



# **Marine Expeditionary Force Psychiatrist: Purpose, Role and Function**

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# Agenda

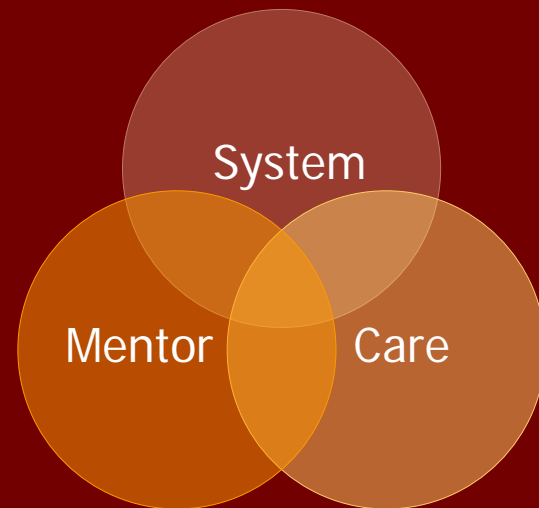
- Development and Role of the Marine Expeditionary Force Psychiatrist
- How it functioned in OIF 05-07
- Combat and Operational Stress Control model

# Development of MEF Psychiatrist Role

- Problem of individual vs. unified approaches to MH in theater
- Inconsistent application with providers
- Need to reinvigorate the concept of Division Psychiatrist
  - Need for someone to oversee the system
  - Professional supervision
  - Drive outreach effort

# Organizational Role of Force Psychiatrist

- Develop the System
  - Strategic Focus
  - Develop consistency
  - Collect Data
  - Informed Decisions
- Mentor MH Professionals
  - Teach less experienced MH professionals
  - Fold into system
  - Influence the culture
- Care
  - Help the stressed
  - Actual nuts and bolts of what we do.



# Develop and Monitor the system

- Concept of a System
  - Combat theater different from garrison
  - Coherent Theory and practice
  - Working together vs. individually
- Outreach Effort
  - Not bringing the clinic to the sand!
  - 50% of time doing this.
- Need for Data
  - Targeting services to affected populations
  - Combat Trauma Record (CTR) for Psych

# Mentoring MH Professionals in Combat Psychiatry

- Team members
  - Psychiatric Technicians
  - Psychologists
  - Psychiatrists
- Many with little or no experience in Operational Environment
- Tendency is to fall back to the familiar and comfortable
- Outreach doomed unless it is accountable to someone above.

# Help The Stressed

- Pt focused
  - Focus on function
  - What treatments work and what don't?
  - How do we get treatment to those who need it?
- Skill in Disposition
  - Medevac
  - Maintain in Theater
- Competencies
  - Diagnoses
    - PTSD
    - Anxiety
    - Depression
  - Psychotherapy
    - Cognitive
    - Psychodynamic
    - Brief
    - Interpersonal
  - Medications

# COCS as a MH System Model

- Focus on function
  - Crucial need to function
  - Consequences of failure to function
  - Balancing stress exposure with functional loss
  - Maintaining function vs. psychopathology and treatment
- Resilience in the face of extreme stress
  - Fostering resilience in vivo
  - Bolstering resilience deficiencies

# Future Directions

- Comprehensive Combat Mental Health System Initiative (I MEF)
- COSC Program of Record (HQMC)
- Public Education
- Individual and Small Unit Leader Training
- Fostering Culture Change
  - Decreasing Stigma
  - MH professional as consultant
  - Real Time Stress management training

# COSC Model

## Prevention

## Intervention

