Defense Health Board Meeting
Mental Health Overview

Dr. Kate McGraw

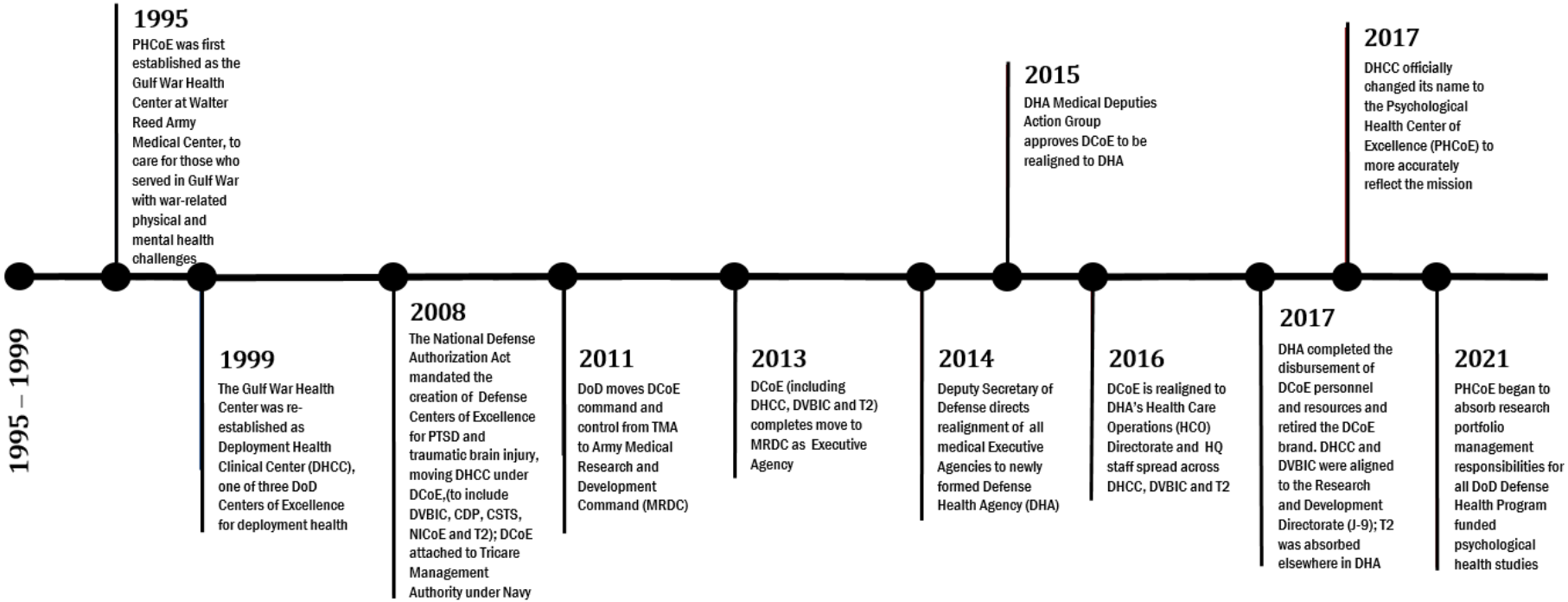
6 JUN 22

Agenda

- Psychological Health Center of Excellence
- Context and Overview: 2006 - 2022
- Types of Care and Support
- Access to Care
- Access to Care Data: 2017 vs 2022
- Prevalence of Select Mental Health Disorders 2017 vs 2022
- Challenges with Care Delivery
- Further Reading
- Discussion
- Summary

Psychological Health Center of Excellence

Organizational History



PHCoE

Mission

Improve the lives of our nation's service members, veterans, and their families by advancing excellence in military psychological health care research

Vision

Be the trusted source and partner to facilitate evidence-based research and clinical practices across the continuum of care to enhance the psychological health of the military community

PHCoE Strategic Priorities

Support Services and Combatant Commands	Shepherd psychological health research to support the Services and Combatant Commands and to enhance military readiness.
Improve Care Quality and Access	Implement and disseminate evidence-based findings into clinical practice to improve psychological health care quality and access, and prevent psychological health disorders.
Advance Science Through Portfolio Management	Lead the development and execution of the DHP strategic roadmap for psychological health research to inform research expenditures, by including gap prioritization and conducting capability-based assessments.
Advance Science Through Research Execution	Create and synthesize empirically based information and products to support optimal psychological health and readiness across the enterprise.
Foster Organizational Development	Foster organizational performance through continuous workforce development and building a culture of mutual trust.

Context and Overview: 2006 - 2022

Mental Health Care 2006 - 2022

- NDAAFY 2006, Section 723
  - Mental Health Task Force
  - Report to Congress with 95 recommendations
- NDAA 2008
  - Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)
  - Joint VA/DoD implementation of comprehensive policies on care management and transition of recovering SMs Congress
  - VA/DoD Integrated Mental Health Strategies (28)
- DCoE, Service Branch Directors of Psychological Health, Mental Health Work Group

Mental Health 2006 - 2022

- NDAAFY17 Section 702
  - DHA assumed responsibility for the administration and management of healthcare delivery at all military medical treatment facilities, effective 1 OCT 18

- NDAAFY19
  - DHA Research and Development in place by 30 SEP 22, absorbing Army MRDC

Mental Health Care 2006 - 2022

- Reach in 2022
  - 721 MTFs
  - 9.6 million beneficiaries
  - 78,000 military personnel
- DHA Behavioral Health:
  - DAD/Medical Affairs
    - Behavioral Health Clinical Management Team
    - Primary Care Behavioral Health Clinical Community
    - Behavioral Health Clinical Community
    - DHA Markets vs Service administration

Mental Health Care 2006 - 2022

- DAD/Research and Engineering
  - PHCoE
  - Defense Health Program (DHP) funded PH research portfolio management
- Related
  - National Intrepid Center of Excellence
  - Traumatic Brain Injury Center of Excellence (formerly Defense Veteran Brain Injury Center of Excellence (DVBIC)
  - Center for Study of Traumatic Stress
  - Center for Deployment Psychology
  - National Center for PTSD (VA)

Types of Care and Support

Staffing

- Demand for mental health services is outpacing supply of mental health professionals for eligible beneficiaries (Active Duty, National Guard and Reservists, family members [spouses, children, foster children, wards, dependent parents], and retirees, retiree family members, and survivors)
- There will be nationwide shortages in psychiatrists and addiction counselors by 2030*
- In JAN 2022, DHA developed draft mental health staffing model to match supply to demand
  - Aims to optimize provider availability ("supply") with goal of treating 100% Active Duty and up to 20% Active Duty family members ("demand")
  - Completed plan available in JUL 2022 and begin piloting in OCT 2022
  - Pilot from OCT 2022 to SEP 2024 to allow for synchronization with military assignment cycle and data collection
  - Data and feedback will be used to refine staffing model prior to enterprise launch SEP 2024

Current Structure of Care Delivery

- Direct vs purchased care
- Provider types vary between direct and purchased care; include
  - Psychiatrist, psychologist, LCSW, psychiatric nurse practitioner
  - Licensed professional counselor, marriage and family therapist, certified substance abuse counselor, mental health counselor
- Provider employee types include military/civilian/contractor/contracted (TRICARE), and behavioral health technicians
- Beneficiary category for member determines environment of care

Current Structure of Care Delivery

- Environment of care
  - Specialty mental health care (traditional outpatient, intensive outpatient, inpatient)
  - Primary care integrated behavioral health
  - Substance use disorder treatment
  - Family advocacy
  - Embedded behavioral health
  - Forward/deployed mental health teams, Independent Duty Tech/Combat Operational Stress Control (COSC)
- MilitaryOneSource
- Vet Centers

Tele-Behavioral Health

- Tele-Behavioral Health (TBH) services are leveraged for assessment, ongoing behavioral health treatment, and surge support for pre- and post-deployment evaluations
  - Demand varies by geographic area (e.g., rural locations), service component, and beneficiary preference
  - TBH includes medical telehealth at MTF and non-medical clinical services outside of MTF
  - TBH providers perform evidence-based psychotherapies, psychological assessments, medication management, readiness/separation evaluations, suicide reduction program, and surge operational/training support
  - TBH may not be appropriate in all situations or for all patients (e.g., victims of abuse)
  - Further assessment is needed to evaluate impact of TBH treatment on patient/provider relationships and treatment outcomes

Role of Mental Health Provider (Direct Care)

- Provide assessment, diagnosis, and treatment for all mental health conditions
- Assess individuals on a case-by-case bases to ensure they are free of medical conditions that are incompatible with continued military service; mental health screening during the accessions and retention processes are established in DoDIs 6130.03 V1, “Medical Standards for Military Service: Appointment, Enlistment, or Induction,” and 6130.03 V2, “Medical Standards for Military Service: Retention,” respectively; these policies identify conditions incompatible for appointment, enlistment, or induction, or continued service
- Conduct commander-directed mental health evaluations to determine fitness for duty
- Conscientious Objector Evaluation; Sanity Boards; Hostage Negotiator; commander consultant; forensic expert witness
- Special Duty screening (missile officers, pilots, submariners, etc.)
- Domestic violence prevention and intervention

Clinical Care vs Non-clinical Support

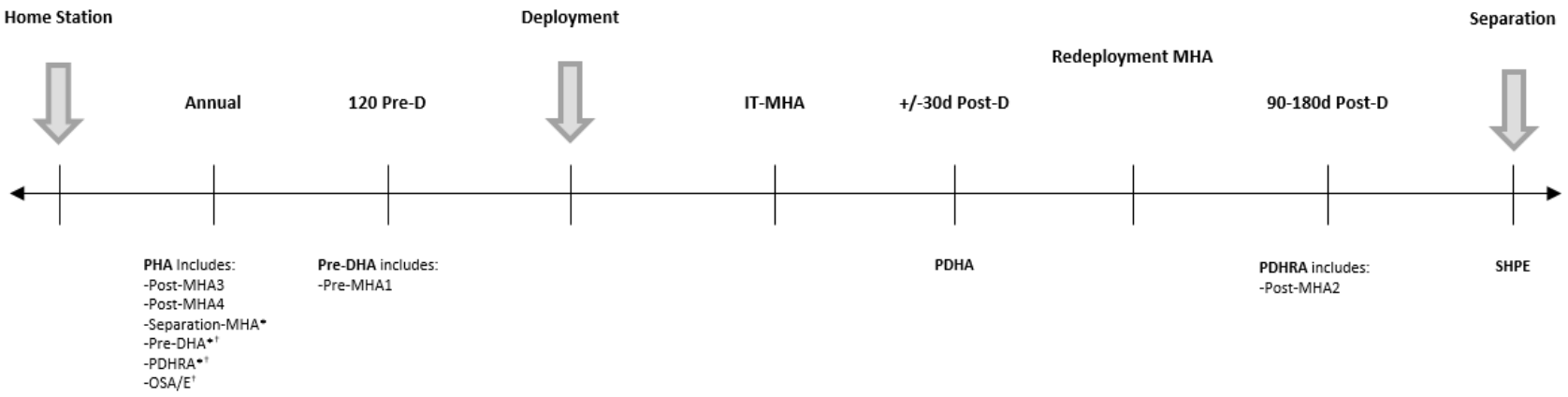
- Office of Force Resiliency (OFR)
  - Defense Suicide Prevention Office (DSPO)
  - Sexual Assault Prevention and Response Office (SAPRO)
  - Family Advocacy Office (FAO)
  - Office of Diversity, Equity and Inclusion (DEI)
  - Drug Demand Reduction (DDRP)
  - DoD/VA Collaboration Office (DVCO)
- Military Family Life Counselors
- Military and Family Support Centers
- Chaplains
- Unit leadership/commander/first sergeant

Quality of Care

- VA/DoD Clinical Practice Guidelines and Clinical Support Tools
  - Current: Major Depressive Disorder, Posttraumatic Stress Disorder (updating this year), Assessment and Management for Patients at Risk for Suicide, Substance Use Disorder)
  - New in development this year: Schizophrenia, Bipolar Disorder
- Evidence based care
- Outcomes driven
- Electronic Medical Records: Behavioral Health Data Portal and Genesis

Quality of Care

- Mental Health Assessments: periodic standardized MH screening requirements:
  - At first visit (new patients)
  - Annually during the PHA, which includes a person-to-person mental health assessment
  - As clinically indicated (existing patients)
  - Within 60 days of deployment during the Pre-Deployment Health Assessment
  - 30 days after return from deployment during the Post-Deployment Health Assessment
  - 3-6 months after return from deployment during the Post-Deployment Health Reassessment



DHA = Deployment Health Assessment
MHA = Mental Health Assessment
IT-MHA = In-Theatre Mental Health Assessment
OSA/E = Occupational Specialty Assessments/Examinations
SHPE = Separation History and Physical Examination
*Completed as part of PHA when time frames coincide
†Future state

Quality of Care

- Care transitions post-episode of care and post-separation with VA (inTransition)
  - Masters prepared coaches work with individuals to ensure smooth transitions
  - Coaches are assigned regardless of status of discharge
  - Opt-out for those within 12 months of separation who have mental health treatment
- Standards of care for access wait times:
  - Urgent/Acute Care – 1.0 day or less
  - Routine Care – 7 days or less
  - Initial Specialty Appointment – 28 days or less
  - Wellness or Preventative Care – 28 days or less

Access to Care

Barriers to Access

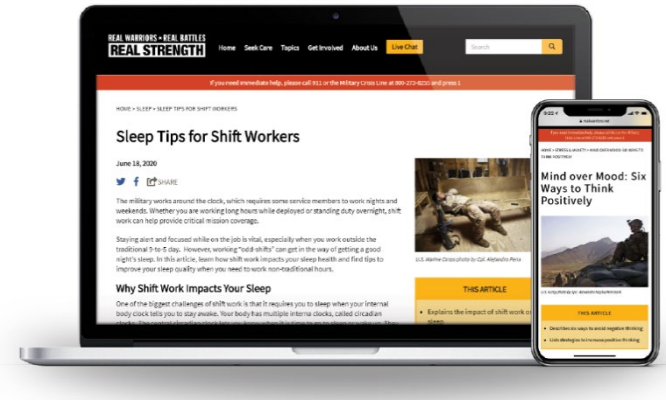
- Stigma of help seeking
- Remote and rural residency
- Status of discharge
- Status of military service (reserve vs active vs active reserve)
- Supply and demand
- Operations tempo and duty requirements
- Change of station

Barriers to Access

- Stigma
  - Career: special duty, weapons carrying, operational requirements
  - Security Clearance
  - Privacy and confidentiality, policies to reduce stigma
- Efforts to reduce stigma barriers to care
  - Real Warriors Campaign
  - inTransition
  - Defense Suicide Prevention Office, Stigma Work Group

Real Warriors Campaign

- The Real Warriors Campaign is designed to encourage psychological health help-seeking among active-duty service members, veterans and their families by:
  1. Decreasing stigma
  2. Increasing psychological health literacy
  3. Opening doors to access to care
- Executed through social media promotion and website content

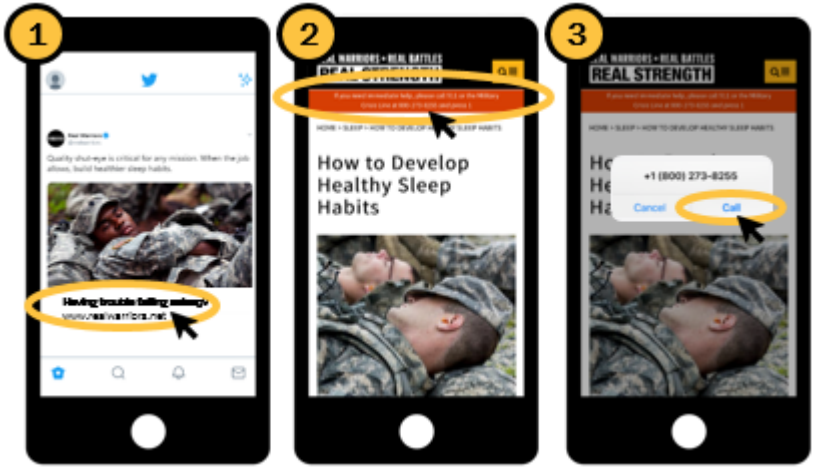


Gateway Topic Theory

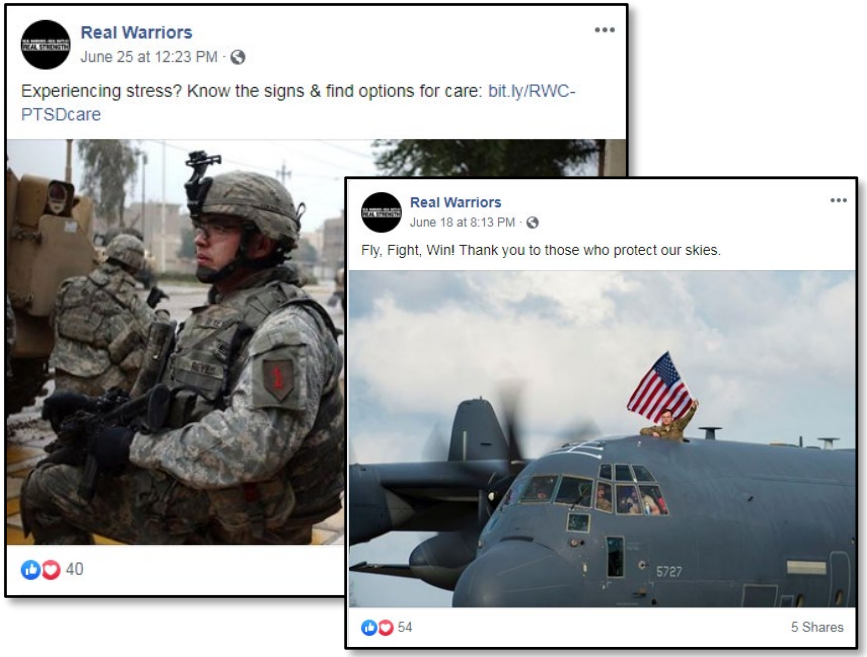
Through evidence-informed strategy, RWC uses “gateway” topics, such as sleep, nutrition, anger, etc. Analytics show these article topics lead to more help-seeking than more overt topics. RWC’s article development strategy is designed to ease people into more complex psychological health topics.

Example: Promoting “How to Develop Healthy Sleep Habits” article on Twitter 1-31 JUL 2019:

1) **177.4K people** saw the post
2) **3.7K people** took a step to learn more
3) **26 people sought help**
   - **14 calls** to 911
   - **Seven calls** to the Military Crisis Line
   - **Five live chats**

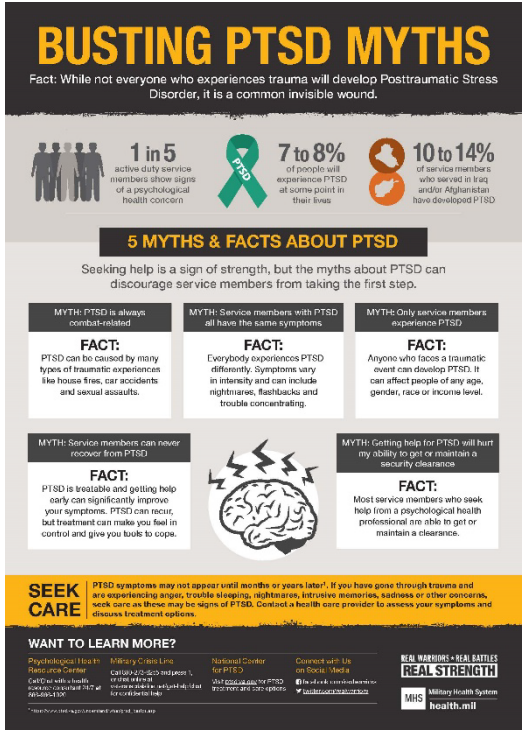


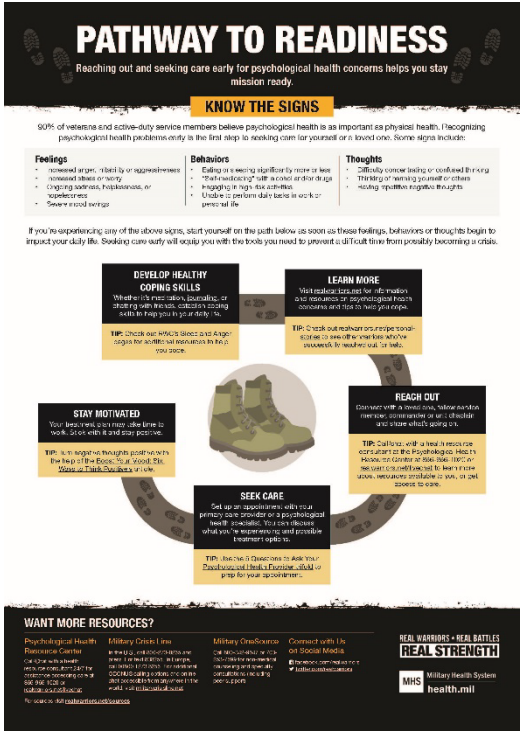
RWC - One of the Most Engaging MHS Accounts on Social Media



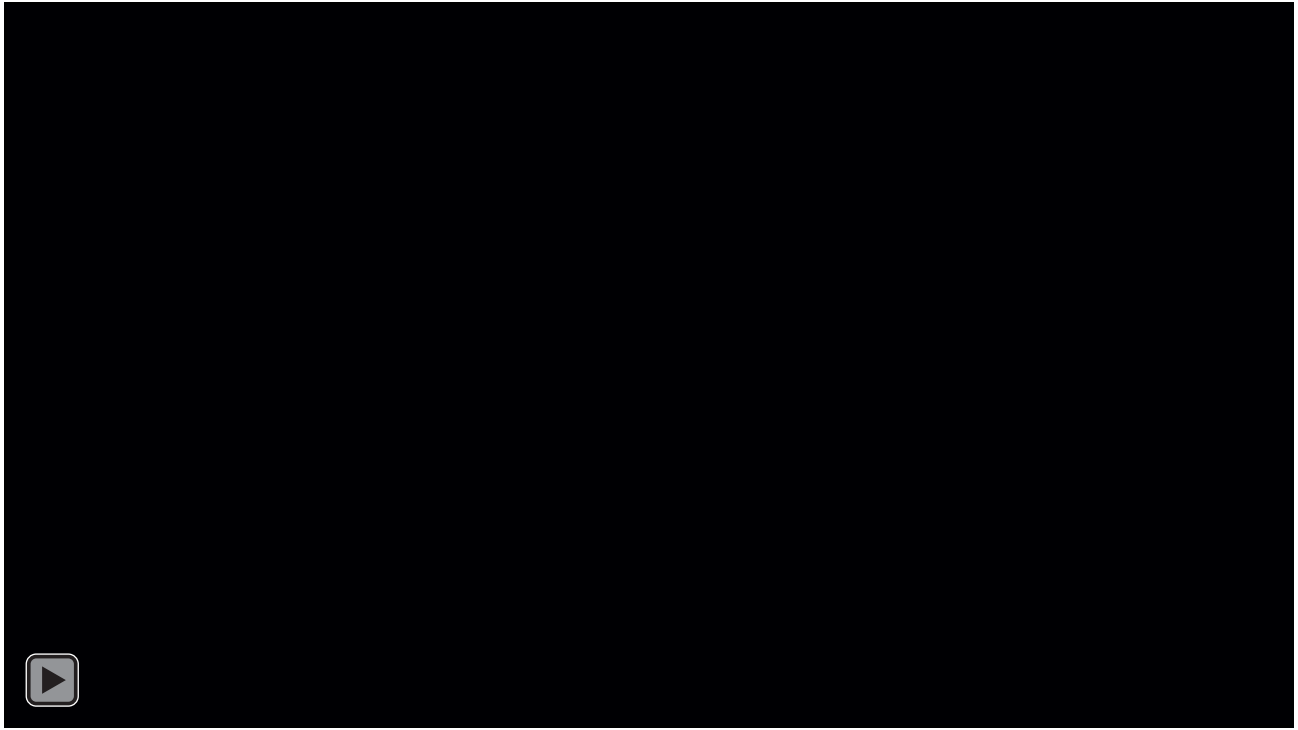
The Real Warriors Campaign is one of the most engaging military health brands on Facebook with more than 130,000 fans

RWC - Resources





Command Sergeant Maj. Christopher K. Greca (Retired US Army Ranger)

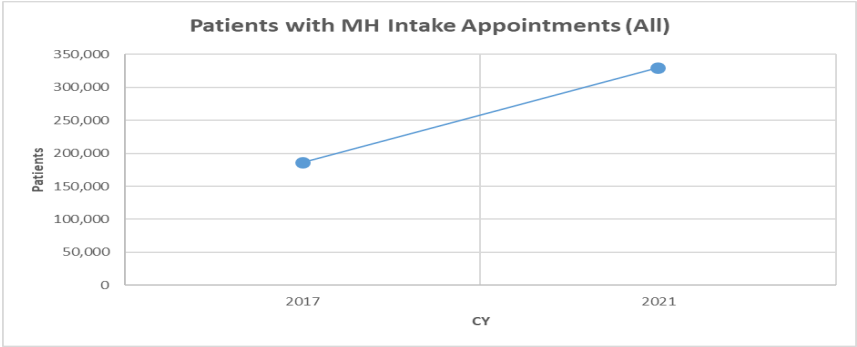


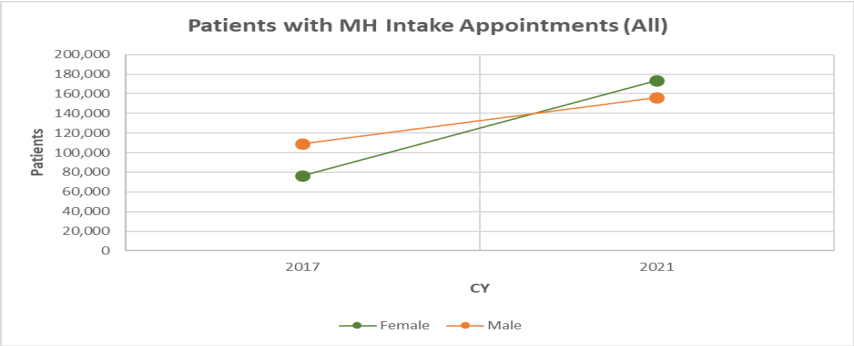
Surveillance: Potential Barriers to Access 2017 - 2022

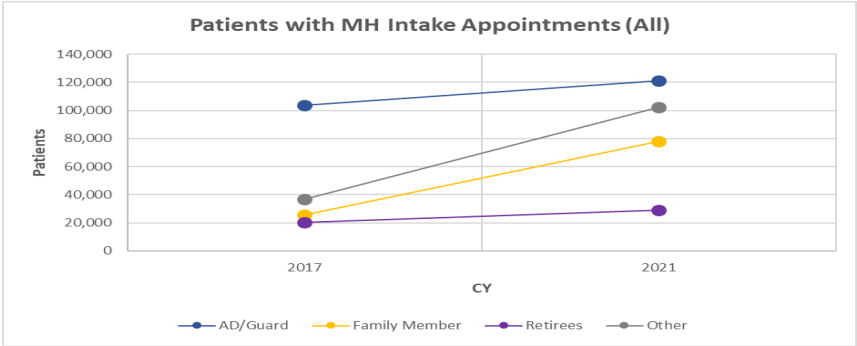
Initial Entry to Mental Healthcare (2017 vs. 2021)

Intake Encounters Across the MHS Enterprise

- Demand for MH services has increased, particularly among…
  - Female patients
  - Family members and "Other" beneficiary categories



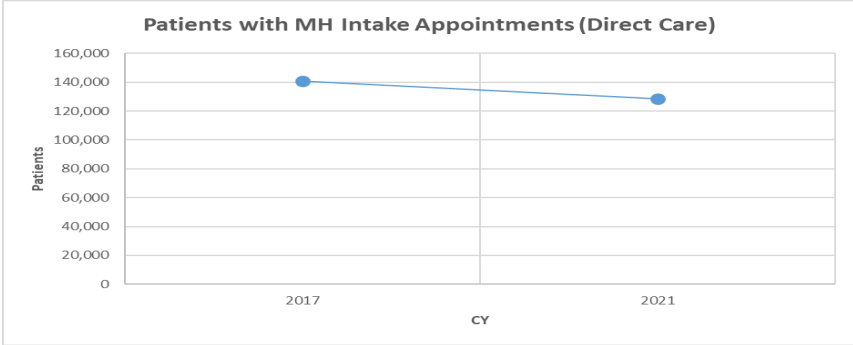


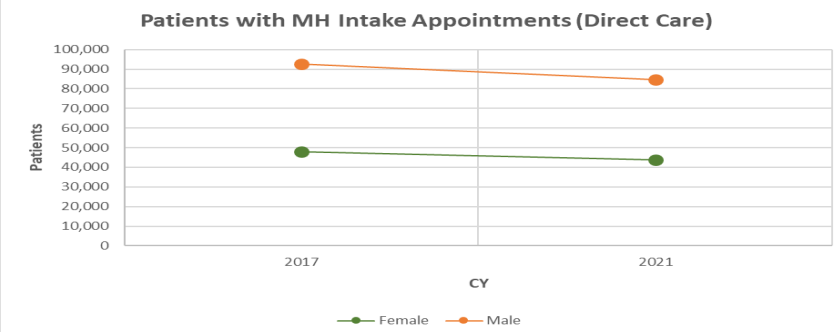


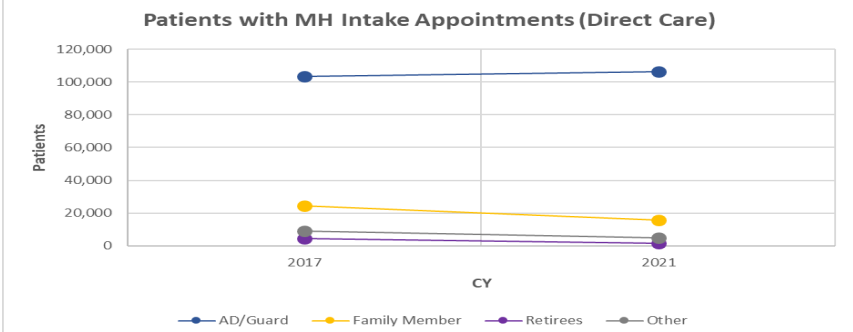
Initial Entry to Mental Healthcare (2017 vs. 2021)

Intake Encounters in the Direct Care System (Military Treatment Facilities)

- This general trend, however, is not observed in the Direct Care system
  - Overall, the number of new intakes has dropped or remained steady



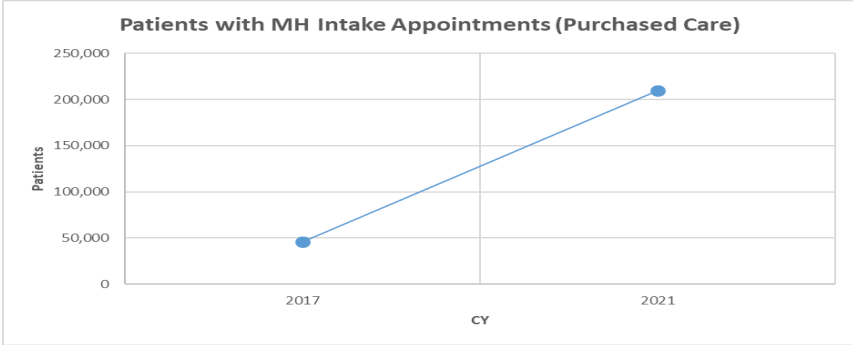


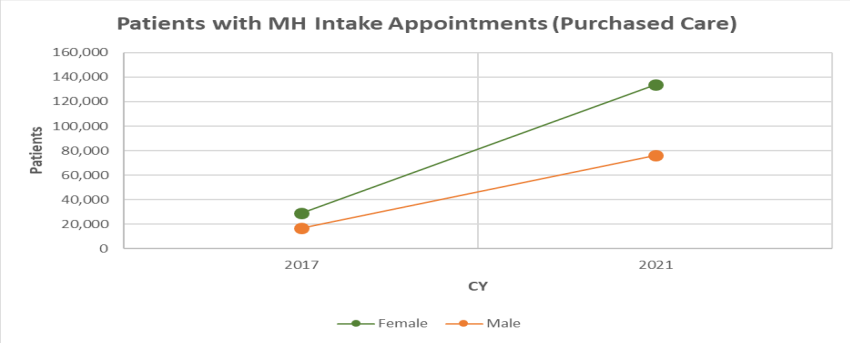


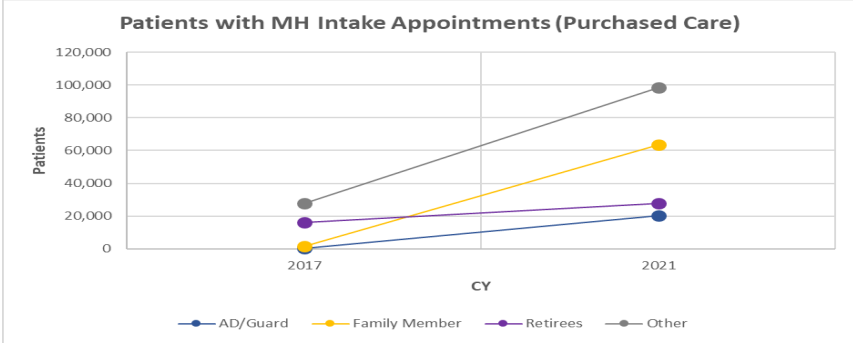
Initial Entry to Mental Healthcare (2017 vs. 2021)

Intake Encounters in the Purchased Care System (TRICARE)

- Increased demand signal is, for the most part, being managed in the purchased care system
  - Sharpest increases among family members and female patients

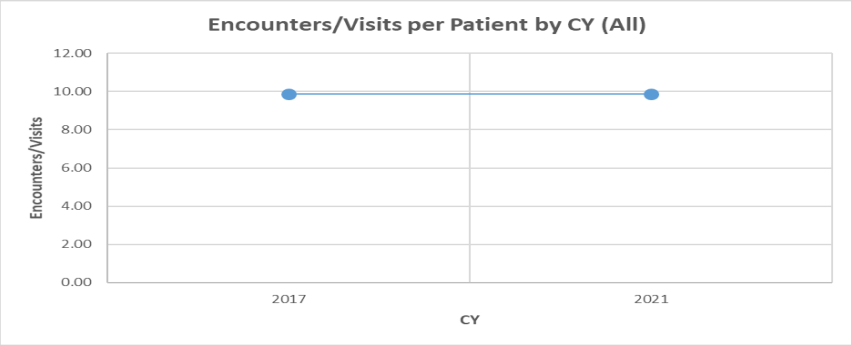




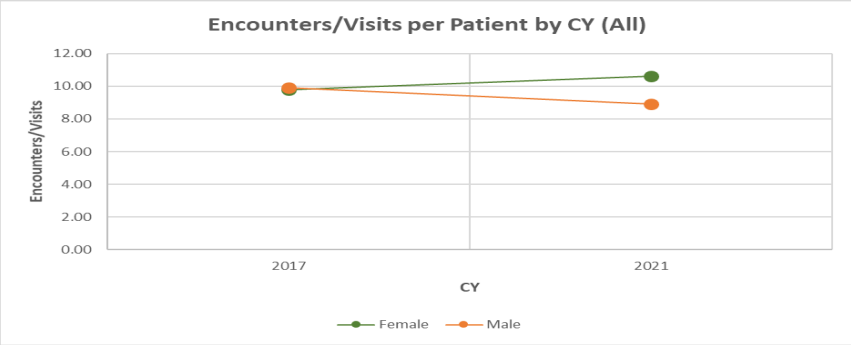


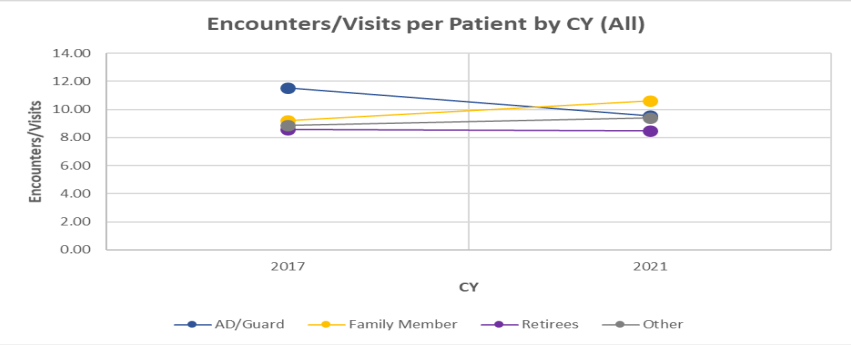
Mental Health Treatment Density (2017 vs. 2021)

Encounters/Visits per Patient Across the MHS Enterprise



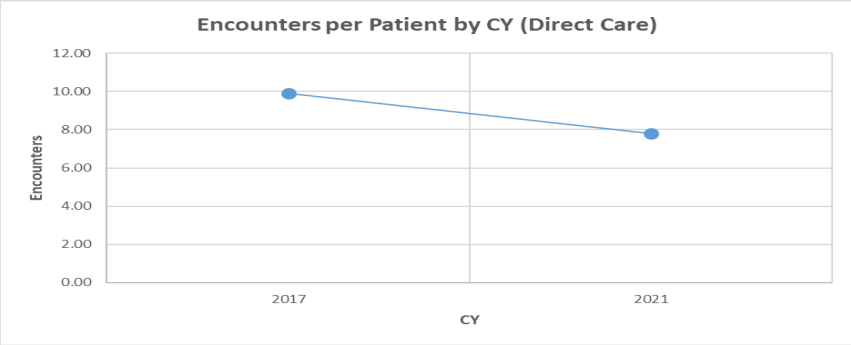
- In general, patients have as many encounters in 2021 as they did in 2017
  - ADSMs and male patients, however, had fewer encounters on average in 2021



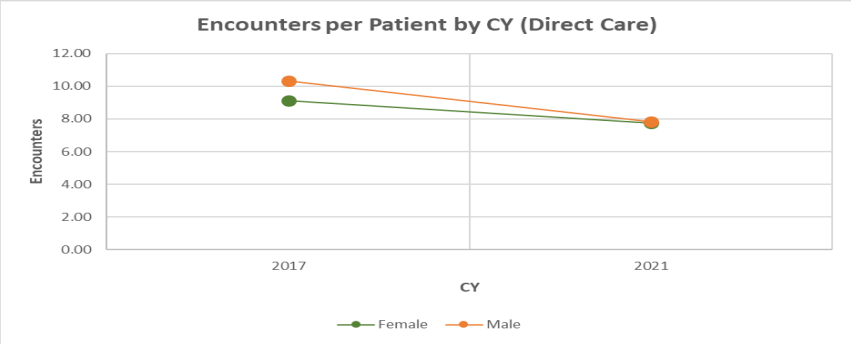


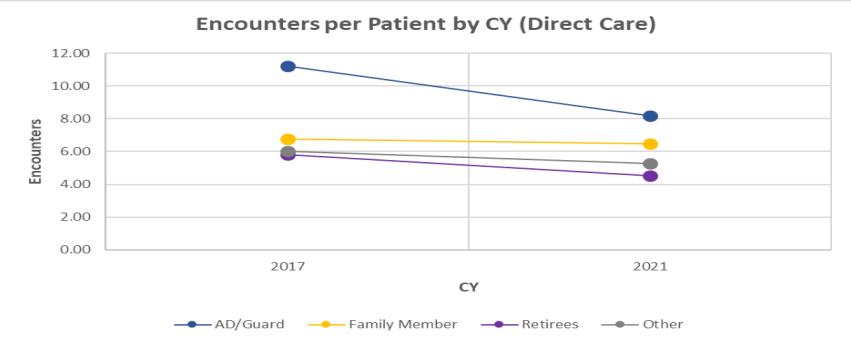
Mental Health Treatment Density (2017 vs. 2021)

Encounters per Patient in the Direct Care System



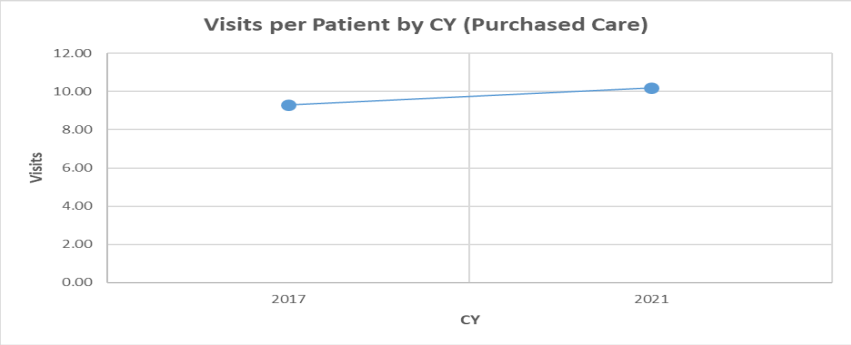
Although the number of encounters per patient is stable overall, patients in the direct care system had fewer encounters on average in 2021 than they did in 2017



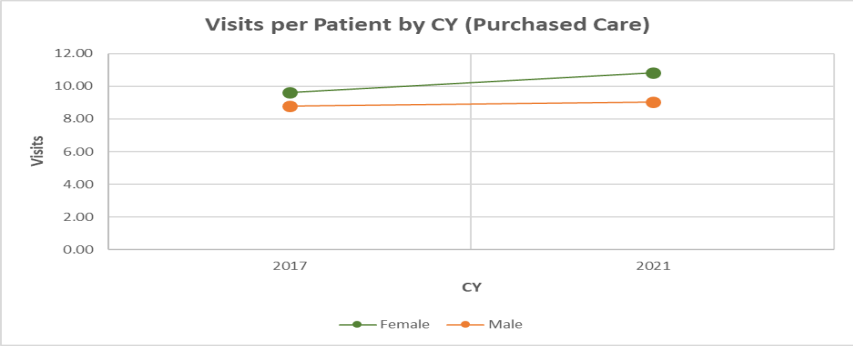


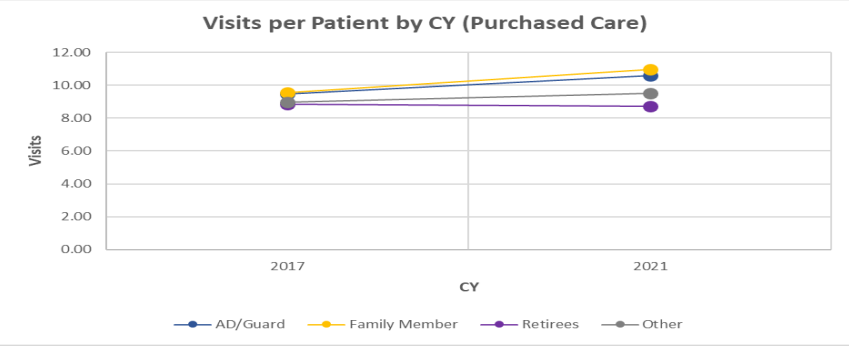
Mental Health Treatment Density (2017 vs. 2021)

Visits per Patient in the Purchased Care System



Modest increases in the number of encounters per patient in concert with the larger care volume in the purchased care system counter-balance decreases in the direct care system

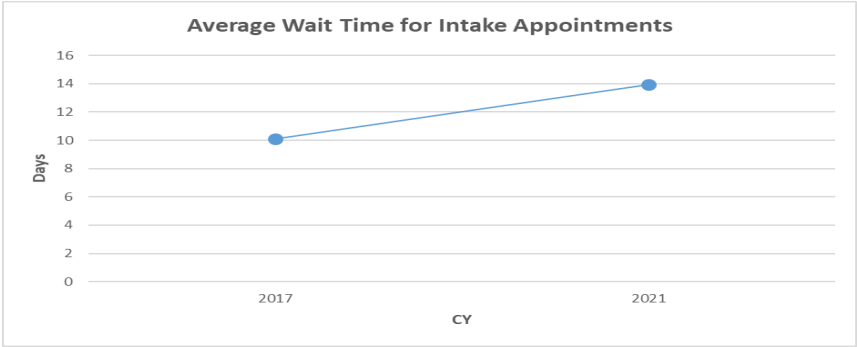


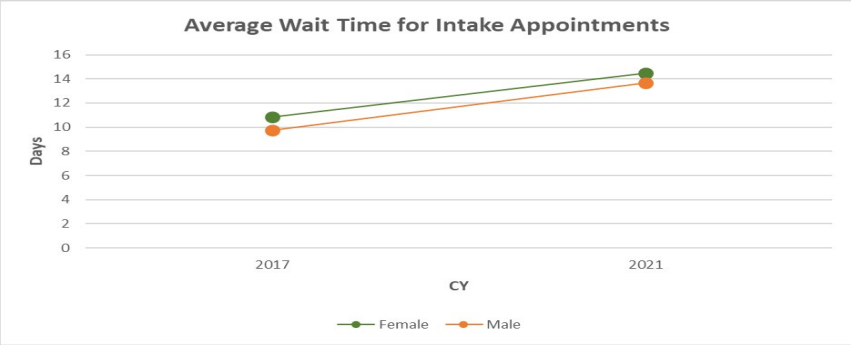


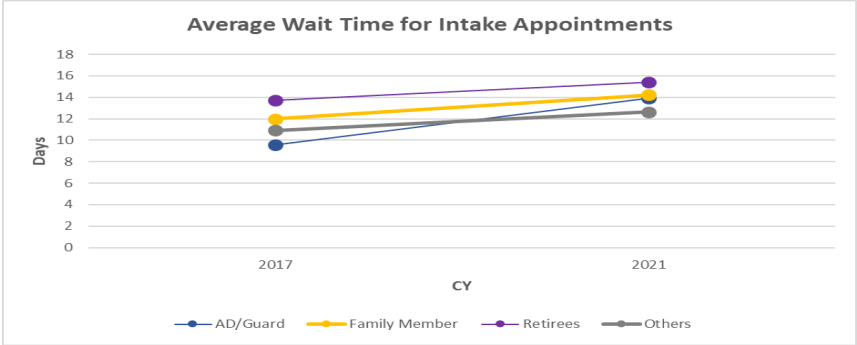
Access to Care (2017 vs. 2021)

Wait Times for Intake Appointments – All Records

- Wait times for intake appointments have increased by nearly 4 days in the direct care system
- Interestingly, the largest increase in wait times is observed amongst ADSMs



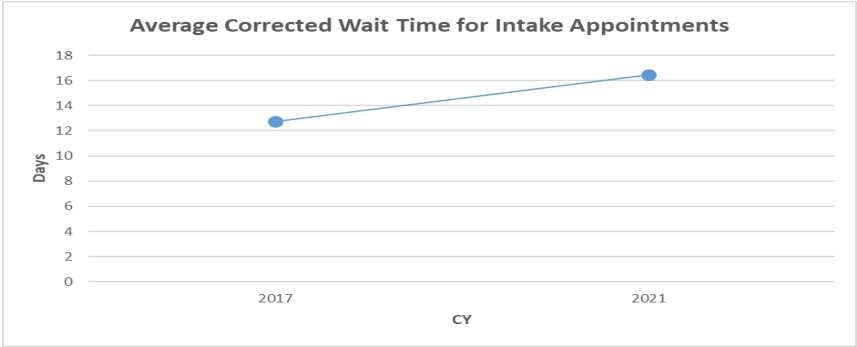


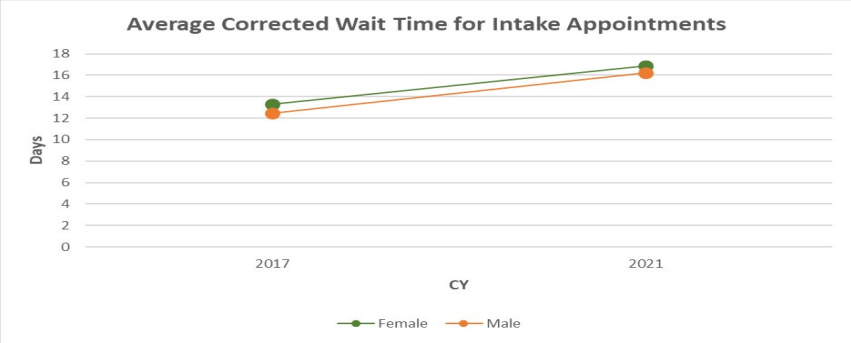


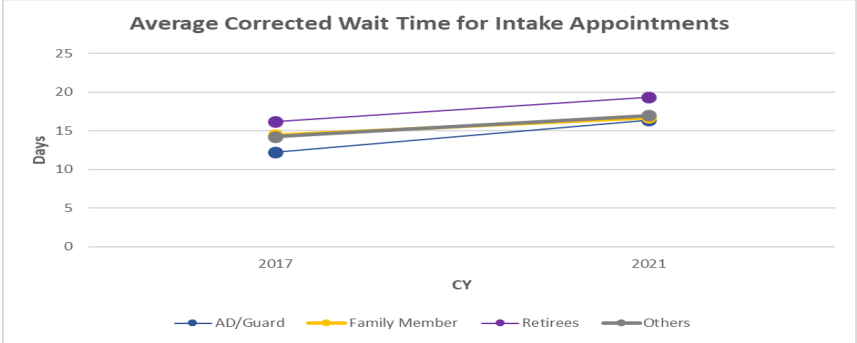
Access to Care (2017 vs. 2021)

Corrected Wait Times for Intake Appointments – Excluding Same-Day Appointments

- When correcting for same-day appointments, average waits for intake encounters still increased
- However, the rate of increase for ADSMs was equivalent to that of others and remained the lowest



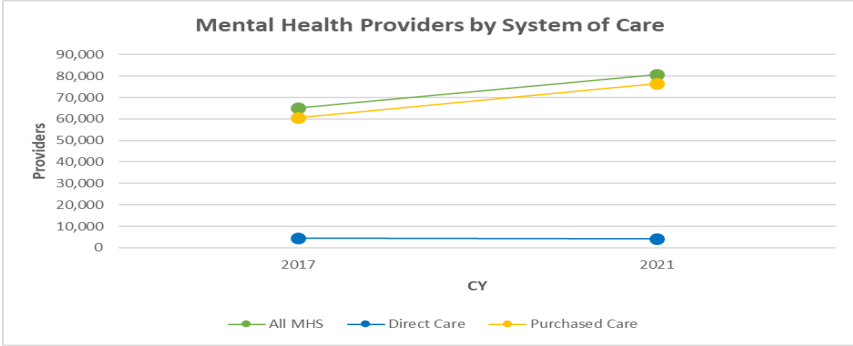


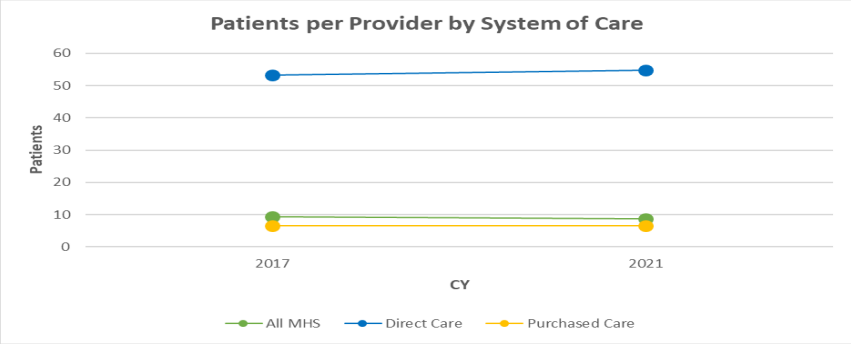


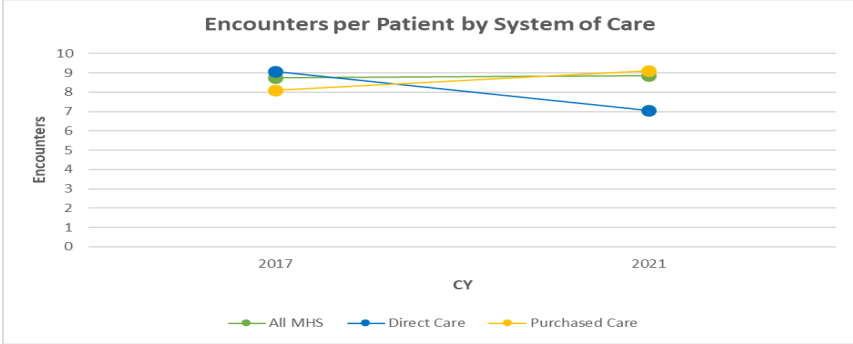
Provider Availability and Burden (2017 vs. 2021)

Mental Health Resourcing Across the MHS

- Most mental health providers for the MHS provide care in the purchased care system.
- MH providers in the purchased care system see many fewer beneficiaries compared to direct care providers







Prevalence Select Mental Health Disorders: 2017 - 2022

Mental Health Help-Seeking Prevalence (2017)

Mental Health Engagement Across the MHS

- In 2017, nearly 6.5% of MHS beneficiaries sought care for mental health concerns
- 65% of beneficiaries were seen in the purchased care system

MHS Enterprise	Patients	Population Rate	Proportion of Tx Seeking Population
Adjustment Disorders	191,838	2.04%	31.46%
Alcohol Use Disorders	27,137	0.29%	4.45%
Depressive Disorders	157,281	1.68%	25.79%
Other	325,860	3.47%	53.43%
PTSD	59,391	0.63%	9.74%
Substance Use Disorders (Excluding AUDs)	8,978	0.10%	1.47%
Any Condition	**609,829**	**6.49%**	**100.00%**

Direct Care Only	Patients	Population Rate	Proportion of Tx Seeking Population
Adjustment Disorders	80,650	0.86%	34.63%
Alcohol Use Disorders	24,052	0.26%	10.33%
Depressive Disorders	44,944	0.48%	19.30%
Other	142,739	1.52%	61.30%
PTSD	27,773	0.30%	11.93%
Substance Use Disorders (Excluding AUDs)	6,203	0.07%	2.66%
Any Condition	**232,866**	**2.48%**	**100.00%**

Purchased Care Only	Patients	Population Rate	Proportion of Tx Seeking Population
Adjustment Disorders	112,792	1.20%	28.35%
Alcohol Use Disorders	3,782	0.04%	0.95%
Depressive Disorders	115,543	1.23%	29.04%
Other	190,582	2.03%	47.90%
PTSD	33,557	0.36%	8.43%
Substance Use Disorders (Excluding AUDs)	2,937	0.03%	0.74%
Any Condition	**397,847**	**4.24%**	**100.00%**

Mental Health Help-Seeking Prevalence (2021)

Mental Health Engagement Across the MHS

MHS Enterprise	Patients	Population Rate	Proportion of Tx Seeking Population
Adjustment Disorders	223,574	2.33%	31.55%
Alcohol Use Disorders	28,570	0.30%	4.03%
Depressive Disorders	179,507	1.87%	25.33%
Other	388,346	4.04%	54.81%
PTSD	73,007	0.76%	10.30%
Substance Use Disorders (Excluding AUDs)	8,388	0.09%	1.18%
Any Condition	**708,580**	**7.37%**	**100.00%**

- In 2018, 7.4% of MHS beneficiaries were seen for mental health concerns
- This increase over the proportion of beneficiaries seen in 2017 is driven by utilization in the purchased care system

Direct Care Only	Patients	Population Rate	Proportion of Tx Seeking Population
Adjustment Disorders	83,195	0.87%	35.40%
Alcohol Use Disorders	23,146	0.24%	9.85%
Depressive Disorders	37,338	0.39%	15.89%
Other	146,968	1.53%	62.53%
PTSD	26,391	0.27%	11.23%
Substance Use Disorders (Excluding AUDs)	5,362	0.06%	2.28%
Any Condition	**235,022**	**2.44%**	**100.00%**

Purchased Care Only	Patients	Population Rate	Proportion of Tx Seeking Population
Adjustment Disorders	143,770	1.50%	28.44%
Alcohol Use Disorders	6,882	0.07%	1.36%
Depressive Disorders	147,408	1.53%	29.16%
Other	250,975	2.61%	49.64%
PTSD	49,389	0.51%	9.77%
Substance Use Disorders (Excluding AUDs)	3,130	0.03%	0.62%
Any Condition	**505,590**	**5.26%**	**100.00%**

Care Delivery Challenges and Proposed Mitigation

- Demand for follow-up appointments vs provider staffing shortages: pilot underway exploring alternative business models to vector care delivery, looking towards MHS standardization
- Operational requirements vs evidence-based care; piloting innovative versions of evidence-based treatment with eye towards ops tempo (i.e.; briefer treatment, specialized provider, etc.)
- Stigma of care seeking: policy and public health campaigns
- Remote and rural care: increased telehealth capabilities, strengthened via COVID-19 response
- Limits of Confidentiality; RAND study on provider confidentiality limitations
- Measuring cost effectiveness and return on investment: outcomes driven care, Genesis/BHDP

Further reading

- RAND studies:
  - Military Minority Mental Health Needs, 2020
    - ✓ https://www.rand.org/pubs/research_reports/RR4247.html
  - Mental Health Needs Rural and Remote (two parts, 2021 most recent)
    - ✓ https://www.rand.org/pubs/research_briefs/RB10093.html
  - Health Related Behaviors Survey (every three years) 2021
    - ✓ https://www.rand.org/nsrd/projects/hrbs.html
- House Report 116-442, page 150, accompanying H.R. 6395, the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, on Behavioral Health Requirements of the Department of Defense (DoD)
- GAO reports

Discussion

Summary

- Psychological Health Center of Excellence
- Context and Overview: 2006 - 2022
- Types of Care and Support
- Access to Care
- Surveillance: Potential Barriers to Care 2017 - 2022
- Prevalence of Select Mental Health Disorders 2017 - 2022
- Challenges with Care Delivery
- Further Reading
- Discussion
- Summary

Accessing Resources

- RWC Articles: https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign/Articles
- RWC Videos: https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign/Videos
- RWC Materials: https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign/Materials
- Follow RWC on Facebook (128K followers) and Twitter (48K followers) - @realwarriors
- PHCoE website - https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence
- Follow PHCoE on Facebook (21K followers) and Twitter (17.5K followers) - @PHCOE

- Dr. McGraw email: kathy.l.mcgraw2.civ@mail.mil