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MARINE CORPS OUTPATIENTS: A DILEMMA FOR NAVY PSYCHIATRY.(U)  
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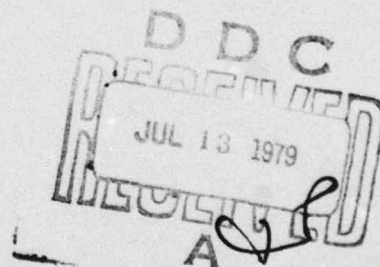
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Marine Corps Outpatients:  
A Dilemma for Navy Psychiatry<sup>1</sup>

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<sup>1</sup> The views presented in the paper are those of the author. No endorsement by the Department of the Navy has been given or should be inferred.

Report No. 76-49

Marine Corps Outpatients:  
A Dilemma for Navy Psychiatry

Marine Corps outpatients present a unique problem for Navy psychiatry. Very often the enlisted Marine sent to psychiatry is a disciplinary problem. Large numbers of these men are diagnosed personality disorder and returned to duty. Men seen by outpatient psychiatry are returned to the command which sent them, thus, putting the Marine back into the environment within which he had experienced difficulty. The outcome associated with returning a Marine to duty from outpatient psychiatry was studied in this report. It is difficult to evaluate Marine, psychiatric patients.<sup>1, 2</sup> Statistical evaluation of Inpatient psychiatric screening of Marines did not yield good discrimination between predictors and outcome. This dilemma presented to Navy psychiatrists by the enlisted Marine outpatient provided the stimulus for this report.

Method

Subjects.

A sample of 862 enlisted Marines sent to 15 facilities between October, 1971 and February, 1973 was studied. These men filled out a form containing demographic and attitudinal information, items from the Health Opinion Survey,<sup>3</sup> and personal expectational statement regarding this visit to the psychiatrist.



The examining psychiatrist also filled out a form on each man giving a statement of the problem, motivational information, a diagnosis, and a recommended disposition.

#### Procedure

The demographic profile of the sample was determined and the proportions of diagnostic cases and dispositions were computed. Follow-up information over a two-year criterion period was gathered. Current military status or type of discharge was included in the follow-up. A successful outcome was defined by either (a) the service member remaining on active duty at least two years or (b) completing his enlistment with a recommendation for reenlistment. Failure was defined as being discharged for unfitness, unsuitability, psychiatric problems, or otherwise not recommended for reenlistment.

#### Results

The demographic characteristics of the sample are summarized in Table 1. The men were mature (22.0 years), corporal or sergeant, generally in their first or second enlistment with high school education in 67% of the cases.

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Insert Table 1 about here

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The diagnostic breakdown and dispositional recommendations are presented in Table 2. Personality disorder was the diagnosis for 51% of the sample. The

Table 1

## Demographic Characteristics of Marines In the Outpatient Sample

Variable

## Age

17-19	35%
20-25	57%
26-30	5%
31+	3%

## Pay Grade

E-1 to E-2	27%
E-3	23%
E-4 to E-5	22%
E-6++	28%

Years' Service 4.8<sup>a</sup>

Single 2.8<sup>b</sup>

## Education

Less than high school graduation	57%
High school graduation	32%
Any college	11%

Any present health problems 40% Yes

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<sup>a</sup> Mean

<sup>b</sup> Standard deviation

percentage recommended for return to duty was 57%. Twenty-three percent were recommended for administrative separations from the service. Eight percent were recommended for inpatient treatment, 8% for outpatient treatment, and 4% were considered not psychiatric cases with recommendation for referral to another medical service.

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Insert Table 2 about here

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Seventy-nine percent of the sample were being screened for reasons which might lead to discharge from service, but only 49% of the men stated clearly that they expected a discharge. The psychiatrists' judgments on the motivations and attitude paralleled the explicit statements of the men. Generally, 50% of the sample was seen as having severe motivation or attitude problems. These men expected to be discharged from service and the psychiatrists' agreed with the men's perceptions.

Diagnosis ( $r = .48$ ), motivation for duty ( $r = .35$ ), motivation for treatment ( $r = .28$ ), general attitude ( $r = .27$ ), and wondering if anything was worthwhile ( $r = .18$ ) were related to the recommended disposition made by the psychiatrist. Men diagnosed as situational, no diagnosis, or characterological were more likely to be returned to duty. Higher motivation and better attitude within these groups increased the likelihood of being returned to duty. The decisions to return a man to duty followed conventional prognostic guidelines.

Table 2

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## Marine Corps Outpatient Characteristics

<u>Variable</u>			
<u>Diagnosis</u>		<u>Percent</u>	
Psychosis	3%	Screening for special duty	1%
Neurosis	4%	Family problems	6%
Alcoholism	1%	Competency for discipline	6%
Personality Disorder	51%	Other	5%
Situational Maladjustment	14%	<u>Motivation for Duty</u>	
No Diagnosis	22%	Seeking discharge	25%
Psychogenic	5%	Hopes to be discharged	20%
<u>Recommended Disposition</u>		Will stay in if coerced	3%
Return to Duty	57%	Will stay if situation improves	7%
Administrative Separation	23%	Will finish this enlistment	29%
Inpatient Treatment	8%	Career	16%
Referral	4%	<u>Motivation for Treatment</u>	
Outpatient Treatment	8%	1. No motivation	23%
<u>Referral Source</u>		2. Not needed	31%
Self	32%	3. Confused	20%
Medical Officer	35%	4. Others are insisting on treatment	3%
Clergy	11%	5. Wants help	21%
Spouse	7%	6. Early insight	2%
Other	15%	<u>General Attitude</u>	
<u>Reason for Referral</u>		1. Hates authority	14%
Screening for administrative separation	29%	2. Escapes	16%
Screening for emotional disorder	26%	3. Authority problem	17%
Screening for drug amnesty	18%	4. Temporary maladjustment	18%
		5. Needs direction	19%
		6. Conforms readily	16%



Outcome data presented some startling information. Using the defined criteria for success,  $\frac{1}{3}$  of all the men who had been discharged would have been judged as successful. A closer examination revealed that 53% of the sample returned to duty completed their enlistment, but were not given the opportunity to reenlist. Further examination also revealed that 14% of the men returned to duty were on active duty after two years. Over half of them who completed their enlistment served over one year after seeing the psychiatrist, but were not permitted to reenlist. While 16 percent of the sample indicated that they were career motivated, only 7% of those who completed the service contract after being returned to duty were allowed to reenlist in the Marine Corps.

#### Summary and Conclusions

It was not surprising to find that diagnosis, motivation for duty and motivation for treatment are important variables in the disposition of these outpatients.<sup>2</sup> The low success rate suggests a poor prognosis for enlisted Marine outpatients returned to duty. Navy psychiatrists might be alerted to the risk they ask a service member to take in returning that member to duty. Many senior men were not allowed to continue their service after experiencing any crisis which led to a psychiatric consultation. These results parallel the findings of Berry, et al<sup>2</sup> which indicate that senior men in the Marine corps have as poor a prognosis from the psychiatric sick list as do E-1 and E-2 rates. Careful consideration should be given to understanding the dynamics of the Marine Corps which result in failure of so many men after being seen in a psychiatric outpatient service.

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2 been discharged for any reason were considered successful -- were able to reenlist. Fourteen percent of the men returned to duty were still at duty two years later and were considered as occupationally effective. The extremely high ineffectiveness rate raises questions about the Marine Corps policies which may lead to a high rate of loss of men who could continue a career in the Marine Corps.

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