

U.S. Army Europe and 7th Army

contact: paoci@eur.army.mil
phone: 49-6221-57-5815 / DSN 370-5815
fax: 49-6221-57-6376 / DSN 370-6376



RELEASE #2008-07-21-01

July 21, 2008

PROGRAM LOOKS FOR OPPORTUNITIES TO INCREASE EARLY DETECTION OF DEPRESSION, POST-TRAUMATIC STRESS DISORDER

By Pfc. Michael Syner

U.S. Army Europe Public Affairs Office

HEIDELBERG, Germany -- Post-Traumatic Stress Disorder has plagued Soldiers throughout time, but with the help of new programs today's Army medical professionals are hoping to improve early identification of the symptoms of PTSD and get Soldiers the help they need while reducing fears about the negative perceptions or repercussions of seeking mental health treatment.

One such initiative recently introduced in Europe is the Re-Engineering Systems for the Primary Care and Treatment of Depression and PTSD in the Military program, designed to recognize warning signs and treat those disorders early while eliminating Soldiers' fears about the stigma of psychological illnesses and their treatment.



PHOTO ILLUSTRATION BY BILL ROCHE

Program officials say RESPECT-MIL takes advantage of any visit Soldiers make to their assigned primary care physicians for any reason, turning those visits into opportunities to detect symptoms that could indicate that the Soldier is struggling with PTSD.

“The average Soldier makes 3.4 visits to their primary health provider every year,” said Col. Angela Pereira, director of Soldier and Family Support Services for the Europe Regional Medical Command. Each one of those visits is a chance for doctors to detect any behavioral health problems and get Soldiers the treatment they need, she added.

“RESPECT-MIL tears down the walls concerning PTSD by making questions concerning PTSD and depression a routine activity any time someone visits their local primary health provider, which offers Soldiers and their Family members extra chances to spot a problem early on,” said Lt. Col. Raymond L. Gundry, ERMC’s deputy commander of outlying clinics.

“We also try to make it clear to Soldiers that seeking help is not going to adversely affect their careers or make anyone think any less of them,” added Gundry. “A major part of the process for ‘tearing down the walls’ is screening everybody that comes through, demonstrating that it is OK if someone suffering from PTSD seeks help.”

The RESPECT-MIL process is relatively simple.

“Basically, the patient has a couple more questions to answer during their visit to the primary health care provider,” said Gundry.

By asking just a handful of questions, the colonel said, trained physicians can determine if a patient is suffering from depression or PTSD, and either help the patient -- if the physician is qualified -- or refer the patient to a mental health specialist.

Maj. Joseph Dougherty, the chief of behavioral health at the Vilseck (Germany) Health Clinic, recently completed the three-day RESPECT-MIL training program. He said the course teaches different approaches to detecting and treating depression and PTSD.

“We learned about how the different processes of screening, identifying, and treatment of these disorders function under RESPECT-MIL; did some role play; and had a rundown of the entire program,” Dougherty said. “We also learned how we can educate other primary care providers and psychiatrists in the RESPECT-MIL system.”

Gundry said the bottom line is that “the training RESPECT-MIL provides allows primary health care providers to get help for their patients immediately.”

For example, he explained, if a Soldier visits a physician trained in RESPECT-MIL methods for a physical exam, the doctor might ask if the Soldier has had difficulty sleeping or has been feeling constantly “down.” Based on the answers to questions such as these, the doctor can determine if the Soldier may be suffering from PTSD or depression and recommend treatment.

The Army’s RESPECT-MIL initiative was developed at the Fort Bragg, N.C., RESPECT-MIL Center of Excellence, the organization leading the Army’s worldwide implementation of the program. The Army’s effort is based on “Re-engineering Systems for Primary Care Treatment of Depression,” a model created by researchers at Duke University Medical

Center, Dartmouth Medical School, and others, according to reports in the journal *Psychiatric News*.

“The trials performed at the Fort Bragg Center of Excellence showed a significant increase in the successful diagnosing and treatment of Soldiers with PTSD and depression,” said Pereira.

During those trials in 2006, 60-90 percent of PTSD patients showed improvement, Gundry said.

The next step for ERMC is getting the program operational throughout Europe, Gundry added. That process is already under way.

“The Schweinfurt, Vicenza and Vilseck health clinics have already implemented RESPECT-MIL,” said Gundry.

“This program is Armywide,” he added. “Fifteen sites have been chosen for the first major wave of RESPECT-MIL dissemination. Almost all of them are up and running, or will be soon.”

One of RESPECT-MIL’s strengths is its adaptability, Gundry said.

“The Center for Excellence is the ‘home base’ for RESPECT-MIL, and is the precedent-setter for the program,” said Gundry. “That doesn’t mean that the program can’t change with the needs of the Soldiers. The program will become more efficient with time and experience, thanks to frequent communication between the different sites. This will allow for the rounding out of RESPECT-MIL, and ensure that it stays relevant and useful.”



www.hqusareur.army.mil