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12 June 1956

MEMORANDUM FOR: Inspector General

VIA : Deputy Director (Support) *HFL* AUG 4 1956

SUBJECT : Improving the Agency Psychiatric Program

REFERENCE : Memorandum for Chief, Medical Staff, from Inspector General, dated 26 May 1956, Subject as Above

I. Introduction

A. The Medical Staff wishes to acknowledge the continued interest and support the Office of the Inspector General has demonstrated in regard the development of the psychiatric program. The referenced memorandum is continued evidence of such interest and is welcomed as constructive assistance to a most sensitive problem.

B. Referenced memorandum has been discussed in detail with the Director of Personnel, his Deputy, and appropriate Medical Staff members. Appropriate portions have been discussed with the General Counsel and the Comptroller.

C. In formulating a reply to the specific recommendations of the referenced memorandum, consideration had to be given to several fundamental factors. The first of these has to do with Medical Staff capabilities and, in particular, those of the Psychiatric Division. The present modest size of the Psychiatric Staff has only been obtained after three years' expenditure of energy; it will take equivalent energy to replace staff members who will return to private life in the future. There are no means by which the Psychiatric Division could suddenly and significantly increase manpower capabilities. It is important, therefore, that the psychiatric program allow for slow and steady growth and not periodic expansion. Furthermore, it is important that psychiatric capabilities be devoted to the broad spectrum of Agency requirements and not concentrated on any one facet to the exclusion of others.

The second fundamental factor has to do with adherence to and development of Agency policy. Present Agency policy limits the ability of Agency components to assume full responsibility for illness or injury. Adherence to such policy subjects the Agency to criticism if judged from

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a philosophical concept of more inclusive Agency responsibility. To develop a policy of full Agency responsibility involves many considerations that go beyond the scope of this paper and would require more than minimum dislocation of existing programs. It is believed that all interested components would be pleased to discuss the possible developments of broader responsibilities with the Inspector General and other officials; however, pending the adoption of the same, the comments of this paper must be based on existing limitations of authority.

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Inspector General's Recommendation 2a

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Medical Staff Comments on Recommendation 2a

It is believed that the respective offices are working closely together and with the Bureau of Employees' Compensation. The question of compensability of emotional illness is very complicated and relatively new to the experience of Government. It is believed that more vigorous pursuit could be obtained through the establishment of a panel of consultant psychiatric examiners whose expert advice would be available to the Medical Staff. The continued utilization of such a panel would assist in the establishment of standardization criteria. A recommendation in regard panel establishment is in process of preparation to the Deputy Director (Support).

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Inspector General's Recommendation 2b

"The Psychiatric Division of the Medical Staff should utilize its referral contacts with cleared private psychiatrists by guiding individuals to adequate private therapy in those cases where therapy is indicated. The Agency should make liberal financial arrangements with employees unable to meet the costs of such therapy."

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Medical Staff Comments on Recommendation 2b

The Psychiatric Division of the Medical Staff has been utilizing contacts with cleared psychiatrists for the referral of Agency employees as a fundamental precept and in a continuing fashion. In addition, funds which are available to this Staff within the authority of allocation have always been expended for such purpose.

To further pay the costs of psychiatric care exceeds present authority and policy.

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Inspector General's Recommendation 2c

"The Office of Personnel, in consultation with the Medical Staff, should secure the services of an individual trained in interpreting and transmitting the results of psychiatric evaluation, whose sole responsibility would be to supplement the work of the Psychiatric Division and the Medical Staff in performing an employee counseling service. This case worker should be sufficiently informed about psychiatric techniques to be acceptable to the Psychiatric Division and should be sufficiently informed of Agency administrative and operational routines to work adequately with support and operational units in handling individual cases."

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Medical Staff Comments on Recommendation 2c

The Office of Personnel and the Medical Staff have previously discussed the need for the services of a psychiatric social worker and will secure the services of the same in a mutually acceptable fashion.

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Inspector General's Recommendation 2d

"The philosophy, concept and reasons behind the Agency's psychiatric evaluation program should be defined and published under the DCI's signature in a notice in the [] for distribution to all Agency employees. This notice should indicate that psychiatric screening and evaluation will be extended to all Agency personnel not previously covered as soon as practicable. The tenor of this notice should establish the validity of the program in terms of recognizing the unusual pressures and tension inherent in Agency employment. As a supplement to this Agency notice, the Medical Staff should participate in Agency orientation and training programs and should explain in detail the purpose and methods of the psychiatric program."

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Medical Staff Comments on Recommendation 2d

It is agreed that an Agency regulation in the [] on the subject of the psychiatric program should be published and necessary action will be taken.

It is not considered feasible to examine all Agency personnel not previously evaluated. The Medical Staff does not possess the capabilities to accomplish such objective. Total routine selection requirements have recently been increased by 1/6th on an annual basis and our present problem is to meet this additional basic workload. In addition, the clinical nature of the psychiatric program provides a means whereby this problem may be approached through:

(1) referral for psychiatric evaluation when it is indicated by those with supervisory responsibilities, and

(2) the establishment of a mental hygiene program for the purpose of identifying areas of emotional conflict and methods of dealing with them therapeutically; such a program is presently under consideration within the DD/I framework.

The purpose and methods of the psychiatric program are included in presentations to the Basic Orientation Course, the Operations Support Course, and the Administrative Procedures Course. Steps are being taken to augment the presentation of the psychiatric program to the Agency still further.

Inspector General's Recommendation 2e

"The 'Disposition Board,' created informally in January 1954 and consisting of officials from the Medical Staff, the General Counsel and the Offices of Personnel and Security, should be formally constituted by the DCI as a permanent Employee Review Board pursuant to [redacted] and should have as full members a representative of the DD/I and the DD/P."

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Medical Staff Comments on Recommendation 2e


It is agreed that the Disposition Board should have representation from the DD/I and the DD/P; however, it is believed that representation should be on a case basis and correspond to the organizational component of the case under consideration. It is not agreed that the Disposition Board should be constituted as an Employee Review Board. Such action would negate the purpose for which the Board was founded; namely, to provide a means whereby unified considerations could be obtained and agreement reached as to how the administrative aspects of a psychiatric case could best be handled pending the final outcome of the case.

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III. Conclusions

The Medical Staff has not implemented Phase II of the psychiatric program and, consequently, cannot attribute any increase in psychiatric problems to such action. Rather, the Staff has been inclined to believe that the incidence of problems has shown a tendency to decrease over the past six months. The Medical Staff would welcome an opportunity to discuss any apparent problem increase with the Inspector General so that other remedial steps may be taken.


JOHN R. TIETJEN, M.D.
Chief, Medical Staff

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cc: DD/S

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