



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

NOV 27 2019

The Honorable Michael R. Pence  
President of the Senate  
United States Senate  
Washington, DC 20510

Dear Mr. President:

As requested in Senate Report 115-290, page 211, to accompany S. 3159, the Department of Defense Appropriations Bill, 2019, enclosed is a review of mental health professionals and challenges in recruiting and retaining, to accompany the Fiscal Year (FY) 2020 Defense Health Program budget submission.

Unfortunately, the Department did not include the attached in our FY 2020 Defense Health Program budget submission. I apologize for the omission and for the delay in our response, but additional time was needed to ensure accuracy of the data.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. Similar letters are being provided to the Speaker of the House and the congressional defense committees.

Sincerely,

A handwritten signature in black ink, appearing to read "James N. Stewart".

James N. Stewart

Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
of the Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated



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WASHINGTON, D.C. 20301-4000

NOV 27 2019

The Honorable Nancy Pelosi  
Speaker of the House  
U.S. House of Representatives  
H-209, The Capitol  
Washington, DC 20515

Dear Madam Speaker:

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NOV 27 2019

The Honorable James M. Inhofe  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

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Assistant Secretary of Defense for Manpower  
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Personnel and Readiness

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As stated

cc:  
The Honorable Jack Reed  
Ranking Member



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OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

NOV 27 2019

The Honorable Adam Smith  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

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Assistant Secretary of Defense for Manpower  
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Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable William M. "Mac" Thornberry  
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
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NOV 27 2019

The Honorable Richard C. Shelby  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

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James N. Stewart  
Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
of the Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Richard J. Durbin  
Vice Chairman



OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
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NOV 27 2019

The Honorable Peter J. Visclosky  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

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James N. Stewart  
Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
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Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Ken Calvert  
Ranking Member

# **Current Challenges in Recruiting and Retaining Mental Health Professionals**



**November 2019**

Preparation of this report cost the  
Department of Defense a total of approximately  
\$300 in Fiscal Year 2019.

## Current Challenges in Recruiting and Retaining Mental Health Professionals

The table below provides a summary of actual and anticipated strength levels for military, civilian and contractor mental health professionals such as psychologists, psychiatrists, mental health nurse practitioners, and social workers. Expected staffing levels and mix for fiscal year (FY) 2019 and FY 2020 remain consistent with FY 2018 reported staffing. Military staffing levels do not reflect any changes based upon the reduction in medical military end-strength reductions. Specific information regarding medical military reduction continues to be worked by the Department of Defense (DoD) and will be announced when complete.

	FY 2018 Actuals				FY 2019 Estimates				FY 2020 Estimates			
	Civilian		Contractor		Civilian		Contractor		Civilian		Contractor	
	Employees	Military	Employees	Total	Employees	Military	Employees	Total	Employees	Military	Employees	Total
Army	2,252	811	45	3,108	2,272	800	62	3,134	2,272	800	62	3,134
Navy	311	810	480	1,601	423	788	473	1,684	420	800	480	1,700
Air Force	311	810	480	1,601	77	594	344	1,015	94	563	354	1,011
DHA (NCR-ME)	250	0	39	289	483	225	79	787	478	223	81	782
Total DHP	3,124	2,431	1,044	6,599	3,255	2,407	958	6,620	3,264	2,386	977	6,627

The following narrative provides a snapshot into the recruiting and retention challenges surrounding mental health professionals by the DoD.

**Army:** Civilian mental health provider challenges: Multiple factors impede recruitment, replacement, and/or retention of civilian mental health providers in the military. Compensation is not commensurate to current civilian pay, which has the greatest impact on recruitment and retention of psychiatrists. Military treatment facilities (MTFs) often have budget and civilian end-strength cap constraints that impede, delay, or prevent hiring actions. Multi-step civilian hiring requirements can delay and impede hiring actions for even interested candidates. For overseas locations, required rotation of civilian employees serving in foreign areas contributes to heightened gaps in mental health provider staffing. Many mental health providers are having to rotate out of difficult to fill positions in overseas locations despite their preference for continued overseas employment. Finally, an administratively complex patient population that often has disability and/or administrative requirements further heightens the challenges imposed by relatively low provider reimbursement.

**Uniformed mental health provider challenges:** Two of the biggest challenges that impact recruitment and retention of military mental health providers are unique operational and Military Department requirements combined with noncompetitive pay as compared to civilian counterparts (most significant for military psychiatric specialties). Operational and Military Department requirements include operational overseas deployments, as well as frequent changes in duty stations from Permanent Changes in Station moves. Also, detracting from retention are military mental health provider careers that primarily validate and reward leadership, while often discouraging clinical career pathways. This emphasis on leadership functions, rather than clinical functions, can interfere with officer promotion and inadvertently force effective clinicians out of the military. Current promotion rates for the 67D series (psychology and social work) have decreased and likely reduced the rate of retention after initial tours of duty.

Of note for both military and civilian providers, Child/Adolescent providers are particularly difficult to recruit and retain given the national shortage of providers, uncertainty of future role in the context of ongoing Defense Health Agency (DHA) transitions, and prescriber productivity demands, especially in rural or remote locations without a robust TRICARE network. The growing demand to support Family readiness as an enabler to Soldier readiness underscores the mismatch in military and civilian staffing to meet the need of Active Duty Family Members.

**Navy:** Challenges for hiring civilian employees are site specific. The Navy has locations such as Naval Medical Center Portsmouth and Naval Medical Center Camp LeJeune where there is chronic difficulty hiring civilian mental health providers at the pay the government offers. In general, the difficulty with hiring civilians is related to the austerity of the location (OCONUS, MTFs away from urban centers). Hiring/retaining both civilian and military psychiatrists remains challenging.

The civilian psychiatry job market is very strong and compensation is significantly greater than what is offered in the military. The psychiatry training pipeline from Health Professions Scholarship Program medical students and Uniformed Service University is currently strong with increasing interest from students. Active duty recruiting of psychologists in various training pipelines is strong. Active duty psychology has had greater difficulty with recruiting direct accessions. Challenges in retention include O-3 psychologists being involuntarily separated due to failure to select for promotion to O-4. Failure to promote is suspected to be due to a preponderance of operational billets where the psychologist is not being ranked against peers.

For Psychiatric Mental Health Nurse Practitioners (PMHNP), recruiting from the civilian population is difficult with the disparity in pay along with having to serve in isolated or OCONUS locations. Recruiting within the active duty nursing, especially from the Psychiatric Mental Health Nurses arena has somewhat improved over the last 2-3 years with increased Full-time Duty Under Instruction for Medical Services Corps seats and redesignation quotas. Retention for the PMHNPs have been difficult with those reaching retirement eligibility and failure to select to higher grades. Retention bonuses aimed at Social Workers and Mental Health Nurses should improve Active Duty manning assuming increased requirements do not outpace retention efforts. Although the enlisted community is increasing its capacity to train Behavioral Health Technicians (BHT), BHT manning remains critically short at 68 percent as of September 30, 2018, retention challenges in the BHT community result from burnout on shore duty, short staffing, and lack of professional development opportunities to be in position for career advancement.

**Air Force:** The greatest challenge is recruiting/retaining experts amidst civilian facility competition with generally higher salary opportunity, less required lifestyle changes, and greater flexibility in location. Air Force Mental Health Providers earn less compared to their civilian counterparts, which makes recruiting and retention difficult. Psychologists – due to increased growth in requirements, psychology manning has fallen. Recruiting efforts for fully qualified psychologists increased, yet these efforts were not met with much more success than in previous years. Growing the training staff to residency training platforms will increase throughput and capability. The creation of more civilian American Psychological Association-approved

residencies is a significant barrier to growing residency throughput. Overcoming this barrier will require increased marketing and focused recruiting efforts. Current funding limits the ability to send personnel to graduate schools to conduct on-site recruiting. The Psychology Consultant to the Air Force Surgeon General continues to work closely with the Air Force Personnel Center to maintain and further develop specialty-specific sustainment models. Psychiatrists – losses due to separation/retirement are out-pacing pipeline and recruiting. Efforts to retain active duty Service members who are completing active duty service commitments continue. Tele-Mental Health capability is being expanded to offer possible efficiency in processes to provide optimal care with limited resources. The training pipeline takes anywhere from 4-6 years post-bachelor's degree to complete, depending on the particular specialty, which represents a challenge. Mental Health Nurse Practitioners – very small career field. Pipeline estimates a net gain of seven providers over the next 2 years. Scholarships via the Health Professionals Scholarship Program or Uniformed Services University of Health Sciences are the best retention tools available.

**National Capital Region (NCR):** The relative wealth of the NCR supports a cash-only, fee-for-service market, especially for psychiatrists and less so for psychologists (not so much for social workers). Fifty percent of psychiatrists nationwide are in private practice and do not take insurance; in the NCR this number is more like 80 percent. These private practices can generate annual salaries of \$300,000-\$400,000 and not only look very enticing to our GS psychiatrists making (at best) 20 percent less, but also significantly challenge Humana, which has difficulty recruiting psychiatrists to sign on with TRICARE. The problem is thus compounded -- we cannot recruit psychiatrists to work for the DoD and yet we must have organic assets because there is a very skeletal indirect care behavioral health network in the NCR. The challenge is less pronounced with psychologists, but many of the same issues still apply.

**Civilian Personnel Recruitment:** Hiring actions constitute a very lengthy process. It can take 5 to 7 months to recruit and bring a civilian employee onboard. Due to the length of time involved, by the time an offer is made, a candidate often has already accepted a position elsewhere. Behavioral health leaders in the NCR believe these hiring delays likely surpass pay disparities in the degree to which they challenge recruiting efforts.

**Civilian Personnel Retention:** It is also difficult to maintain the morale of, and thus retain, providers due to current behavioral health demand exceeding available provider capacity. When combined with DHA access to care standards, this reality creates a demoralizing situation in which providers can perform initial behavioral health evaluations, but are subsequently unable to provide therapeutic interventions at reasonable and safe intervals consistent with “treatment dose” targets outlined in DHA-Procedural Instruction 6490.01. However, retention incentives can and do bridge the gap with pay parity when funding is available. Within the region, an additional obstacle to retention exists due to highly competitive hiring practices at local Veterans Administration and other research institutions with higher pay and comprehensive benefits.

**Contractor Employee Positions:** A time delay of over 6 months has existed to fill vacant Social Worker, Nurse Practitioner and Psychologist positions. In addition, the market for mental health professionals is highly competitive and results in shortages of pools of qualified candidates. Subsequent contract costs for these skilled full-time equivalent positions is therefore high and is at risk under budgetary constraints.