Mental Health Care Access for MHS Beneficiaries

Alex B. Valadka, MD
Chair, Neurological/Behavioral Health Subcommittee
June 6, 2022
Overview

• Membership
• Review Tasking
• Summary of Subcommittee Activities to Date
• Areas of Interest
• Way Ahead
Membership

CHAIR
Alex Valadka, MD*

Sonia Alemagno, PhD, MA

Jennifer Belding, PhD, MA

Jeremy Lazarus, MD

Raghu Upender, MD

Defense Health Board
On May 5, 2022, the Acting Assistant Secretary of Defense for Health Affairs directed the Defense Health Board ("the Board") to provide recommendations to enhance the Military Health System (MHS) capacity and capabilities to meet beneficiaries’ mental health (MH) care needs.
Access to MH care is increasingly urgent for family beneficiaries in the MHS.

Service member health influences family health.

The supply of military MH resources (i.e., providers and treatment options) has not kept pace with the needs of the MHS beneficiary population.

The COVID-19 pandemic has widened the gap between demand and supply for MHS MH care.

Advances in tele-behavioral health and cutting-edge Schedule 1 drug therapies offer opportunities to improve access to MH treatment.
Objectives and Scope

• Provide recommendations to enhance MHS capacity and capability to meet beneficiaries’ MH care needs, and to eliminate barriers to accessing and delivering MH care for both adult and child beneficiaries

• Provide recommendations to promote innovative mental health care research and treatment strategies for PTSD and other behavioral health conditions
March 30, 2022 briefing to DHB on addressing the MH care crisis of children and adolescents by Dr. Lee Beers

- Barriers to accessing MH care
- The COVID-19 Pandemic’s impact on MH
- Vulnerable populations
- Efforts to address the youth MH crisis
- Unique characteristics of the military family
- Policy recommendations
## Areas of Interest (1/2)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Discussion Point</th>
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| Provider Shortages            | • National shortage  
• Wait times  
• “Ghost networks”  
• Geographic imbalance between supply and demand |
| Recruiting Challenges: (MH)   | • Compensation (vs. other medical fields)  
• Difficult patients, emotional toll |
| Recruiting Challenges: (MHS)  | • Compensation (vs. VA and other systems)  
• Time-intensive and highly-regulated hiring process  
• Geography (dispersed beneficiary population) |
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<thead>
<tr>
<th>Topic</th>
<th>Discussion Point</th>
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<tbody>
<tr>
<td>MH Demand</td>
<td>• Growth trends</td>
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<td>• MHS-civilian comparisons</td>
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<td>Demand Drivers</td>
<td>• Military life stressors (e.g., relocation and deployments)</td>
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<td>• COVID-19</td>
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<td>• Resilience</td>
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<td>Treatment Options</td>
<td>• Telebehavioral health</td>
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<td>• Schedule I treatments (e.g., psilocybin and MDMA)</td>
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Way Ahead

• Neurological/Behavioral Health Kickoff Meeting – June 28, 2022
• Regularly scheduled subcommittee meetings with briefings and report development discussion
• Anticipated briefings to Subcommittee on:
  • MH Care Access in the TRICARE network
  • MH access barriers
  • Telebehavioral health
  • Schedule I treatments
Questions