MILITARY PSYCHIATRY

PROFILE

TEXT BY

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MAJ (Dr) Soh Teck Hwee currently holds the post of Deputy Commander Military Medicine Institute (PHS). He is also a military psychiatrist who derives immense joy from helping NSFs complete their two years of national service. Between these roles, he is either on the hunt for good food or his next diving vacation.

Legend

1. The Psychology Care Centre family at the Military Medicine Institute

The first reaction I often get from people when they hear that I am a military psychiatrist is a look of scepticism with a healthy dose of wariness. Psychiatrists in general are pretty much used to this look regardless of our area of subspecialty. This is often followed by the two inevitable questions, "Can you read my mind?" followed by "So how do you diagnose people who *keng* (Army slang for malingering)?"

This light-hearted dig at myself illustrates some of the misconceptions that some people may have about the practice of psychiatry, especially in the SAF.

There is currently no "official" definition of military psychiatry. It has often been described as the practice of psychiatry in the context of the military environment and the management of mental health issues arising from military service. Personally, I have found the most apt description published in a psychiatric bulletin from the Royal College of Psychiatry, which describes military psychiatry as an "occupational service" to maintain the mental health of individuals in the armed forces.

There are distinct differences between a civilian environment and a military environment, the latter brings with it a unique set of operating challenges. This fact, coupled with the nature of National Service (NS) in Singapore, which is based on a universal conscription system, means that mental health issues can arise from both healthy people being placed in an unfamiliar environment as well as from patients with existing mental illness serving NS. Therefore, the mandate of the military psychiatrist to ensure the mental health of the soldiers goes beyond that of simple treatment to one that includes prevention and optimisation.

In 1973, LTC (Ret) (Dr) Fong Yeng Hoi started the psychiatric services in the SAF. He laid the foundation of what was to become and still is one of the hallmarks of military psychiatric practice — a complete holistic occupational health approach to psychiatry, focusing on not only clinical well-being but also the development of policies and the shaping of the military environment to ensure that our soldiers are able to perform at their best psychologically in the challenging military environment.

This approach requires an in-depth understanding of the military environment and the ability to contextualise it to the practice of psychiatry. The psychiatrist forms a part of the greater SAF mental health ecosystem, which also comprises defence psychologists, counsellors and unit commanders.

Military psychiatry can be broadly divided into three categories — clinical healthcare provision, mental health policies and operational mental health support.

Our colleagues in the national healthcare system and generations of doctors who serve as full-time National Servicemen (NSF) will be well acquainted with the Psychological Care Centre (PCC), which provides clinical treatment to servicemen. PCC includes the psychological medicine inpatient centre, more fondly known as the SAF ward, which used to be located in Alexandra Hospital and is slated to be relocated in the later part of the year. The mental health issues treated at PCC range from temporary adjustment difficulties to psychiatric illness with age of onset in early adulthood, such as depression and psychosis. A key component of the clinical practice not often seen in hospital practice is unit liaison, where the clinicians (including counsellors and psychologists) work closely with the unit to ensure that the serviceman is able to adapt to the military environment and to mitigate the impact of the environment on the illness and vice versa. The majority of my consultations end with a telephone call or an email to the unit commander. This enables me to get a better understanding of the soldiers' situation in camp, explain to the commander the nature of the illness and its effects on the soldier's ability to perform, as well as discuss how we can work to help him get better without compromising mission readiness.

A lesser known aspect of military psychiatry is its role in shaping the milieu of the SAF with regard to mental health. This is far-ranging and encompasses policy setting, mental health screening, guidelines and standards, as well as mental health education and promotion. A key area that the psychiatrist works closely with the Defence Psychology Department (DPD) is that of ensuring psychological well-being and the development of mental resilience. The holy grail of any clinician is thus not treatment but better prevention of mental illness.

Another major area in military psychiatry is its role in operations. From "shell shock" in the First World War to post-traumatic stress disorders from the War on Terror, there are recognised psychological costs to military missions. This extends to peacetime training incidents, even psychological trauma from being exposed to scenes of carnage and disaster during humanitarian missions. The military psychiatrist works with counsellors from the SAF counselling centre and DPD to develop strategies to mitigate the impact of such incidents. These include established protocols for incident management, screening and follow-up to evidence-based treatment approaches such as eye movement desensitisation reprocessing, stress debriefing and cognitive behavioural therapy.

Thus, the military psychiatrist has two roles — that of a psychiatrist and an officer. Although it can sometimes be challenging to align therapeutic goals to that of organisational demand, with sound clinical judgement and an in-depth understanding of the military environment, guided by SAF core values, we can achieve mission success to ensure the mental well-being of our soldiers. ◆

WE SAW A LOT OF WAR WOUNDS AND TRAUMA CASES, FROM GUNSHOT WOUNDS TO LIMBS THAT WERE BLOWN OFF OR HAD TO BE AMPUTATED. BEING IN DEPLOYMENT IMPARTS A SENSE OF MISSION AND REALISM TO YOUR WORK AND IT BRINGS HOME THE PICTURE THAT WAR IS REAL, AND WE MUST BE PREPARED AT ALL TIMES.

— MAJ (Dr) Soh on his personal takeaway as part of the medical team deployed at a field hospital in Afghanistan.