

The background of the slide is a close-up, slightly blurred view of the stars and stripes of the United States flag. The stars are white and set against a dark blue field, with the stripes of the flag visible in shades of red and white.

**Department of Defense
Task Force on Mental Health**

“An Achievable Vision”

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Focus

- Our primary focus was on the psychological health of service members and families
- Today, ‘mental health’ connotes a very specific part of the constellation of organizations who support psychological health – our report focuses on the whole landscape.



Data Sources

- Direct observation through 38 site visits at military installations around the world
- Testimony from subject matter experts
- Review of existing literature
- Public testimony and submissions to the Task Force web site
- Task Force requests for specific data



Vision

- Goal 1:** There will be a culture of support for psychological health. All service members and their leaders will be educated to understand that psychological health is essential to overall health and performance. Early and non-stigmatizing psychological health screening, assessment, and referrals to services will be routine and expected.
- Goal 2:** Service members and their families will be fully psychologically prepared to carry out their missions. Service members and their families will receive a full continuum of excellent care during both peacetime and wartime, particularly when service members have been injured or wounded in the course of duty.
- Goal 3:** Sufficient and appropriate resources will be devoted to prevention, early intervention and treatment in both the Direct Care system and the TRICARE network, and will be distributed according to requirements.
- Goal 4:** At all levels, visible and empowered leaders will advocate, monitor, plan, coordinate and integrate prevention, early intervention, and treatment.



Report Organization

- **Building a culture of support for psychological health**
- **Ensuring service members and their families receive a full continuum of excellent care**
- **Providing sufficient resources and allocating them according to requirements**
- **Empowering leadership**



Draft Findings

Support for psychological health

- **Stigma in the military remains pervasive and is a significant barrier to care.**
- **Mental health professionals are not sufficiently accessible to service members.**
- **There is insufficient training of leaders, family members, and medical personnel regarding psychological health.**
- **Some DOD policies, including those related to command notification or self-disclosure of psychological health problems, are unnecessarily conservative.**
- **Existing processes for psychological screening are not overcoming the stigma inherent in seeking mental health services.**



Draft Recommendations

Build a culture of support for psychological health

- **Dispel stigma**
- **Make mental health professionals easily accessible to service members**
- **Embed psychological health training throughout military life**
- **Revise military policies to reflect up-to-date knowledge about psychological health**
- **Make psychological screening procedures an effective, efficient, and normal part of military life**



Draft Findings

Providing care for service members and their families

- **There are significant gaps in the continuum of care for psychological health, specifically in which services are offered, where services are offered, and who receives services.**
- **Continuity of care is often disrupted during transitions between providers.**
- **There do not appear to be sufficient mechanisms to assure use of evidence-based treatments or monitoring of treatment effectiveness**
- **Family members have difficulty obtaining adequate mental health services in the existing system.**



Draft Recommendations

Ensure service members and their families receive a full continuum of excellent care

- **Make prevention, early intervention, and treatment universally available**
- **Maintain continuity of care across transitions**
- **Ensure high quality care**
- **Provide family members with excellent access to care**



Draft Findings

Resources

- **The military system does not have enough resources – funding or personnel – to adequately support the psychological health of service members and their families in peace and during conflict.**
- **Military Treatment Facilities currently lack the resources to provide a full continuum of psychological health care for active duty service members and their families.**
- **The number of active duty mental health professionals is insufficient and likely to decrease significantly without substantial intervention.**
- **Delivery of the TRICARE benefit for psychological health is hindered by fragmented rules and policies, inadequate oversight, and insufficient reimbursement.**



Draft Recommendations

Provide sufficient resources and allocate them according to requirements

- **Adequately resource MHS mental health services**
- **Allocate staff according to a risk-adjusted population-based model**
- **Ensure an adequate supply of uniformed providers**
- **Ensure TRICARE networks fulfill beneficiaries' mental health needs**



Draft Findings

Leadership

- **Provision of a full continuum of support for psychological health for military members and their families depends on many organizations throughout the military that exist in different authority structures and funding streams.**
- **There is insufficient collaboration at the installation, Service, and DOD levels among these entities to promote the psychological health of service members and their families.**



Draft Recommendations

Empowering leadership

- **Establish visible leadership and advocacy for psychological health**



Next Steps

May 3 – May 9

Revise

May 9 – May 30

Rand Edits

June 1 – June 6

Review Rand edits

June 6

Submit for printing

June 13

Receive printed report

June 15

Submit report to SECDEF