments in combat zones, mostly in Iraq. According to the study:

- Both overall deployment-related stressors and overall combat exposure were strongly and significantly associated with possible PTSD. However,
- The variable in the study that had the strongest association for screening positive for PTSD was non-combat, deployment-related stressors. In fact, this category was more strongly associated with PTSD than was combat exposure.

Examples of non-combat, deployment-related stressors included excessive heat or cold, concerns or problems with family members back home, boredom, lack of privacy, problems with supervisors and inadequate availability of supplies or equipment.

The findings of this study are important because stress related to deployment has the potential to be modified.

* “Correlates of Posttraumatic Stress Disorder Symptoms in Marines Back from War,” *Journal of Traumatic Stress*, February 2010



Photo by Petty Officer 1st Class Jennifer Villalobos

High-Op Tempo: *THE ‘NEW NORM’*

Even though combat operations have ended in Iraq and a draw-down of troops continues in Afghanistan, ongoing global uncertainties dictate that a high operational tempo will continue for the armed forces.

“This means military leaders must become even more adept at recognizing and dealing with pressures, both in themselves and in those they lead,” says Capt. Lori Laraway, the program manager for

Operational Stress Control at Navy Expeditionary Combat Command.* “Proper prevention, early identification, mitigation and intervention are all line-leader responsibilities.

“Feeling stress is a normal human response to various situations ranging from routine to complex. Its effects can be diminished or even prevented when leaders strive to eliminate the associated stigma. Encouraging sailors and their families

to address these issues in themselves and each other increases the likelihood of preventing grievous, lasting damage.”

Behavioral Health Quick Polls are one way the Navy tracks operational stress on the fleet. Some key findings from the 2011 poll, which was completed by a mix of 4,000 enlisted and officer personnel:

- The top stressor for both officers and enlisted was “lack of personnel in work group to get the job done.” This was also the top stressor in 2009 and 2010.
- Other major sources of stress are being away from family, not enough time for home responsibilities, long work hours pre- and post-deployment and unpredictability of operations and jobs.
- Nearly one-quarter of officers and half of enlisted reported sleeping five hours or less.

Good signs from the recent poll that Sailors are learning stress management:

- Most respondents reported using positive methods to cope with stress, including “think of a plan to solve a problem,” “talk to a friend/family member,” “exercise or play sports.”
- Top stress resources for both enlisted and officers were family members or peers and friends.
- Fewer than five percent reported that resources are not available to address stress issues. 📌

Laraway is the co-author of “Navigating Operational Stress,” from the March 2012 edition of Proceedings, a publication of the U.S. Naval Institute.

“Feeling stress is a normal human response to various situations ranging from routine to complex. Its effects can be diminished or even prevented when leaders strive to eliminate the associated stigma.”





Photoinstruction by Joe Griffin

A Magnetic Approach to PTSD Treatment

One of the most exciting new studies being conducted at Naval Medical Center San Diego involves treating PTSD with magnets. Not your average household magnets, of course, but ones used in a process called Transcranial Magnetic Stimulation, or TMS therapy.

TMS works by sending magnetic waves to the brain to stimulate – or suppress – nerve cells in the brain associated with a mental disorder, particularly depression. Here's how it works:

A patient sits in what looks like a dentist's chair with a neck brace attached while a magnet rests on the forehead in a precise position. The magnet transmits an electric current to the brain's frontal cortex, an area involved in mood control. With each magnetic pulse, the magnet makes a loud clicking sound. To the individual sitting in the chair, it feels a little like a woodpecker tapping on the head.

The procedure, which is supervised by a psychiatrist, is painless and takes 20 to 60 minutes per session. For depression, a patient generally is treated five days a week for one month; other conditions may require more or less time.

The idea of TMS originated 30 years ago as an alternative to electroconvulsive therapy (ECT), a more complicated procedure that sends shockwaves to the brain to create a sort of "reset" effect. ECT often is effective for hard-to-treat cases, but it requires

a patient to be under anesthesia and some side effects can be unpleasant.

Such is not the case with TMS. A patient is fully awake during the procedure, and minor headaches are the most common side effect. The treatment has proven to be effective – TMS received FDA approval two years ago as a treatment for major depression.

TMS' success in treating depression opens the possibilities for treating PTSD with the technology, though there are some variables involved. While there are similarities between the disorders, PTSD materializes in a deeper part of the brain than depression. This area is harder to reach – and harder to define.

Researchers hope to eventually take an individual's brain scan, identifying the individual area of the patient's brain in need of treatment.

A new grant will allow the TMS research team to purchase an advanced machine with an "H" magnet that is designed to reach deeper parts of the brain and allow treatment in the areas associated with PTSD. A pilot research project will soon be launched involving 18 patients and assistance from the NCCOSC research facilitation team.

Navy Medicine is making great strides in the diagnoses and treatment of PTSD, and TMS therapy may represent another step forward. 📡

Navy Medicine Names NCCOSC an Official Directorate

NCCOSC is now an official directorate of Navy's Medicine's Wounded, Ill and Injured (M9) program.

Based in San Diego, NCCOSC has been operating as a U.S. Navy Bureau of Medicine and Surgery (BUMED) program for four years, working to improve the psychological health of Navy and Marine Corps forces through programs that aid research, educate service members, build resilience and promote best practices in the treatment of combat and operational stress injuries.

"This new classification demonstrates our continued commitment to the mental health and the resiliency of our Sailors and

Marines and the critical work that NCCOSC is doing to ensure both," said Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief of BUMED.

Major NCCOSC initiatives that are under way include the development of Psychological Health Pathways (PHP) to standardize how Sailors and Marines with stress-related injuries are clinically assessed, assigned treatment and monitored for progress, and the center is implementing an Internet-based registry and tracking to support the most effective case management for wounded, ill and injured service members. The center also is developing the training curriculum for Navy mental

health providers who are involved in the Marine Corps' Operational Stress Control and Readiness (OSCAR) program and the Navy's Mobile Care Team project.

Another key aspect of NCCOSC is research facilitation, whereby staff collaborate with Navy Line, Fleet Marine Forces, Navy Medicine clinicians and community researchers who may lack time, experience or other support in study design or data collection, management and analysis. Currently, the center is assisting with 50 research projects.

A New Look for the NCCOSC Website

It may not fall into the extreme category, but the makeover of the NCCOSC website – www.nccosc.navy.mil – is quite impressive.

There are now fly-out menus for easier navigation, plenty of updated graphics, a variety of easy-to-access tools and a search function has been added.

You'll find important new content, too. A beefed-up Leadership Toolkit now covers all the important aspects of Operational Stress Control, and real-life, real-Navy scenarios have been added to better understand how the principles of OSC are applied.

Be sure to also check out "Tools for All," a standing feature of the home page. Here you'll find some great music videos to help reduce stress, improve relaxation skills and optimize performance.

The NCCOSC website is always a work

in progress, and more improvements and updates are coming. We sincerely welcome your comments and suggestions.

Please take our 5-second survey to let us know if we're meeting your needs. Just click on the feedback link at the bottom of the home page.



NCCOSC MINDLINES EDITION 13 · SPRING 2012



Navy Bureau of Medicine and Surgery
Naval Center for Combat &
Operational Stress Control
(NCCOSC)

34960 Bob Wilson Drive, Suite 400
San Diego, CA 92134-6400

Views expressed in this publication are not necessarily those of the Department of Defense.

Mindlines is written and produced by the NCCOSC Strategic Communications Department.

Public Affairs Officer

Amy Rohlf

Creative Writer and Editor

Margery Farnsworth

Communication Specialist

Tom McFadden

Graphic Designer

Joe Griffin

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