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

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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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Mental health evacuations needed by perhaps 5%
Mood disorders, ETOH and partner problems --- 5-6x as common as PTSD
Mental Health Evacuations in Afghanistan, Iraq and Pakistan, 2008-10

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

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?