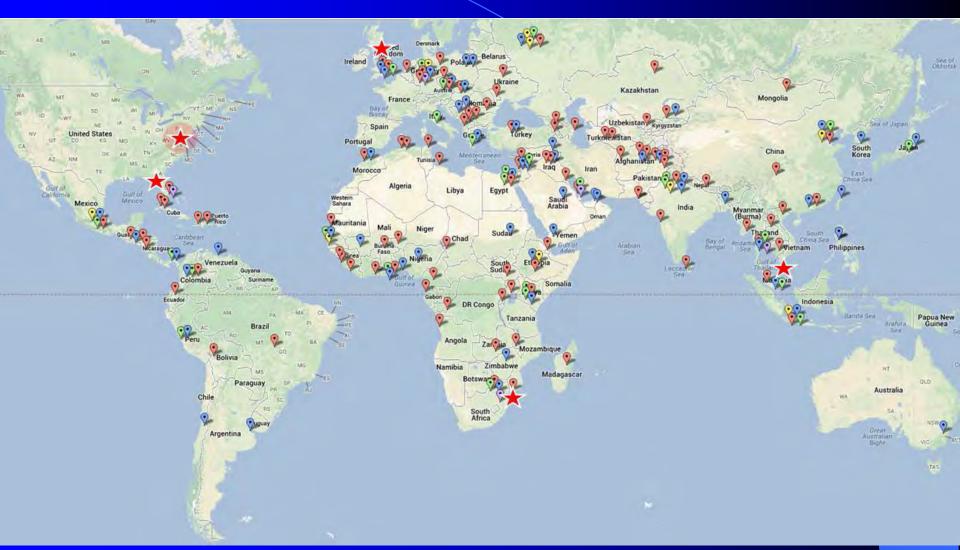
US Dept. of State – The RMOP Program

Kenneth B. Dekleva, MD

Director of Mental Health Services, Office of Medical Services, US Dept. of State; Esther P. Roberts, MD, Clinical Professor, GWU Dept. of Psychiatry



State Dept. Health Units 2015



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

Grand Rounds, GWU Dept. of Psychiatry

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

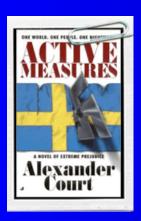
Other agencies



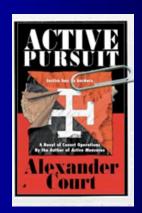
Home to the War Department Health Unit Now Executive Office Building of the President

The Policy Psychiatrists

- William Davidson: 1968-1970
- 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



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

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

London

Pretoria

Vienna

Mexico City

New Delhi

Moscow

Beijing

Manama

Athens

Frankfurt

Cairo

Jakarta

Accra

Lima

Dakar

Tokyo

Nairobi

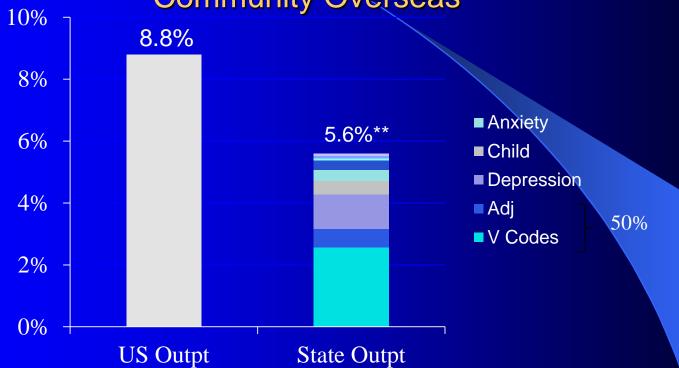
Bangkok



HU Population in 2 regions (unpublished data by RMOPs)

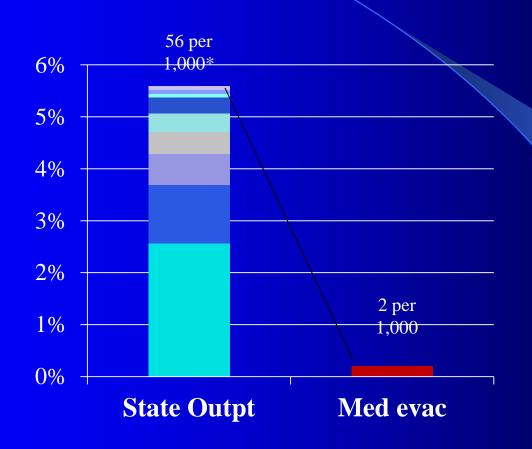
- 50% employees; 50% EFMs
- 6% med-evac for psych disorders; 3% curtailed
- ADHD: nearly 50% of all children seen by RMOP
- Psychotic disorders: < 1%</p>
- Anxiety disorders: 7-9%
- Mood disorders: 20-30%
- Substance-abuse disorders: 2-4%
- Adjustment disorders: 6-10%
- No psychiatric diagnosis (30%) or V Code (52%)

12-Month Psychiatric Service Use: US vs. Diplomatic Community Overseas*



Use of psychiatrists in the same ballpark

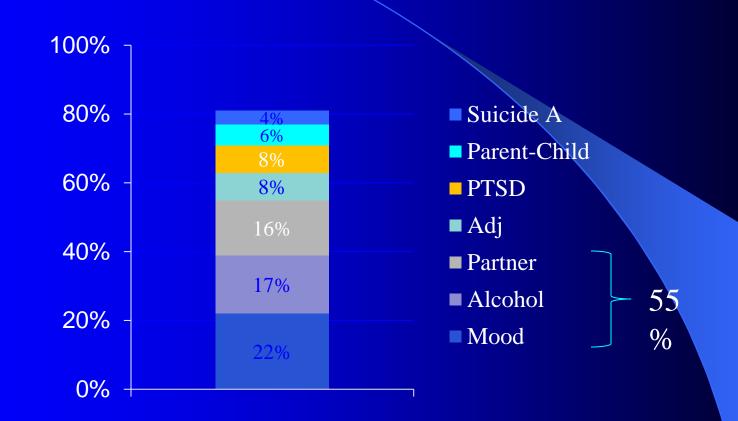
Rate of Outpatient Visits and Mental Health Evacuations at State



Mental health evacuations needed by perhaps 5%

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Conditions Leading to a Mental Health Evacuation, 2008-10

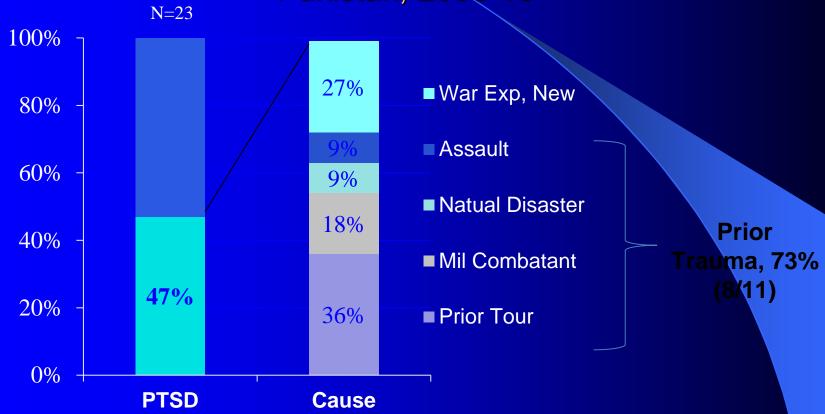


Mood disorders, ETOH and partner problems --5-6x as common as PTSD

Psychiatry

January 15, 2015

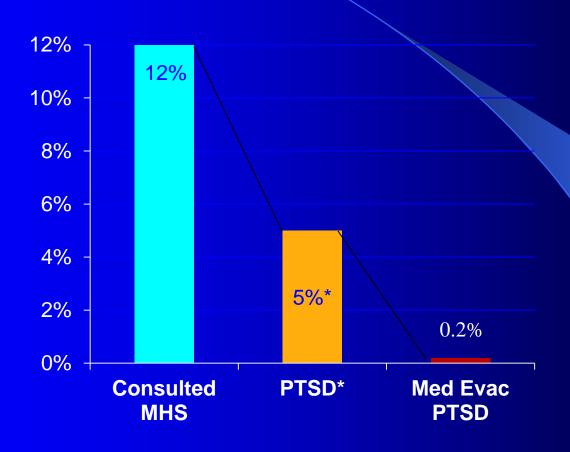
Mental Health Evacuations in Afghanistan, Iraq and Pakistan, 2008-10



Prior trauma plays a role in a majority of PTSD

January 15, 2015 mental frealth evacuations

US Diplomats Serving in AIP: Population Prevalence vs. Treated Prevalence of PTSD



Gap between distress and dysfunction suggests resilience

Psychiatry

*PCLIGATU 2015, 2015

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?

