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Taking Mental Health to the Front Line

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An exciting initiative is under way throughout the Marine Corps which recognizes that some of the most important "therapy" for psychological health problems is provided by battlefield buddies.

With OSCAR – Operational Stress Control and Readiness –it's a support team of a fellow Marine, a chaplain, a Navy physician or a mental health provider who has trained, fought and returned home with a unit. These men have shared significant events and have built tight bonds.

In its most simple form, OSCAR is an early-detection program. The first team member is a small-unit leader, known as a mentor, who has been trained to recognize stress in a fellow Marine. It's this Marine's job to provide peer support.

Mentors are strong role models who have a sincere desire to help others. Many stress-related issues are resolved at this level, just by talking things over and learning ways to look at a problem in a different, more positive manner.

If more help is needed, the mentor can refer a Marine to what's known as an OSCAR extender, who might be a Navy medical officer, corpsman or a chaplain. Extenders bridge the gap between mentors and the next level of the OSCAR team, the provider.

OSCAR providers are Navy mental health professionals who have spent a significant portion of their time embedded with their units both in garrison and in field training evolutions. With this background, the providers are more than just "medical assets." They are known to unit personnel through day-to-day contact and they have an understanding of mission requirements throughout the deployment cycle. They have built up a level of trust.

I personally have seen the power of such a program during two deployments to Iraq with Marine units that fought in Ramadi and Fallujah: 95 percent of those whom I assisted returned to duty – an impressive statistic by any standard.

NCCOSC is supporting OSCAR by helping to develop a program training curriculum for providers. It is an exciting undertaking because OSCAR is helping many Marines with stress problems before they become stress crises. And as important, the program is another example of the storied Marine Corps tradition of taking care of its own.

Research shows that 85 percent of troops returning from combat experience psychological stress. Most of these warfighters do not have post-traumatic stress disorder.

So if it's not PTSD…

…What Is It?

Consider two scenarios. A Marine and a Seabee are just back from deployments to Afghanistan and, individually, they are having problems.

The Marine is irritable and reclusive, opting to stay in his room and play violent video games rather than interact with family or friends. The Sailor is depressed, keeps reliving his war experience and has difficulty concentrating at work. Both occasionally suffer from bouts of insomnia.

Do these warfighters have PTSD? The short answer is maybe yes, maybe no.

"Not everything is PTSD," says Rob McLay, a psychiatrist at Naval Medical Center San Diego who, in addition to treating patients, is involved in numerous studies of the disorder.

PTSD is a complex medical condition tied to a person's exposure to a life-threatening event or to accumulated operational stress. In the decade the U.S. has been at war, new information has been learned about PTSD and other stress illnesses, and the military has responded with an array of programs that emphasize the importance of prompt treatment for any psychological health problem.

With these efforts well-publicized in the media, the public's understanding of the mental stress on today's service members also has increased – a good thing that helps break down stigma, but something that carries a downside if oversimplified.

Given some accounts, it can be easy to assume that most of today's military suffer from PTSD if they have been exposed to combat or the high operational tempo demanded by new global realities.

Service members, too, can mislabel themselves. For example, of 1,800 veterans recently surveyed by the non-profit Pew Research Center, 37 percent of those who served since September 11, 2001, say they believe they have suffered from PTSD whether or not they were formally diagnosed. Among veterans who served prior to 9/11, 16 percent say the same.

McLay says that recent research suggests that 6 percent to 20 percent of today's warfighters have PTSD, with the wide swing in numbers attributable to what he calls "somewhat arbitrary guidelines" of the diagnosis.

The current criteria for a PTSD diagnosis say that in addition to exposure to a trauma, a person must show symptoms in three clusters – re-experiencing the event, such as through flashbacks or nightmares; avoidance of typical activities and intimacy with other people; and increased arousal, often displayed by outbursts of anger or hypervigilance. A PTSD diagnosis also requires that these symptoms persist for at least a month and impair a person's overall functioning.

It's not uncommon, says McLay, for a service member to have symptoms in one or two of the clusters, but not three. "These people can still have a significant problem that's causing disruption," he says.

Another complication is that symptoms of other stress disorders can overlap with those that define PTSD, including such ailments as depression, acute stress disorder and what's known as adjustment reactions. A person who has a mild traumatic brain injury also may have symptoms suggestive of PTSD.

Anyone returning from a combat zone is going to require time to integrate the war experience into everyday life. For most, the initial stress will resolve itself in a few weeks if – as McLay emphasizes – the service member uses common sense.

"That means you avoid substance abuse like drinking, you don't isolate yourself and you find support from family and friends," he says.

But if problems persist for more than a month and cause some disruption, it's time to seek help. No matter what the disorder is called, the earlier the treatment, the better and more effective the results.

Forward Operations

Sitting in her office at Camp Leatherneck in southern Afghanistan, Navy Lt. Scottie Knox – a clinical psychologist specializing in trauma – recounts events that led to her deployment to treat Marines for stress.

"I come from a long line of Army officers," says Knox. But growing up near Annapolis left her with a fondness for the Navy and its traditions. Her brother was in the Marines and after 9/11, "I decided there was no way my little brother was going to serve and I wasn't."

She began work to become a psychologist and to serve her country. "I started talking to recruiters as soon as I began grad school," she says. "The Navy seemed to have more of what I was looking for, particularly the chance to work with the Marine Corps."

Knox joined through the Navy Licensed Direct Accession Program, which was created to attract high-caliber civilian psychologists into active-duty Navy. After completing her degree and credentialing, she was commissioned as a lieutenant and completed a five-week Navy indoctrination course at the Officer Development School before being assigned to Camp Lejeune.

After 18 months working in the mental health clinic at Lejeune, Knox deployed to Camp Leatherneck with the 2nd Marine Logistics Group. She works in the Combat Stress Clinic, seeing six to eight patients a day.

Soon after arriving in country, Knox implemented a combat and operational stress program. "It's a four-hour class that includes information on the stress continuum model, coping skills, and teaching patients to be aware of their thinking and how it affects their mood," she says. "We're trying to normalize some of the things these guys can expect to see in the field." She adds that the class has been well-received.

Most of Knox's time, though, is spent treating stress. She and her colleagues employ a variety of techniques, including

Photos by 2nd Lt. James F. Stenger, U.S. Marine Corps

teaching Marines how to control breathing, showing them bio-feedback measures that help demonstrate how controlling emotions can have visible physical effects, and promoting "buddy care" – a technique Knox says fits right into the Marines ethos of brotherhood.

The results have been positive. "Marine leadership is very respectful toward mental health and very good at heeding our advice," says Knox, who adds another advantage of serving as an embedded mental health provider.

"The Marines can put a face with mental health. They see us on base; they see us in the chow hall. We're no longer some invisible wizard," she says.

Perhaps this proximity drives what Knox sees as an abatement of the stigma associated with psychological treatment.

"Stigma seems to be more attached to the individual than the unit. Leaders often bring in their guys to make sure they're OK," she says.

"I tell the guys that my No. 1 priority is

not to remove them from their command, but to ensure they are fit for duty so they can stay with their command."

It is personally rewarding work, Knox says.

"My experience overwhelmingly is that I have been treated as a professional and a colleague. It's a very collegial atmosphere," she says. "I love my job."

Sleep Snatchers

It's a sad fact of life in a war zone: Sleep is a commodity usually in short supply. And, as with fuel and ammunition, you're facing trouble if you run low.

Just 24 hours without sleep impairs someone in the same way as a blood-alcohol content of 0.10, a reading that all 50 states consider legally drunk.

Sleep deprivation is associated with unclear thinking, memory retention, loss of motor skill acuity and hazardous accidents. Sleep problems also figure prominently in the diagnosis of post-traumatic stress disorder, depression and anxiety.

> The amount of sleep required by the average person is five minutes more.
>
> *Wilson Mizener, American playwright*

Night operations, shift schedules, noisy environments, extreme weather conditions, and close, cramped living quarters can lead to sleep deprivation in theater. These variables usually can't be controlled, but service members often complicate the sleep situation by engaging in some habits that have a detrimental effect.

Teams of joint-military physicians and researchers who have collected data on mental health in Afghanistan have cited several factors believed to contribute to poor sleep among troops. These include:

- Widespread over-reliance on energy drinks
- Use of video games and other devices that keep the brain revved up, with troops foregoing sleep to play games
- Online communication and telephone calls with family and friends in different time zones
- Lack of enforcement of "lights out" in communal housing or a co-mingling of "day" and "night" shift workers.
- Poor shift scheduling.

Energy drinks that contain a great deal of caffeine were especially singled out as a concern. While these drinks can be appropriately used to enable service members to maintain energy and concentration during shift work and prior to conducting missions, the beverages often contain other ingredients that are not as widely researched and understood as caffeine.

Lt. Cmdr. Justin Campbell, a research psychologist who has studied psychological health in Afghanistan and Iraq, offered some basic tips for getting better sleep while in theater.

"First and foremost, take the need for sleep seriously," he says. "It will limit your mental and physical ability as a warfighter if you neglect good sleep discipline."

More advice for good sleep:

Exercise consistently, but try to finish three hours before bedtime.

Create a ritual: Don't use caffeine or nicotine six hours before bed; scale back on computer work, video games and intense discussions prior to bed; go to bed at a consistent time in a place solely dedicated to sleeping.

Reduce ambient light with eye shades, poncho liners around your bed and double curtains; reduce noise with ear plugs or something that creates white noise.

Breathe deeply and calm your thoughts as you focus on progressively relaxing the tension in each muscle group.

Registration opens in February!

Navy and Marine Corps Combat & Operational Stress Control Conference 2012

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Pre-conference Workshops: May 21

Location: Town & Country Resort and Convention Center, San Diego

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