

# DEPARTMENT OF DEFENSE TASK FORCE ON MENTAL HEALTH

## EXECUTIVE SUMMARY

### Background

Section 723 of the FY2006 National Defense Authorization Act (FY06 NDAA) directed the Secretary of Defense to “establish within the Department of Defense a task force to examine matters relating to mental health and the Armed Forces.” Task Force members, appointed in May, 2006, included equal numbers of military and civilian professionals with expertise related to military mental health. Lieutenant General Kevin C. Kiley, the Surgeon General of the Army served as the military co-chairperson from the inception of the Task Force to March, 2007. Vice Admiral Donald A. Arthur, the Surgeon General of the Navy served as the military co-chairperson from April, 2007 to June, 2007. Dr. Shelley MacDermid, Associate Dean of the College of Consumer and Family Studies, Purdue University served as the civilian co-chairperson from May, 2006 to June, 2007.

The Task Force acknowledges the good-faith efforts currently implemented by the Military Services and the Department of Defense. In the history of warfare, no nation or its leadership has ever invested the degree of sophistication and effort at all echelons to support the psychological health of service members and families as has been invested in the Global War on Terrorism (GWOT). Many of these innovations are ground-breaking. Those laudable efforts acknowledged, the actual success of the overall effort is a function of how well resources are allocated and how strategies are designed, executed, and refined.

### Introduction

The costs of war are substantial. Many costs are readily apparent. Other costs are less apparent but no less important. Among the most pervasive and potentially disabling of these is the threat to the psychological health of our Nation’s fighting forces, their families and their survivors. Involvement in the Global War on Terror has created unforeseen demands not only on service members and their families but also on the ability of the military to support their psychological health.

The system is further challenged by the emergence of two “signature injuries” from the current conflict, post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). These two injuries may often coincide, requiring carefully integrated treatment regimen that must be truly interdisciplinary. New demands have exposed gaps in a system that in recent decades had been directed away from a wartime focus. Current levels of staffing in the Military Health System were are poorly matched to high operational tempo, and are even more strained by the needs of service members and their families when active duty providers with mental health expertise deploy in direct support of service members. The system of care for psychological health that has evolved in recent decades is not sufficient to meet the needs of today’s forces and their beneficiaries, and will not be sufficient to meet the needs in the future.

Finally, military medicine, and military mental health, have mirrored trends in the American health landscape that have directed the focus toward acute, short-term treatment models that may not be applicable to optimal management of disorders that tend to be more chronic in nature. Military mental health, like civilian mental health care delivery systems in the U.S., still tends to emphasize identification and treatment of specific disorders over prevention, enhancement of coping mechanisms, and maximizing resilience. Emerging lessons from the current conflict raise questions about the adequacy of this orientation, not only for treating behavioral disorders but also for achieving the goal of a truly healthy and resilient force.

The challenges are enormous, and the consequences of non-performance are significant. For example, data from the Post-Deployment Health Reassessment administered to most service members returning from deployment indicate that 38% of Soldiers and 31% of Marines report psychological concerns. Among members of the National Guard, the figure rises to 49%. According to data from the Department of Veterans Affairs, mental health conditions are seen in 36% of recent veterans seeking VA care. Psychological concerns rise significantly among those with

repeated deployments, a rapidly growing cohort. Concerns among family members of deployed and returning OIF/OEF veterans are also an ongoing issue. It is estimated that at least 700,000 children in the US have experienced the deployment of a parent.

## Vision

Maintaining psychological health and enhancing the resilience of service members and their families are essential to maintaining a ready and fully capable military force. The Task Force vision for a transformed military system that will achieve these goals includes the following elements:

**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.**

**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.**

**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.**

**At all levels, visible and empowered leaders will advocate, monitor, plan, coordinate and integrate prevention, early intervention, and treatment.**

These elements define an achievable future. They are interconnected; unless all are achieved, the system will remain vulnerable and service members and their families will be inadequately served. Our Nation has a moral obligation to do much better.

## Findings

The Task Force finds that current efforts fall significantly short on each element of the vision. This assessment is based on a review of available research and survey data, additional data sought specifically by the Task Force, public testimony from experts and advocates, and site visits to 38 military installations throughout the world, including the largest deployment platforms where thousands of service members, family members, commanders, mental health professionals and community partners were given the opportunity to provide their input.

The single finding that underpins all others is that the military system does not have enough resources or fully trained people to fulfill its broad mission of supporting psychological health in peacetime and fulfill the greater requirements during times of conflict. The mission of caring for psychological health has fundamentally changed, and the system must be restructured to reflect these changes. This requires acknowledgement of new fiscal and personnel requirements that will allow the system be reshaped to meet current and future demands for a full spectrum of services including force resiliency, baseline screening, preventive initiatives, and the provision of an easily accessible full continuum of care for psychological health for members in both the Active and Reserve components and their families.

### *Findings related to 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.
- Certain DOD policies, including those related to command notification or self-disclosure of psychological health problems, are overly conservative.

- Existing processes for psychological screening are not overcoming the stigma inherent in seeking mental health services.

***Findings related to 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 in place to assure the use of evidence-based treatments or the monitoring of treatment effectiveness
- Family members have difficulty obtaining adequate mental health treatment in the existing system.

***Findings related to 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 members and their families.
- The number of active duty mental health professionals is insufficient and likely to decrease exponentially unless substantial intervention occurs.
- The TRICARE benefit for psychological health is hindered by fragmented rules and policies, inadequate oversight, and insufficient reimbursement.

***Findings related to 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 coordinate care for the psychological health of service members and their families.

**Recommendations**

This report contains many specific actionable recommendations to address these interconnected shortfalls. The recommendations are designed to address the needs of members of the Active and Reserve components, their eligible beneficiaries, and other DOD beneficiaries. The points below only summarize the intent of these recommendations.

***Building a culture of support for psychological health***

- Dispel stigma
- Make mental health professionals easily accessible to service members
- Embed training about psychological health 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

***Ensuring that 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

- Assume high quality of care
- Provide family members with excellent access to care

*Providing sufficient resources and allocating them according to requirements*

- Adequately resource the system
- Allocate staff according to need
- Ensure an adequate supply of military providers
- Make it possible for the TRICARE network to function as it should

*Empowering leadership*

- Establish visible leadership and advocacy for psychological health
- Formalize collaboration at the installation, service and DOD levels to coordinate care for the psychological health of service members and their families.

The psychological health needs of service members, their families and their survivors are daunting and growing. The immediacy of these needs imparts a sense of urgency to our report. We recognize that the work of this Task Force is necessarily incomplete and that our recommendations provide only the groundwork for a comprehensive strategic plan to support the psychological health of service members and their families. We urge that the Department of Defense adopt a similar sense of urgency in moving forward to rapidly develop and implement a plan for action.

War wounds minds as well as bodies. To fulfill our Nation's commitment to the members of its Military Services, we must invest in building and restoring their resilience and the resilience of the families who support them.