MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A
AN ADMINISTRATIVE INDEX FOR MENTAL HEALTH PROFESSIONALS

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An Administrative Index for Mental Health Professionals

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Summary

Problem
Because Navy administrative regulations are intricately related to effective clinical service delivery, Navy mental health professionals must know what regulations affect them and what those regulations entail. There is no single source that delineates this information.

Objective
The goal of this project was to provide Navy mental health professionals with an up-to-date, cross indexed listing of all references for Navy, Marine Corps, and Coast Guard regulations pertaining to mental health.

Approach
All 6,294 instruction titles issued by 25 subdivisions of the Navy listed in the Consolidated Subject Index and the comparable indices of the Marine Corps and Coast Guard were reviewed. Instructions, manual sections, or regulations selected as pertinent to mental health were reviewed for the relevance of their content, and key words or phrases were abstracted from those deemed relevant to be used in the index. The data abstracted from the content review were keypunched onto standard IBM batch cards and automatically sorted into four basic lists.

Results
Four lists were generated: (a) an alphabetical listing of all index terms selected from the content review; (b) titles of all instructions, manuals, or regulations in sequence according to type (SECKAV, BLKD, etc.) and number; (c) alphabetical listings of index terms for the instructions grouped by branch of service; and (d) an alphabetical title list.

Conclusions
1. The personal lists reviewed for this project that had been compiled by individual Navy mental health professionals were notably antiquated and incomplete. Many clinicians were therefore not aware of recent changes or of all the instructions, manuals, or regulations pertaining to their work.

2. The lack of up-to-date, standard, comprehensive information available to Navy mental health clinicians: (a) results from the fact that the Navy directives system is massive and dynamic; and (b) results in nonstandard and uninformed administrative management in clinical service delivery.

Recommendations
1. A system should be established and maintained to oversee the timely updating of the Navy Administrative Index for Mental Health Professionals.

2. Navy mental health clinicians should be provided ongoing continuing education in the content and use of the Index to facilitate standard, informed clinical service delivery.
INTRODUCTION

Mental health services for active duty members of the U.S. Navy and Marine Corps are provided by Navy psychiatrists, clinical psychologists, and social workers. While the methods of diagnosis and treatment used by these clinicians are essentially the same as those used by their counterpart in the civilian community or the other armed forces, the administrative regulations they must follow are unique to the Navy. Screening for assignments in Antarctica, the personnel reliability program, and submarine duty, as well as discharge procedures, are but a few of the areas covered by Navy regulations. These regulations are so encompassing that every active duty member is affected by them every time he is evaluated or treated. Administrative issues are at least as complex as the clinical ones in many cases; in some, even more complex. Because they have such a pronounced effect on his work, it can be said that a competent Navy mental health professional must be proficient in administrative as well as clinical skills.

A Navy clinician who wants to master the administrative aspect of his clinical practice must know what regulations affect him, and what they entail. Because there is no single source that delineates this information, he/she now has to go through the entire regulation system to see which ones applied to his/her work and then become familiar with their contents.

This is an impossible task for the average clinician considering the sheer quantity of just the Navy's regulations. The Consolidated Subject Index alone lists 6,294 instructions issued by 25 subdivisions of the Navy. There is even more complexity in the task when the need to identify Marine Corps and Coast Guard regulations, and with the current Tri-Service emphasis, those of the Army and Air Force is taken into account.

The degree of difficulty, however, does not diminish the need to achieve the goal. It is axiomatic that an individual making a decision must have adequate information on which to base that decision. Management principles further state that "the capacity of an organization to function well depends both upon the quality of its decision-making processes and upon the adequacy and accuracy of the information used. If the information available for decision-making is inaccurate or is incorrectly interpreted, the diagnostic decisions are likely to be in error and the action taken inappropriate." 2 The information should not only be available, but it should be in a convenient form. There has been a rapid proliferation of computerized health information systems in recent years specifically for this purpose. 3, 4, 5

Mental health professionals can be divided into three groups: (1) clinicians, including psychiatrists, clinical psychologists and social workers, (2) administrators, and (3) trainees, including psychiatry residents and psychology interns. Each group has specific regulations that affect them. Clinicians need to know the various alternatives available to them in dealing with their patients and need to be able to discuss them with the patient in a helpful and informative way. The same concept applies to the clinician who is dealing with his own command or with line personnel. An accurate knowledge of the regulations obviates bad advice being given or accepted and can promote better understanding. Administrators acting as the chairmen of departments of psychiatry in naval hospitals or chiefs of outpatient mental health clinics interact with their staffs in a supervisory capacity, receive requests from line personnel, and deal with their own commanding officers regarding various aspects of patient care. In each case, they need current and accurate knowledge of the pertinent regulations. Residents and psychology interns need an easy-to-use and comprehensive listing of instructions to avoid feeling overwhelmed which could initiate a pattern of trying to find ways of avoiding administrative issues. Finally, Navy mental health professionals often change their jobs. Clinicians become administrators or vice versa. The patient population one deals with may be primarily Navy at one duty station but Marine Corps at another. In summary, many needs for comprehensive information about regulations can be delineated. It was the goal of this project to fulfill
many of these needs by providing all Navy mental health professionals with an up-to-date, cross-indexed listing of all references for Navy, Marine Corps, and Coast Guard regulations pertaining to the mental health field.

**Method**

There were four phases of the project: data identification, collection, sorting, and field testing. During the identification phase all instructions, manuals, and regulations (IMRs) pertaining to mental health from the Navy, Marine Corps, and Coast Guard were listed on 3 x 5 cards. This was accomplished for the most part by reading the titles listed in the Consolidated Subject Index and the comparable indices of the Coast Guard and Marine Corps. This provided the title of the IMR, the date it was published, and its identification number (example: BIPERSINST 1306.72C 770307 Medical Holding Companies, Policy and Procedures Concerning). The private files of some San Diego stationed psychiatrists and psychologists also provided additional raw material for this phase.

In the collection phase, copies were obtained for most of the IMRs for review. Those that were not copied were reviewed in the office where they were found. No single office had all the IMRs. To compile the data completely, visits to five separate commands in the San Diego region were required. Reviewing the IMRs consisted of reading the contents to determine what parts were applicable and from this selecting key words or phrases to be used in the index. Altogether the first author reviewed 6810 pages from 105 IMRs. After review, the same information noted above in the identification phase was entered on 3 x 5 cards with the key words or phrases. An example is:

**Identification Number:** BUMEDINST 5300.4A  
**Date Issued:** 770419  
**Title:** Disposition of Rehabilitated Alcoholic Aircrew Personnel and Aircontrollers  
**Index:** 1. Alcoholic aircrew, evaluation by a psychiatrist after alcohol rehabilitation  
2. Aircrew, evaluation of after alcohol rehabilitation  
3. Alcoholic aircontrollers, evaluation by a psychiatrist after rehabilitation  
4. Air controllers, evaluation after alcohol rehabilitation.

After all IMRs were reviewed, the information on the 3 x 5 cards was keypunched onto standard batch IBM cards and then entered into the computer system at the Naval Health Research Center. Using various computer programs, the data were then sorted into four basic lists.

The final phase included a field test in which members of the Department of Psychiatry, Naval Hospital, San Diego were asked for their comments regarding content and which lists to include for distribution.

**Results**

Four lists were generated as a result of this project, two of which are included as appendices to this report. To save space, a system of abbreviations was used to identify the IMRs. The first page of the appendix shows the abbreviation and its corresponding full name.

**Appendix I - Indices (List 1)** is an alphabetical listing of all the indices that have come from the IMRs. A user wanting to know where to find information about alcohol abuse, suicide risks in the brig, discharges, or any other topic should go to this list to find the corresponding reference number.

**Appendix II - Titles (List 2)** is composed of the titles of all the IMRs, in sequence according to the type (SECNAV, BUMED, etc.) of IMR and its number. The date of issue or latest change is also included as appropriate. It should be noted that in some cases titles of articles within IMR are listed. For example, some of the chapters of the Manual of the Medical Department, Naval Military Personnel Command Manual, et al., are contained in this list.
Two other lists were produced which may be of use to some but were judged not to be of enough value to warrant general distribution. One, List 3, has the same content as Appendix 1, but is sorted by the following criteria: IMRs that pertain to (1) just the Navy; (2) just the Coast Guard; (3) just the Marine Corps; (4) applicable to both the Navy and Marine Corps; and (5) applicable to all services. The other, List 4, has the same content as Appendix II but is sorted according to the alphabetical listings of the titles. Lists 3 and 4 are available from the authors.

Discussion

It was the goal of this project to produce a convenient, time-saving aid for Navy mental health professionals who want to find information in the directives system. A casual inspection of the appendices discloses its broad and inclusive content. It was intended to be inclusive so that all Navy mental health professionals would be able to find information important to them, regardless of the diversity of their positions. It was also intended to be broad enough to include some aspects of professional life other than just patient care and administration. Thus, there are entries concerning board certification, graduate education, research, continuing education, and others. The appendix listing the titles is in a convenient form to enable a user to comprehensively see what instructions are needed for creating or updating his own collection. Anticipating that other organizations or services will have interest in this index, copies will be sent to the Judge Advocate General and the psychiatric consultants to the Surgeons' General of the U.S. Army and Air Force. A planned application will be its inclusion in the Navy Mental Health Information System, an automated outpatient psychiatric recordkeeping and reporting system. The initial reactions of those who have reviewed the appendices have been very favorable and encouraging.

Working on this project involved examining the files of instructions held individually by many psychiatrists and psychologists. It is noteworthy how antiquated and incomplete most of these files were. Thus it was not surprising that many clinicians were not aware of recent changes, nor in some cases of changes that had taken place months before.

Change is a basic fact of life, and the directives system in the Navy is certainly no exception. The lists were almost completed when the first author discovered that a massive change had been made regarding discharges. The necessary changes involved several manuals, including the Navy Military Personnel Command Manual and the Marine Corps Separation and Retirement Manual. A considerable amount of work had to be done to update the lists which otherwise would have been outdated before publication. The use of a computer in this project was generally useful and especially so in this instance because of its ability to change parts of the list without affecting the rest of it.

The directives system, with its frequent changes, can be likened to a motion picture film with a particular list representing just one frame. The rate at which these instructions change is of some interest. It was mentioned above that the Consolidated Subject Index contains 6,294 instructions. A survey of the change transmittal sheets issued by the Navy Publication and Printing Service for the year ending 1 Oct 1982 showed there were 514 new instructions, 122 new notices, and 112 changes to existing instructions. This observation leads to the conclusion that there is a need to establish a system to oversee the timely updating of the Navy Administrative Index for Mental Health Professionals and to provide Navy mental health clinicians with ongoing education in its use.

The consumers or users of this index are encouraged to comment on the contents and format of the lists of indices and titles. Other remarks about experiences with the directives systems also would be of interest.
REFERENCES

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APPENDIX I INDICES

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Administrative Discharge for Security NMPCINST 1910.4

Admission Policies for USUHS SECNAVINST 1500.8

Air Evac, Administration and Management OPNAVINST 4630.9C

Administrative Regulations BUMEDINST 6320.10

Policies DODREG 4515.13-R

Air Sickness, Discharge, Convenience of Govt MCSRM 6203.2a(4), NMPCINST 1910.4

Administrative Discharge for Security NMPCINST 1910.4

Aircrew, Evaluation of After Alcohol Rehabilitation BUMEDINST 5300.4A

Alcohol Abuse, Discharge for CGPERSMAN 12-B-16

Disposition CGPERSMAN Chapter 20

Education Program, at Command Level BUPERSINST 6710.1A

Evaluation and Treatment by Flight Surgeon FSMAN Chapter 19

Evaluation for Overseas Assignment of Active Duty and Dependents BUPERSINST 1300.26F

Identification CGMEDMAN, Chapter 20

Induced Disease, Misconduct Determination JAGMAN 08008

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Chapter 8

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AN ADMINISTRATIVE INDEX FOR MENTAL HEALTH PROFESSIONALS

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Naval Health Research Center
P.O. Box 85122
San Diego, CA 92138

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Because Navy administrative regulations are intricately related to effective clinical service delivery, Navy mental health professionals must know what regulations affect them and what those regulations entail. There is no single source that delineates this information. The goal of this project was to provide Navy mental health professionals with an up-to-date, cross indexed listing of all references for Navy, Marine Corps, and Coast Guard regulations pertaining to mental health.