US Dept. of State – The RMOP Program

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Foreign Service Life

Terrorism
Frequent moves
Change of school
Lack of spousal employment
Excessive travel
Environmental
Loss of control
Crime

Fishbowl Phenomenon
Work Stress
Inadequate resources
Family issues
Lack of support system
Linguistic/social isolation
War Zones
Ebola

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Special populations

- ‘Trailing spouses’
- Multi-ethnic and multi-racial families
- Minorities
- Singles; LGBT
- Foreign Service Nationals
- Third Culture Kids (TCKs)
- Children with special needs/disabilities
A Typical Embassy

State Dept.
DAO
AID
FBI
DEA
DHS
FAS
FCS
FAA

CDC
NASA
DoD
Peace Corps
DOE
DOJ
Treasury
Other agencies

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State, War and Navy Building

Home to Department of State from 1875-1947
Home to the War Department Health Unit
Now Executive Office Building of the President
The Policy Psychiatrists

- Steve Pieczenik: early 1970s-early 1980s
  - Negotiation strategies
  - Psychological analysis of behavior of nations
  - Novels
Development of the Regional Psychiatrist Program

- 1946: Office of Medical Services established
- 1977 – Elmore Rigamer becomes first DOS psychiatrist, posted to U.S. Embassy Kabul
- 1979: Ambassador Dubs murdered in Kabul
- 1979-1981 Iran Hostage Crisis
- 1980s – 4 regional psychiatry positions
- Currently --- 20 overseas psychiatrists
Challenging parameters of a unique medical practice

- Remoteness, austerity, danger
- Privacy/confidentiality issues
- Boundary issues
  - Dual role considerations
  - Consulting with leadership on organizational morale
  - National security considerations
Bombing
### Office of Medical Services

- **RMOs**
- **FSHPs**
- **RMOPs**
- **RMTs**
- **RMMs**
- **Local medical resources**
- **Nurses**
- **Operational Medicine**
- **Medical Director**
- **Foreign Programs**
- **MED Clearances**
- **Mental Health Services**
- **ECS; ADAP; DSSP; DSMP; CFP**
- **Occupational Health**
- **DASHO**
- **Travel Medicine**

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Mental Health Program: Integrated medical care

Culture shock
Stress management
School consultation
Management consultation
Travel medicine
Occupational health
Medical diplomacy
ADAP
DSSP

Disaster response
General psychiatry
Security/forensic issues
Emergency Response
Family Advocacy
Crime
War Zone concerns
ECS; DSMP
CFP

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RMOP Positions

Amman	Frankfurt
London	Cairo
Pretoria	Jakarta
Vienna	Accra
Mexico City	Lima
New Delhi	Dakar
Moscow	Tokyo
Beijing	Nairobi
Manama	Bangkok
Athens
HU Population in 2 regions
(unpublished data by RMOPs)

- 50% employees; 50% EFMs
- 6% med-evac for psych disorders; 3% curtailed
- ADHD: nearly 50% of all children seen by RMOP
- Psychotic disorders: < 1%
- Anxiety disorders: 7-9%
- Mood disorders: 20-30%
- Substance-abuse disorders: 2-4%
- Adjustment disorders: 6-10%
- No psychiatric diagnosis (30%) or V Code (52%)
12-Month Psychiatric Service Use: US vs. Diplomatic Community Overseas*

Use of psychiatrists in the same ballpark

*Wang, AGP, 2005; **Flynn, DOS, 2006; Valk FSMB, 1990

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Rate of Outpatient Visits and Mental Health Evacuations at State

Mental health evacuations needed by perhaps 5%

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Conditions Leading to a Mental Health Evacuation, 2008-10

Mood disorders, ETOH and partner problems --- 5-6x as common as PTSD

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Mental Health Evacuations in Afghanistan, Iraq and Pakistan, 2008-10

Prior trauma plays a role in a majority of PTSD mental health evacuations.

N=23

PTSD

47%

Cause

War Exp, New

27%

Assault

9%

Natural Disaster

9%

Mil Combatant

18%

Prior Tour

36%

Prior Trauma, 73% (8/11)

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Gap between distress and dysfunction suggests resilience

*PCLC > 50

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Conclusion

- Need for more epidemiologic studies, proper control groups
- Role of self-selection (‘salutogenesis’) and medical clearances?
- Are med-evac, suicide rates the best metrics w/r to overall behavioral health outcomes in a diplomatic population?
- There are very few comparison data overall, and no long-term, prospective studies have been done.
- Excessive focus on mental health/pathology, rather than resilience
- Need for prospective, longitudinal studies
- Ratio of MHS providers to covered lives --- impact of a resource-rich model upon outcome data? DOS = approx. 5X rate of HMOs
Questions?