Provider and Airmen Perspectives on Embedded Mental Healthcare Services within the United States Air Force

Rachael N. Martinez, PhD[1]

Lt Col Kristin Galloway, PsyD[1]

TSgt Christopher Thompson[1]

[1]Aeromedical Operational and Clinical Psychology

U.S. Air Force School of Aerospace Medicine

Wright-Patterson AFB, OH

Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Disclosure Information

- We have no financial relationships to disclose.
- We will not discuss off-label use and/or investigational use in my presentation.
- The views expressed are those of the authors and do not necessarily reflect the official policy or position of the Air Force, the Department of Defense, or the U.S. Government.

Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Overview

- **Background**
- **Provider Perspectives on Embedded Mental Healthcare Services**
  - Methods
  - Results
- **Airmen Perspectives on Embedded Mental Healthcare Services**
  - Methods
  - Results
- **COVID-19 Considerations**
- **Key Takeaways**

Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Background – Why is embedded care important?

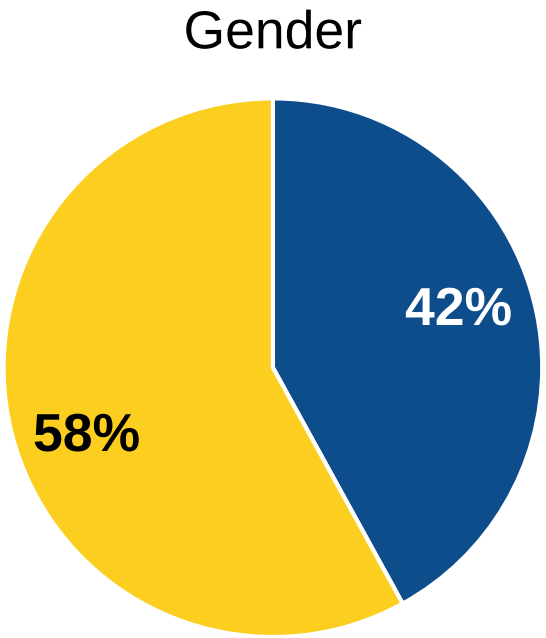
- **Reasons for why medical and line leadership created embedded care positions**
  - Individuals in restricted-access environments may be hesitant to seek mental healthcare
  - Based on aeromedical standards, airmen could be disqualified from duties due to certain mental health conditions
  - Social stigma with seeking care
  - Access to care; traditional mental health care is not typically available for swing and night shifts
  - Providers embedded within the unit work to understand combat-related stressors unique to this environment.

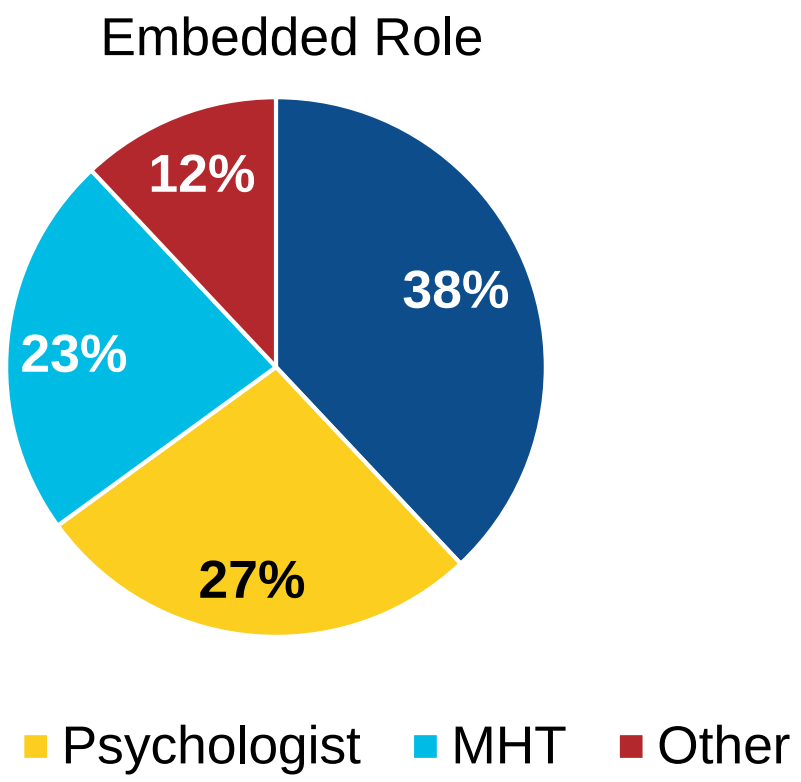
USAF photo/Airman 1st Class Jonathan Whitely

Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Provider Interview Methods

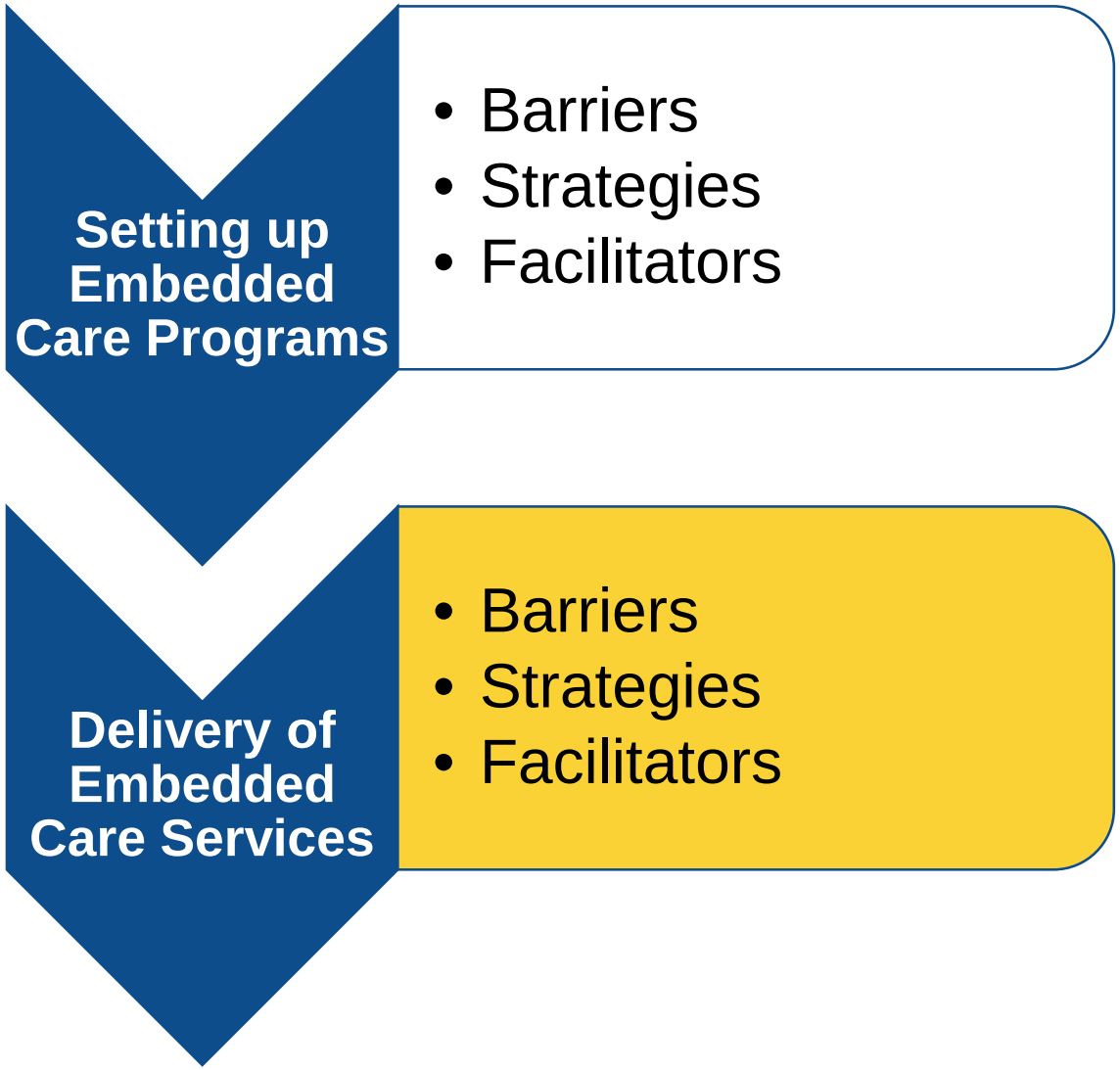
- **Semi-structured interviews with embedded providers**
- **Data collection:** November 2020 – July 2021
- **Sample:** N = 26 embedded providers





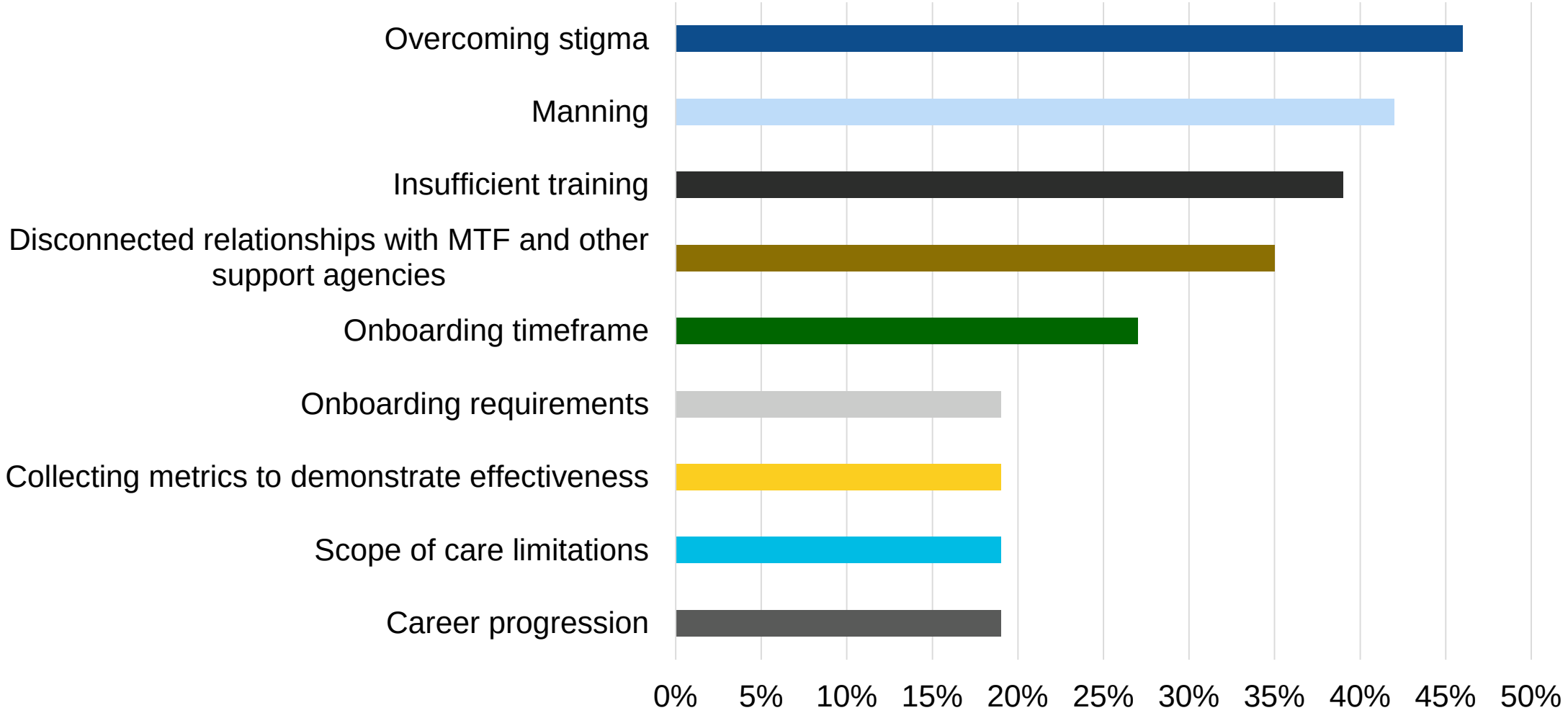
Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Embedded Care Processes



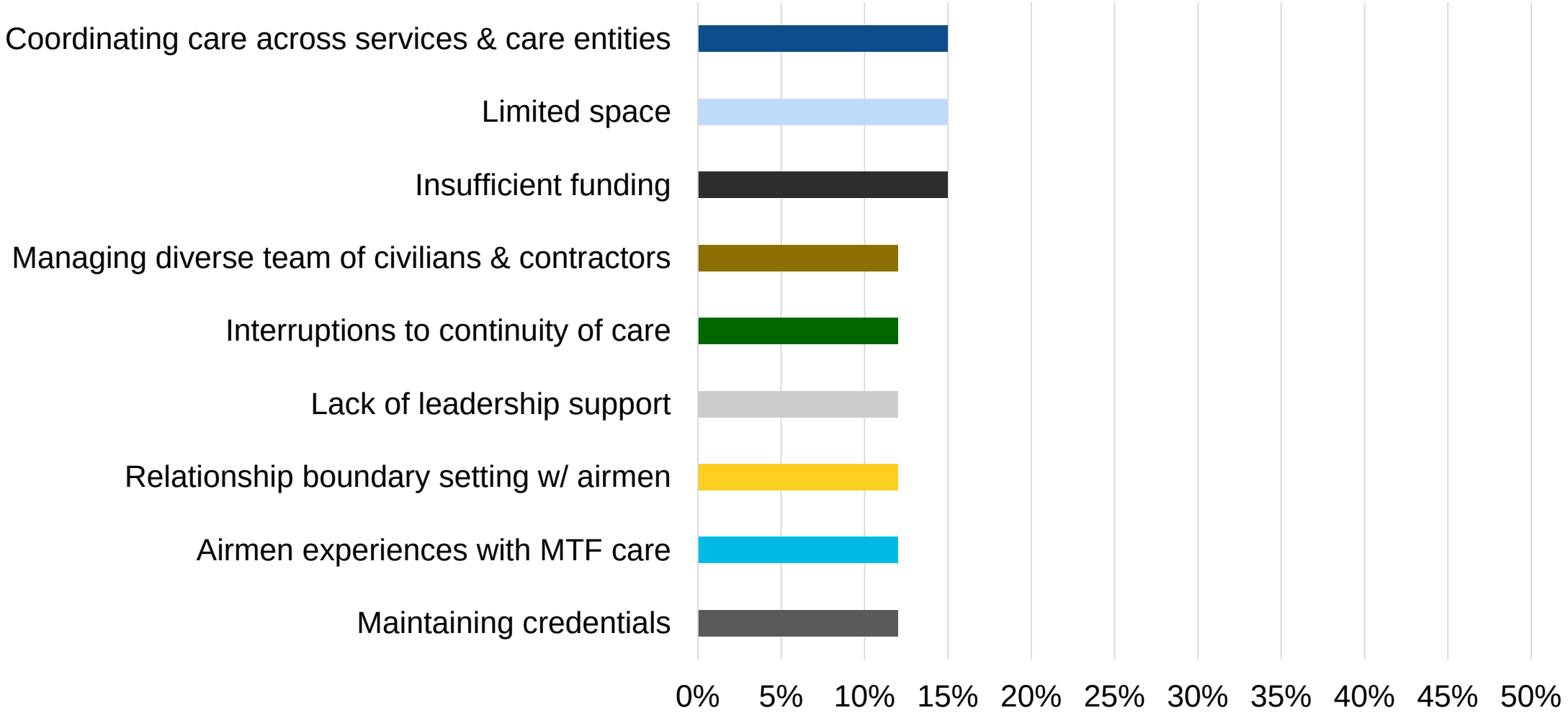
Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Delivery of Embedded Care Services – Barriers



Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Delivery of Embedded Care Services – Additional barriers



Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Delivery of Embedded Care Services – Strategies

More frequently mentioned

Less frequently mentioned

Strategy	Definition
Understand, define, and communicate levels of services	Communicate expectations/prioritization of services and scheduling to leadership, unit members, embedded team members, and MH community in regular communications.
Combat stigma	Things that providers and leadership can do to reduce the stigma associated with seeking embedded care services.
Facilitate coordination of care & resources	Serve as: liaison advocate on individual level for MH and physical concerns to streamline and/or increase access to care, and encourage utilization of full-spectrum care resources; and liaison advocate for community/unit to include consulting with SMEs outside of the organization to identify/address issues.
Offer flex scheduling	Readjust the schedule to meet the time/location preferences and patient demands.
Develop initiatives to target population needs	Identify and implement creative ways to reach more airmen in a meaningful way that may result in additional referrals.
Collect metrics to focus embedded efforts	Gather data on IOS activity, population needs, etc. to inform intervention efforts and track outcomes to demonstrate productivity and provide accountability.

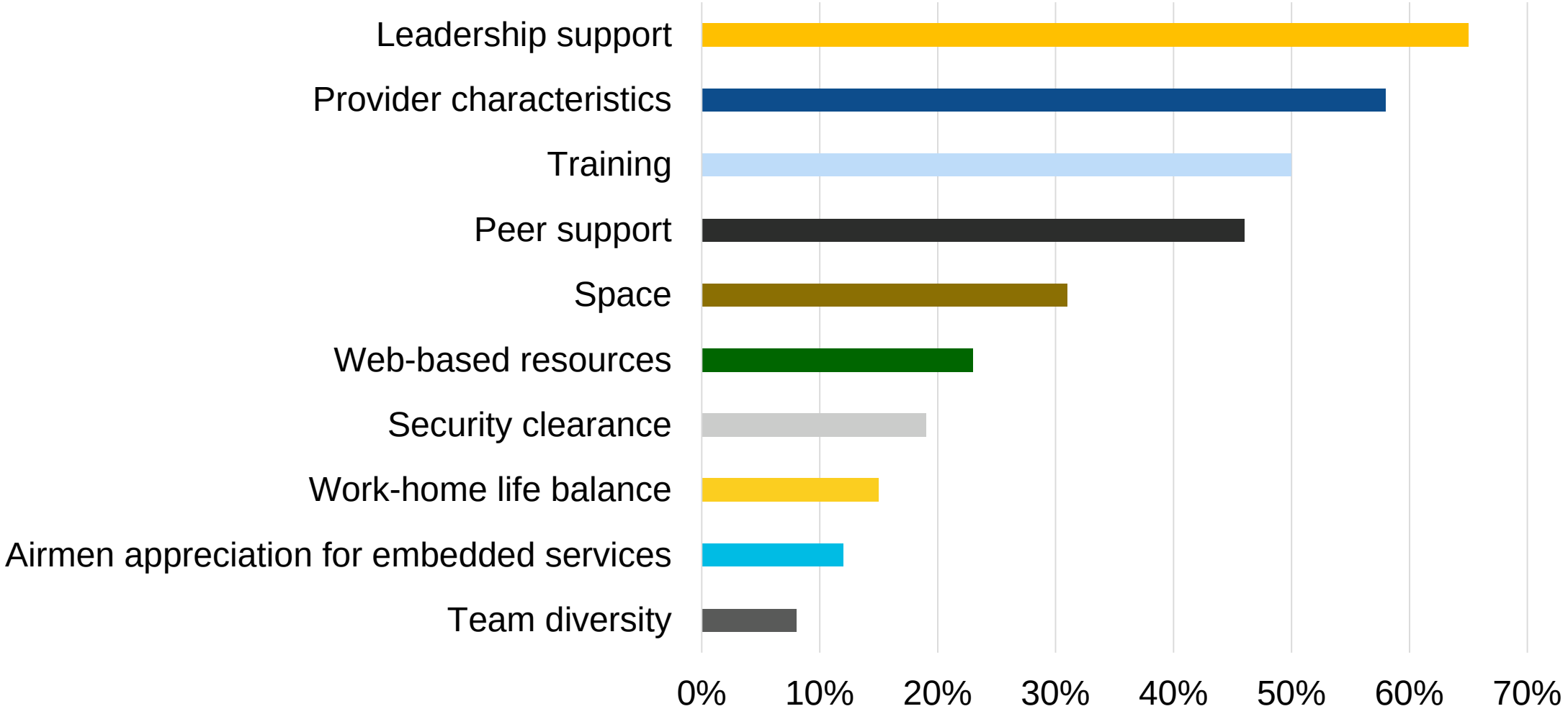
Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Delivery of Embedded Care Services – Additional strategies

	Additional strategies – less frequently mentioned (<30% of sample)
Less frequently mentioned	Calibrate schedule to meet airmen needs
	Interim activities while awaiting credentials & clearance
	Standardize processes and resources
	Offer a variety of therapeutic tools
	Increase airmen familiarity through in-processing
	Use MTF resources
	Seek alternative avenues for training and resources
Least frequently mentioned	Offer consultation over technology
	Identify and request additional space

Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Delivery of Embedded Care Services – Facilitators



Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

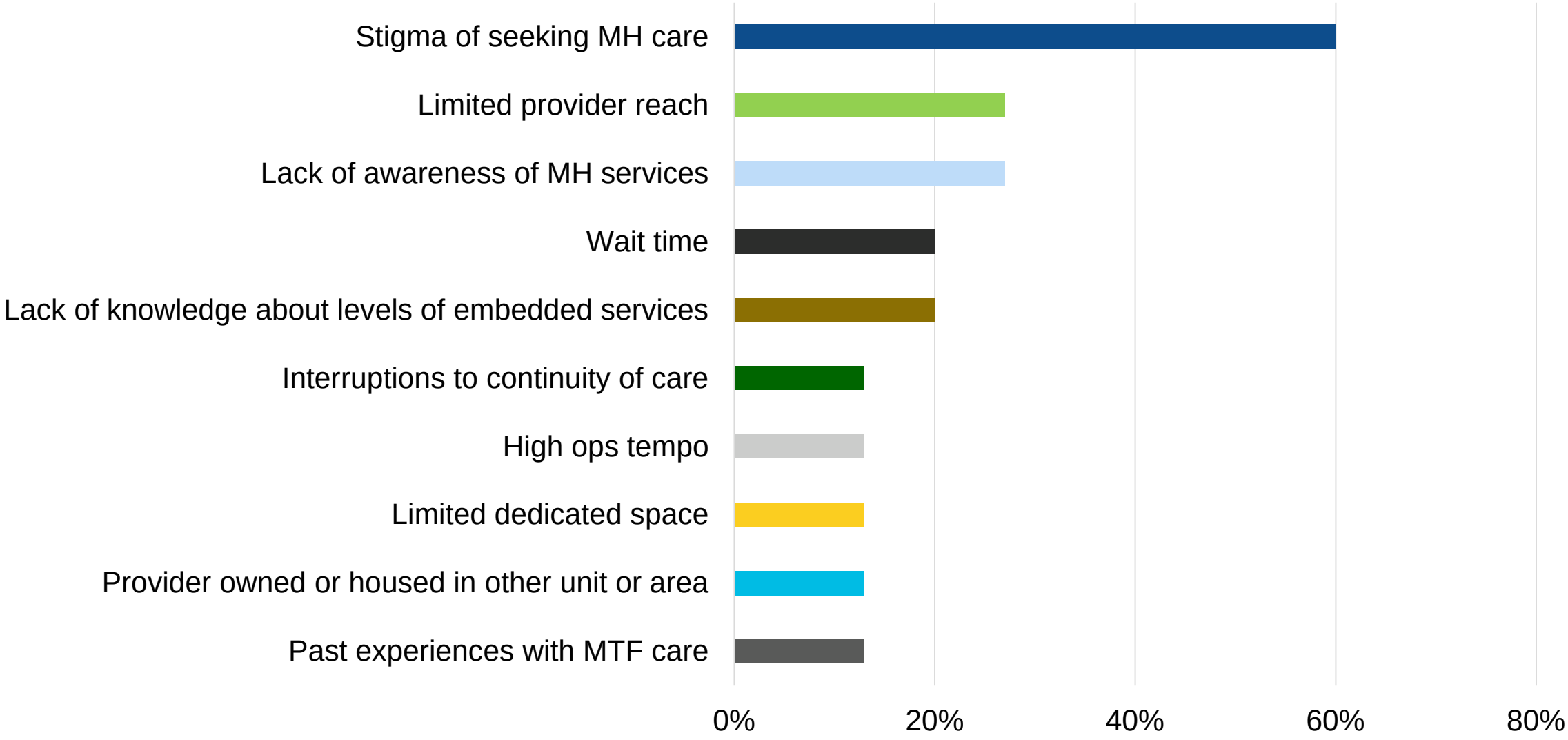
Airmen Interview Methods

- **Semi-structured interviews with airmen**
- **Data collection:** February 2021 – July 2021
- **Sample:** N = 15 airmen

Personal and Occupational Demographics					
Gender		**Age (yr)**		**Rank**	
Male	80%	18 – 25	20%	Enlisted	53%
Female	20%	26 – 35	47%	Officer	40%
		36+	33%	Missing	7%

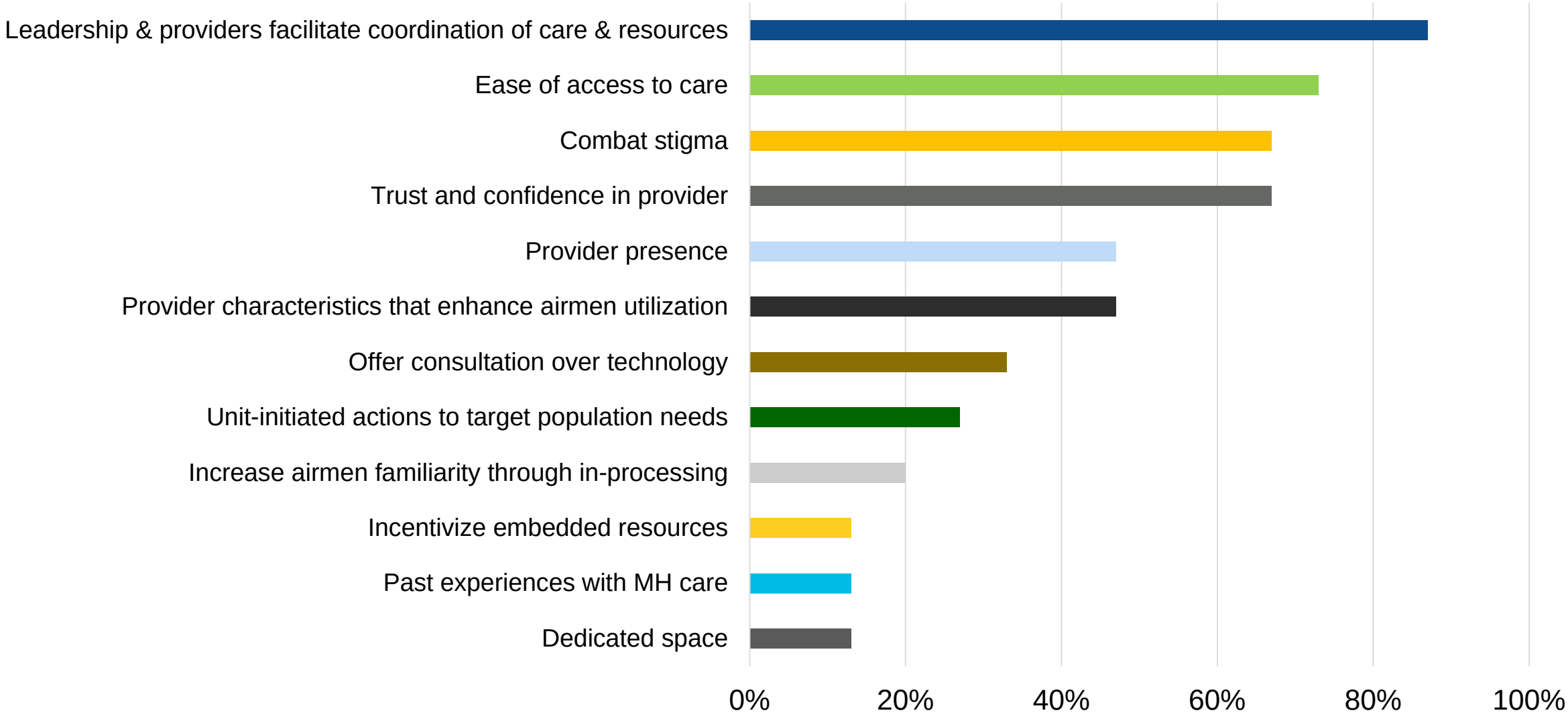
Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Factors that Hinder Healthcare-Seeking Behaviors



Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Factors that Encourage Healthcare-Seeking Behaviors



Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Top-Reported Embedded Care Challenges Related to COVID-19

More frequently mentioned

Less frequently mentioned

Barrier	Definition
Staying engaged when not face-to-face	Maintaining similar time and opportunity for observation as well as providing information to airmen despite lack of face-to-face interactions.
Safety measures	Implementing safety measures to continue providing in-person care during the COVID-19 pandemic, which is met with varying levels of resistance.
Higher incidence rates of mental health challenges	Providers experienced a influx of patients seeking consultations for more/different types of issues (e.g., greater need for couples counseling).
Delayed initiatives	COVID-19 prevented/delayed interventions, programs, training, etc. from being rolled out.
Unavailability of mental healthcare resources	COVID-19 impacted manning and clinic operations within the MHC (e.g., MH clinic shut down due to COVID cases and phone line was directed elsewhere making it more difficult for airmen to schedule appointments).
Shifting responsibilities	Provider must take on and/or readjust responsibilities due to changing circumstances because of COVID-19.
Technology as face-to-face substitute	Interacting over technology (e.g., telehealth) may hinder interactions with unit members (e.g., support services, assessment/selection).

**Highlighted challenges experienced by both providers and airmen.

Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Top-Reported Embedded Care Strategies Related to COVID-19

	Barrier	Definition
More frequently mentioned	Using technology to interact	Extent to which providers utilized multiple platforms (e.g., Teams, Adobe Connect, FaceTime) to engage with airmen.
	Explore COVID-mitigating actions	Coordinate activities during COVID to promote accountability and connection (e.g., empowering frontline supervisors, problem solving, policy changes).
Less frequently mentioned	Develop initiatives to target population needs	Identify and implement creative ways (e.g., performance enhancement, education/training on mental skills, assessment program, standardized simulator scenario) to reach more airmen in a meaningful way that may result in additional referrals (e.g., clinical).

**Highlighted challenges experienced by both providers and airmen.

Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Key Takeaways

- Provider interviewees presented a wide variety of barriers that they have encountered in the process of delivering embedded mental health care, which hinder the provider's ability to carry out their role of serving airmen. Notably, some of these barriers are systemic issues that are outside of the provider's control (e.g., manning, training).
- Overarching guidelines for the USAF embedded care model could provide a flexible framework for each type of embedded care program to develop customized training manuals (i.e., reference guides), to include information on the program's mission, policies, and processes.
- Moreover, study findings strongly suggested that available training should be expanded beyond the one-time training offered during/after onboarding.
    - The provider's ability to clearly communicate levels of mental health services (i.e., primary, secondary, tertiary) to leaders and airmen is linked back to the clarity and comprehensiveness of training.
- Because the embedded care model was designed to function in tandem with other mental health support services, it is crucial for embedded providers to *develop relationships within the mental health support community* to optimally *facilitate coordination of care/resources* for airmen.

Cleared, AFRL/PA, Case # 2022-0122 , 2 March 2022.

Questions?