

Surface Warfare

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DIGITAL FEATURE



FLEET
MENTAL HEALTH

Surface Force Embedded Mental Health – a Roadmap to Mental Readiness.

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Pete Horn felt like he was losing control of his life and his will to live. Twelve years into his Navy career, he had advanced to chief fire control technician. He reported to his second sea tour on the littoral combat ship USS Independence (LCS-2) after a successful shore assignment teaching at Great Lakes.

To those on the outside, all his ducks were in a row. His future looked bright; only he couldn't see it because inside, he was a mess.

"The main thing going through my head was a sense of hopelessness," he said. "Not long after I checked on to the Independence, my marriage started going south - I was experiencing depression and not addressing it. I had a complete meltdown, started drinking heavily and my work performance slipped drastically."



Naval Base San Diego's Fleet Mental Health facility is now where Surface Force's Sailors can go and get help.

It was so bad for Horn that he would go to his stateroom on the ship and cry. He wanted to get help but was reluctant because of what he believed were the consequences of self-reporting mental health-related issues in the Navy.

"I had heard all this stuff, you know, I'll lose my clearance, and the Navy can take away my right to be armed," he said. "These things, I believed, would end my career, but frankly, nothing could have been further from the truth."

He had reached his breaking point.

"My depression was out of control," Horn said. "I was honestly afraid I was going to hurt myself and knew I had to do something."

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— Senior Chief Pete Horn, Force Suicide Prevention Program
Manager, Commander, Naval Surface Force, U.S. Pacific Fleet

Horn sought out his ship's independent duty corpsman, an enlisted Sailor who is also the senior medical person on the Independence. After a short conversation, she immediately got him the help he needed. Later, she would tell him she'd seen him starting to spiral and was preparing to intervene when he showed up at her door.

"It was the fear of hurting myself coupled with my dedication to being a father that led me to have no choice but to go see her and get help," he said. "I was at the end of my rope, and if it ended my career, then so be it."

Half a decade later, Horn is now a senior chief. He kept his security clearance and his ability to carry arms. He's remarried and says he's the happiest he's ever been.

Now, he works for Naval Surface Forces, Pacific. He's the Force Suicide Prevention Program Manager, helping others get out of their dark places and back to work in the fleet. He also works with Command Resilience Teams on the waterfront.

He's been to the edge and back and thanks the Navy for saving his life. He feels he's paying it forward by using his experience and story to get the truth to others in need.

"In the past four years, the Naval Surface Forces has embraced mental health," said Capt. Tara Smith, head of the Naval Surface Forces, Pacific's Embedded Mental Health efforts. "We now have embedded mental healthcare into our force – it's care that belongs to and is run by surface forces, not the Bureau of Medicine – we take care of our own."



After getting help, Horn's career turned around and while still on the Independence was advanced to senior chief by then Cmdr. Matt Scarlett, his commanding officer.

Today there are 12 Embedded Mental Health Teams around the globe serving the 75,000 sailors who operate the Navy's more than 160 surface combatant ships. Here, Sailors get help quickly, often the day they walk in the door.

These fleet-based mental health providers are pierside in every fleet concentration area and are advocates for Sailors that guide command leaders on mental health issues. Their mission is to give Sailors fast and quality access to mental health care, enable leaders to care for the crews, and provide training and skills to Sailors to get to the left of destructive behaviors and severe mental illness.

The EMH teams, comprised of licensed mental health providers and enlisted Behavioral Health Technicians, also train shipboard medical personnel and chaplains

in mental health assessment and interventions to provide their crews with life skills training.

"There's no longer a wait for mental health treatment in the Surface Force," Smith said, "Sailors have access to mental health. The wait won't be longer than two weeks, but most often, it's immediate. That's better than in the private sector and most of our supporting Military Treatment Facilities."

The help available is as comprehensive as the needs of each Sailor.

"Many people today equate stress with mental illness," Smith said. The majority of our Sailors do not suffer a mental illness but need support. Services and treatments, she added, cover the range from from life stressors to mental illness."

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Naval Surface Force, U.S. Pacific Fleet



Lt. Marie B Tracy, the lone chaplain for Littoral Combat Squadron One talks to a Sailor on the mess decks of the USS Montgomery (LCS-8). Sailors get 100% confidential counseling from Navy chaplains.



Capt. Tara Smith, head of Embedded Mental Health for Naval Surface Forces Pacific, talks to Navy deckplate mental health providers at the facility.



The Fleet Mental Health facility isn't only for Sailors. Command Triads regularly meet with providers and EMH leadership there to discuss issues with their crews.

Most of those needing help struggle to adjust to shipboard Navy life. They need to learn life skills to cope and get a rhythm in a tough seagoing life.

Help isn't only at the Embedded Mental Health Facilities. It's now taken directly to the ships where their experts give preventative training and services for everyone, from deckplates to the chief's mess and wardrooms. There's even training to help command triads deal with their stress.

"Not everyone seeking help needs medication or treatment by a psychologist or psychiatrist," she said. "It all depends on the severity of what they are dealing with," Smith said.

One of the most significant barriers preventing Sailors

from seeking treatment is prevailing myths espoused by sea lawyers on social media. Don't trust the Navy. You'll lose your job and security clearance and ruin your career if you self-report mental health issues.

Just not true, Smith said, and she's got the data to prove it.

The truth is that less than 0.001% of all revoked clearances are for mental health reasons. Sailors are encouraged to seek help and use the resources.

Very few will lose their clearance. In the cases of those who do, it's often for failing to use the services to get better. To date, fleet embedded health providers have helped nearly 90 percent of Sailors who get help stay on or return to full duty.

There are multiple avenues and all kinds of help. Guiding Sailors is now an Embedded Mental Health Roadmap, showing what support is available, allowing them to pick their path through the levels and types of care available.

The first level of care is the Navy's chaplains. The Navy is adding more than 80 new chaplain billets, enough to put one in the ship's company of all guided-missile destroyers.

By 2025, every destroyer will have a chaplain onboard. The exceptions are smaller ships like littoral combat ships and minesweepers, whose chaplains are assigned at the squadron level and help multiple ships and crews.

Visiting a chaplain is 100 percent confidential, with no reporting requirements or health record documentation. No referral from your medical provider is needed.

"I understand the reluctance of Sailors to want to talk

to a chaplain about things like stress or mental health issues," said Lt. Marie Tracy, the sole chaplain assigned to Littoral Combat Ship Squadron ONE.

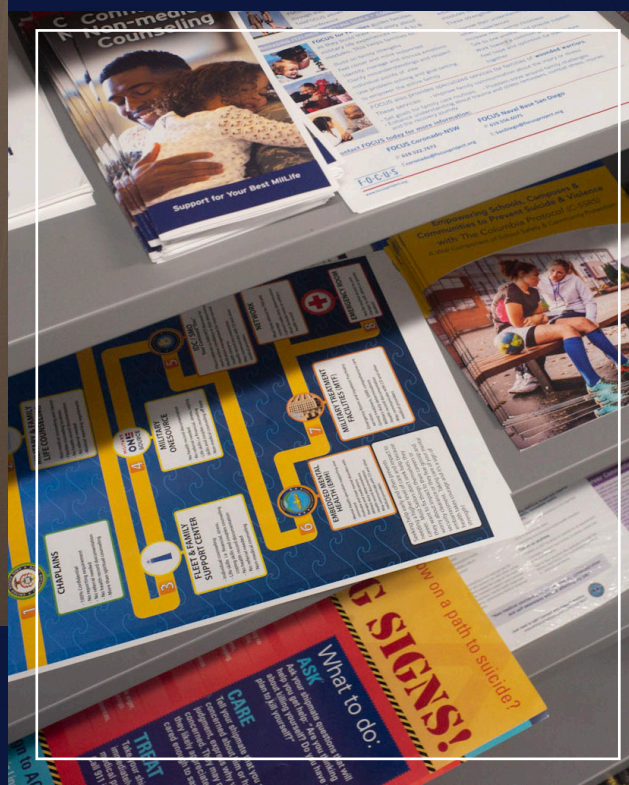
"Religion aside, our job is helping Sailors with their spiritual readiness, their ability for their whole mind, body and spirit to be ready for whatever fight is coming down the road."

Her job isn't to push her own beliefs on others but to help Sailors establish and strengthen their own. She calls it a value system that doesn't need to be religion-based.

"Shipboard life is tough, so to survive and thrive, you have to know who you are, where you came from and know that you matter," Tracy said. "For some people, that trends towards the emotional, while for others, it is spiritual or religious. However, many people who come to see me express no faith at all. My role is always to care for everybody."



Capt. Tara Smith talks with Mardi Smith, a San Diego waterfront facility clinical psychologist.



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Chaplains can provide the Sailors with resources while still maintaining confidentiality. If on-board medical professionals think a Sailor needs more help, they can send them to their local embedded waterfront mental health facility.

There, Sailors get individual mental health assessments, diagnoses and treatment. If prescriptions are needed, Sailors' treatments get evaluated and managed locally. All kinds of training is also available, from group therapy sessions to specialized training for shipboard medical teams, chaplains and crews.

Nonmedical counseling is also available on-site. For example, the waterfront facility at San Diego's 32nd Street Naval Base has 12 Military Family Life

Counselors assigned to it. If they're all booked up, the staff can help a sailor call Military OneSource for a referral to another counselor in the local area.

Horn says the Navy has come a long way in the five years since he started getting help, but he still believes there's much misinformation that needs to be tuned out.

"I'd say to Sailors, don't make assumptions and please don't listen to the scuttlebutt," Horn said. "The Navy has put a lot of time and money into these resources to keep people in the Navy and on ships; there's really no interest in ending careers; nobody benefits from that. We as a service are in a better place because this is now available – and it's free – all you have to do is ask." †

MENTAL HEALTH

Feeling stressed, debating seeking help

1

Go here first!

CHAPLAINS

THE best place to start for most issues or if you're unsure of what services you need. What you say will never leave the office without your permission. NEVER!



- 100% confidentiality
- You don't need a referral
- No medical record documentation
- Zero reporting requirements
- More than spiritual counseling

Seeking help early and at a higher level of care and support. Sailors don't seek help for things themselves, they seek help for careers or security clearance and embarrassment. Seeking help takes courage and strength.

3

FLEET & FAMILY SUPPORT CENTER

Similar to MFLCs/DRCs but at the FFSC buildings on base. They provide counseling and classes to help you and your family manage life issues. You don't need a referral and they only have to report risk of harm or abuse.



- On base individual & family counseling, coping skills, life skills, etc.
- You don't need a referral
- No medical record documentation
- Minimal reporting requirements
- Non-medical counseling

MILITARY
ONE
SOURCE

- Off base Individual & family counseling, coping skills, life skills, financial
- You don't need a referral
- No medical record documentation
- Minimal reporting requirements
- Non-medical counseling



6

EMBEDDED MENTAL HEALTH (EMH)

- Mental Health specialists directly working with the commands
- Evaluate and treat mental illness with medications and/or therapy
- There IS medical record documentation
- May communicate with your CO and other medical providers
- Make military duty determinations

These specialists evaluate and treat all conditions and determine if it impacts your tour or career. Most Sailors return to duty and keep their security clearance after seeking help, so don't fear! They may communicate with your CO and your Doc if there are duty limitations or risk of harm or abuse.

7

MILITARY TREATMENT FACILITIES (MTF) /Network care

You can refer yourself or be referred by your Doc and receive total medical health services with the same reporting and documentation requirements as EMH. Network care requires a TRICARE referral and authorization or you will pay out of pocket. Network doctors cannot make determinations about military duty.

TH RESOURCES

help but don't know where to start?

and often prevents needing a
and impact to career. Most
up because they want to fix
y worry about impact to their
earance or they fear gossip
Taking care of your mental
and it's a sign of strength!

4

MILITARY ONESOURCE

Similar services as MFLCs, DRCs and
FFSC but OFF base. You can make the
appointment yourself without a referral.
These counselors only have to report on
suicide and homicide risk or abuse.
Nothing goes in your electronic health
record. And reporting requirements are
limited to risk of harm or abuse.

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- Full mental health services, Emergency Room and Inpatient care
- Individual and Group therapy, SARP, Testing
- Military duty determinations (MTF only)
- There **IS** medical record documentation
- May communicate with your CO and other medical providers



- You don't need a referral
- No medical record documentation
- Minimal** reporting requirements
- Flexible counseling locations
- Non-medical counseling
- On a big deck**, this your DRC

2

MILITARY & FAMILY LIFE COUNSELING

Most Sailors don't have a mental illness but struggle with life issues. These counselors provide support and tools to help you cope and you can schedule yourself without a referral. They only report risk of harm or abuse. They can be found onboard your ship and nothing goes in your medical record.

5

IDC / SMO

Your Doc can manage most concerns or refer you to the Navy or network mental health experts. Serious conditions need expert evaluation, need to be documented and your CO may need to know if there are duty limitations. They are mandatory reporters for risk of harm or abuse.



- Just go to sick call, no referral needed
- Can treat most conditions or refer you for higher level care
- Can prescribe mental health meds
- There **IS** medical record documentation
- May** communicate with your CO and medical providers



Mental health emergency only!

8

EMERGENCY ROOM

If you're experiencing a mental health emergency or you're afraid you will harm yourself or others and cannot keep yourself safe, this is the place to go. Please don't start here to get a mental health appointment. This is for emergencies.

- Not to get a routine appointment
- For emergencies, such as acute safety risk or grave disability
- Access to inpatient services
- Military duty determinations
- There **IS** medical record documentation
- They **WILL** communicate with your CO and other medical providers