

MENTAL HEALTH CARE AT STATE: A BROKEN SYSTEM

FOREIGN SERVICE EMPLOYEES HAVE INCENTIVES TO HIDE THEIR MENTAL HEALTH TREATMENT OR, WORSE, TO LET THEIR PROBLEMS GO UNTREATED.

By ANONYMOUS

In the year since I wrote an article for the *Foreign Service Journal* (“Encouraging Employees to Seek Help”) detailing my interactions with the Bureaus of Diplomatic Security and Medical Services and the director general about my mental state, the following events occurred. My father spent four months seriously ill and then died; I suffered a disfiguring and debilitating illness; my spouse took a position in a wartorn country on another continent; and I’ve spent months helping my mother deal with her new life. Thanks in part, I assume, to my antidepressants and my weekly therapy, I reacted to all of this with great equanimity.

There was, of course, some monetary cost involved as the Foreign Service Plan generally continued to pay just \$49 of the \$140 weekly fee for therapy. When the therapist or I engaged in lengthy discussions with the American Foreign Service Protective Association, or Coventry, they grudgingly paid \$90 for a session or two. Then the bargaining and negotiating would have to start all over again with the next month’s bill.

In July, my therapist and I agreed that I was no longer in

need of therapy, but I decided to stay on medication. At the same time, the FS bidding process started. I read the cabled and e-mailed instructions about medical clearances, went on MED’s Web site, and asked my therapist to write to MED addressing the three questions asked on the Web site. She did.

I wasn’t worried about a clearance because someone in MED had assured me last year that my Class 2 medical clearance would only keep me out of Iraq and Afghanistan. I wasn’t happy about those exclusions, but I was relieved that the rest of the world was still available to me.

Through the Looking Glass

In August, I contacted MED to make sure it had everything it needed in order to clear me. Eventually a nurse told me that they lacked a statement from my psychiatrist. I explained I didn’t have one. The nurse asked for a statement from my internist since he had prescribed my medication. I rushed over to my internist with a detailed mental health questionnaire in hand. The internist faxed a letter to MED that same day. At this point I had bid on a variety of deputy chief of mission and principal officer positions, given a list of those posts to MED, and was anxious to get the post-specific clearances.

In September, I contacted the same nurse to see where my clearance stood and was told they’d never received the letter from my internist. I requested that he send the fax

The author is the same Foreign Service officer who wrote about mental illness in the January 2008 issue of the Journal that focused on Post-Traumatic Stress Disorder, available at www.afsa.org/fsj/jan08/encouraging.pdf.

again. He did. I called the same nurse. She confirmed that my internist had sent a fax in August and again in September, but repeated that they needed a report from my psychiatrist.

I reminded her that she'd agreed to accept a letter from my internist instead. Memory triggered, she agreed to move my file to the next step in the clearance process. In the meantime, the assignment process was humming along.

In October, I was given an appointment with a psychiatrist in MED. I assumed that we would review my therapist's and internist's evaluations and the list of posts on which I'd bid, and then I'd be cleared. Instead, the psychiatrist gave me an hour to tell the history of and reasons for my depression; my eating and drinking habits; whether I worry about money (just days after the stock market plummeted 700 points!) or that I've left the stove on when I'm out of the house; the history of my mental health treatment; and my family structure, my exercise routine, and everything except my favorite color. At the end of the hour, she picked up my list of bids, now down to just two viable overseas posts, and told me I would not be cleared for one of them.

This one post for which she said I couldn't be cleared was literally the only place in the world (except Iraq and Afghanistan) where my spouse and I shared a decent chance of being assigned together, in challenging jobs at our grades. Not even Washington meets these criteria. The place is two short flights away from my mother. It's sunny and warm, which always helps my mood. And the job would be full of interesting new challenges. The post for which the psychiatrist said I could be cleared is in a cold, dark city a continent and an ocean away from my mother, and offers no jobs for my spouse. I would also have no chance of a promotion out of this assignment and my time-in-class would expire at the end of the tour.

MED apparently makes its clearance decisions solely on the basis of the availability of American-trained mental

health practitioners, even in cases such as mine where my therapist and I are confident that I no longer need therapy. Thinking MED would consider potential for satisfaction and happiness when they look at post-specific criteria, I made this point to the psychiatrist, giving her all the reasons why the unsuitable post was, in fact, suitable and vice versa. She agreed to take my case to the committee, assuming that my former therapist could respond to the question sheet that I was given for my internist. The therapist did so, and also offered to be available to me by phone and e-mail. I was then cleared for the more challenging and geographically desirable job.

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Disincentives to Seek Treatment

My own story has a happy ending. But the system still has many flaws:

- Mental health issues are still treated differently than physical health issues, even in cases where the problem(s) can be addressed with medication.
- The Web site on clearances for people with post-specific clearances doesn't mention that there's a specific form for people with mental health issues.
- MED's records aren't complete, and people are sometimes forced to run back to their doctors for forms and letters that have already been submitted.
- The purpose of the appointment with a department psychiatrist isn't made clear.
- MED focuses too much on the availability of treatment and not enough on whether the employee actually needs treatment.
- MED is reluctant to communicate by e-mail, which can be a problem for people who are in different time zones, in open cubicles or shared spaces, or away from their phones during business hours.

These may all be minor problems, but when combined with the larger problems of security clearances and Class 2 medical clearances, they act as incentives for people to hide their mental health treatment from DS or MED — or, worse, to let their problems go untreated. ■