



# **Mental Health Afloat: A Psychologist's Experience Onboard CVN73**

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# Behavioral Health Services

- 1 psychologist, 1 psych tech, 1 (sometimes 2) SARP counselor
  - > 5,000 on GW when underway
    - Ship's Company
    - Air Wing
    - Embarked Staff
  - DESRON



# Behavioral Health Services

- As the only licensed MH professional, the psychologist is responsible for all behavioral health areas and issues
  - Mental health assessment and treatment
  - Mental health consultation
    - With command (GW and others in strike group)
    - Real time as needed
    - Monthly meeting to discuss high risk patients

# Behavioral Health Services

- Mental health consultation continued
  - With immediate chain of command (i.e. Chiefs, DIV-O, HOD)
  - With medical (GW and others in strike group)
  - Chaplains
  - OSS with SMO
  - Individual sailors
  - USN Carrier Psychology Subspecialty Leader & carrier psychology working group
- Supervise SARP
- Suicide Prevention Coordinator

# Behavioral Health Services Limitations: Not a Traditional Clinic

- Misconception that “there is a MH Department, so any sailor can go out to sea.”
- Busy, especially underway - limited time/appointment slots

# Behavioral Health Services Limitations: Not a Traditional Clinic

- Difficult to get better while deployed
  - Deployed away from family and home
  - Tough schedule
  - Little sleep
  - Dangerous environment
  - Stressful environment
  - Difficult living conditions
  - No LIMDU or Light duty

# Behavioral Health Services Limitations: Not a Traditional Clinic

- Overseas screening tries to filter out serious MH issues and individuals with ongoing treatment
  - Current/newly established psychotherapy
  - Recent substance abuse/dependence issues/treatment
  - History of suicide attempts/serious ideation
  - Psychiatric hospitalizations
- Much of the psychologist's time is spent with acute issues underway

# Behavioral Health Services: What We Can Do

- Will work with any sailor in need, onboard GW or other ships in the strike group
- Assessment and treatment planning/disposition for sailors presenting acutely or routinely
  - Continue onboard with outpatient treatment
  - Recommend AdSep
  - Medevac
  - Provide information for self-help
  - Psychoeducation with psych tech
  - Some testing, when truly needed (USNH Yokosuka and USNH Okinawa assist in scoring)
  - Fitness for duty/command directed evaluations
- OSS determinations to prevent issues underway

# Why Have A Psychologist On A Carrier?

- More accurate fitness for sea duty/continued service assessments
- More accurate suicide/safety assessments
  - Accurate and timely assessment
  - Appropriate treatment and/or disposition
- Healthier crew – can address emerging mental health needs
- Respond to and process crises (i.e. death or serious accident onboard)

# Why Have A Psychologist On A Carrier?

- Prevent potential loss of personnel to crisis/acute MH issue
  - Decrease, and/or more appropriate, MH related medevacs
    - 2 in 5 months at sea, both suicidal ideation/intent
      - First was my decision due to persistent ideation/plan/intent
      - Second was squadron CO's decision
    - Possible reasons for MH Medevac
      - Suicidal
      - Manic
      - Psychosis
      - Severe PTSD
      - Other issues that significantly interfere with safety onboard

# Why Have A Psychologist On A Carrier?

- Increase return to duty rate
- Fewer losses due to safety watch and escorts



# Patient Example

- 22 y/o male E-2, with no previous MH services, but SARP Impact for an ARI, escorted to medical by chaplain due to a suicidal statement



# Patient Example

## – Recent and ongoing stressors

- Recent break up of relationship due to partner's infidelity, which was very publicly known
- Nearing EAOS
- Returning to poor home life with family of origin
- Was told he could not go on leave as planned just prior to episode
- Significantly underdeveloped affective coping skills
- Tendency to be impulsive when emotionally dysregulated
- Was resistant and guarded with initial questioning by psych tech and psychologist

# Patient Example

- With no psychologist, the patient would likely have been placed on a one to one in medical (watched 24 hours per day, including in head/shower), and had the potential to become more resistive and guarded, possibly medevac of the ship.

# Patient Example

- With a psychologist, got through the resistance and assessed the true risk
  - Patient expressed his frustration at the time of the episode, and explained his tendency to “blurt out things.”
  - Discussed appropriate coping plan
  - Patient agreed to MH treatment, and treatment plan was developed, including twice weekly Psychoeducation sessions with the psych tech, in addition to scheduled psychotherapy
  - Patient returned to work the same day
  - No 1 to 1 escort was required

# Approach To Treatment In A Fast Paced, Mission Oriented Environment

- Short-term, solution focused in nature
  - CBT
  - Solution Focused Therapy
  - Behavioral Therapy
  - Reality Therapy
  - CPT
  - Short-term Psychodynamic Therapy
  - Group format
  - Psychoeducation

# Approach To Treatment In A Fast Paced, Mission Oriented Environment

- The goal is a fully functioning, mission capable sailor or appropriate disposition to where/how they can get appropriate treatment
  - Ideally, short-term treatment onboard
  - AdSep
  - Medevac with request for LIMDU and treatment

# Approach To Treatment In A Fast Paced, Mission Oriented Environment

- Handling suicidal ideation/intent/plan
  - Assess
    - Intent and plan
    - Risk factors
    - Protective factors
    - Likelihood for return to duty
  - Safety planning
    - 1 to 1 buddy watch
    - Safety check ins with CoC
    - Affective and behavioral coping plan

# Approach To Treatment In A Fast Paced, Mission Oriented Environment

- Handling suicidal ideation/intent/plan continued
  - Treat
    - Axis II personality factors
    - Underdeveloped affective coping skills
    - Impulsivity
    - Axis I symptoms
  - Disposition
    - Outpatient Treatment
    - AdSep
    - Medevac



# Clinical Population

- Population disproportionately represented by 18 to 24 year old males
- Underdeveloped affective coping and social functioning skills
- Axis II Personality features
- Acute stressors
- Relationship issues
- Axis I (primarily depressive and anxiety symptoms)

# Ethical Concerns

- As a member of the same command/crew as my patients, multiple relationships become an issue
  - Fellow officers/friends/coworkers
  - Enlisted with overlapping responsibilities
  - Gym, store, meetings, committees
- Disclosure - They know me and more of my personal life than usual

# Ethical Concerns

- Confidentiality
  - Due to both the mission (safety and fitness for duty) and close living quarters, more personal mental health information is laid out than usual
    - Chain of command knows they are coming to MH
    - Shipmates can see them coming to MH
    - 1 to 1 watch is done by peers, and the patient remains in medical, a high traffic area

# Ethical Concerns

- Confidentiality continued
  - Communication with chain of command
    - More need for information to immediate chain of command (HOD, DIV-O, LCPO, and LPO)
      - Safety concerns/duty limitations/fitness for duty
      - Recommendations to CoC to assist the patient
      - Often asked for more than I can, or am willing to, give
    - CDO, ACDO, Duty Section Leader, Security Department
    - More communication with CO, through XO, than usual, and often others (i.e. HOD, chaplain, Admin-O) involved

# Ethical Concerns

- Limitations in experience and expertise
  - No other MH provider to whom I can refer cases outside my experience
  - Need to consult with others off ship
  - Need to maintain resources for areas outside my experience

# Ethical Concerns

- Physical, mental, and emotional limits -  
Sometimes I'm tired and stressed
  - Personal mental and physical limitations
  - Long hours and consecutive days without sleep
  - Knowing limitations and monitoring for effectiveness

# **Mental Health Afloat: A Psychologist's Experience Onboard CVN73**

Life as a psychologist onboard a war ship is professionally fulfilling, but exhausting and brings with it challenges, some unique to the ship, and some which overlap with any remote provider and/or other military mental health professionals.

# Questions

