THE ASSISTANT SECRETARY OF DEFENSE

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HEALTH AFFAIRS

NOV 7 2006

MEMORANDUM FOR SECRETARY OF THE ARMY
SECRETARY OF THE NAVY
SECRETARY OF THE AIR FORCE
CHAIRMAN OF THE JOINT CHIEFS OF STAFF

SUBJECT: Policy Guidance for Deployment-Limiting Psychiatric Conditions and Medications

The attached "Policy Guidance for Deployment-Limiting Psychiatric Conditions and Medications" provides guidance on deployment and continued service in a deployed environment for military personnel who experience psychiatric disorders and/or who are prescribed psychotropic medication.

This guidance is in partial satisfaction of new requirements established by Section 738 of the National Defense Authorization Act for Fiscal Year 2007, Public Law 109-364.

This jointly-developed guidance does not alter or replace the accession, retention, and general fitness for duty standards previously established by the Department of Defense, Joint Staff, or individual Military Department policy guidance. It is effective immediately.

William Winkenwerder, Jr., MD

Attachment:
As stated

Attachment to Policy Memo of November 7, 2006

SUBJECT: POLICY GUIDANCE FOR DEPLOYMENT-LIMITING PSYCHIATRIC CONDITIONS AND MEDICATIONS

1. PURPOSE

This policy:

1.1. Provides guidance on deployment and continued service in a deployed environment for military personnel who experience psychiatric disorders and/or who are prescribed psychotropic medication.

1.2. Is in partial satisfaction of new requirements established by Section 738 of the National Defense Authorization Act for Fiscal Year 2007, Public Law 109-364.

1.3. Does not alter or replace the accession, retention, and general fitness for duty standards previously established by DoD, Joint Staff, or individual Military Department policy guidance.

2. BACKGROUND

2.1. Serving in the Armed Forces requires the physical and mental fitness necessary to plan and execute missions involving combat as well as Stability, Security, Transition, and Reconstruction Operations. Any health condition that limits the physical or psychological ability of a service member to plan, train or execute the mission represents a risk to that individual, the unit and mission success.

2.2. Any condition or treatment for that condition that negatively impacts on the mental status or behavioral capability of an individual must be evaluated to determine the potential impact both to the individual Service member and to the mission.

3. RESPONSIBILITIES

Medical readiness is a shared responsibility of military commanders, military medical personnel, and individual service members. It is essential that this triad work seamlessly in an integrated effort to ensure that our military personnel are ready to fight and win our nation's wars while taking all practicable measures to minimize the risk of harm to individuals and to the mission.

4. POLICY GUIDANCE

4.1. Deployment limitations associated with psychiatric disorders

4.1.1. Recovery, amelioration of symptoms, and reduction of behavioral impairment are always goals associated with military mental health treatment, as psychiatric disorders, including posttraumatic stress disorder, are treatable. Diagnosed conditions that are not amenable or anticipated not amenable to treatment and restoration to full functioning within one year of onset of treatment should generally be considered unfitting or unsuitable for military duty and referred to a medical evaluation board or to the personnel system.

4.1.2. Early identification and treatment are keys to continuation of or return to duty for military members who experience mental health disorders. All military members, both in the active and reserve components, should be actively encouraged to seek treatment for mental health concerns.

4.1.3. Clinicians who conduct military medical readiness assessments for individuals with psychiatric disorders must consider the following criteria. These criteria should be applied across each assessment event in the military medical readiness life-cycle (periodic health assessment, pre- and post-deployment assessments, and reassessment).

4.1.4.1. All conditions that do not meet retention requirements or that render an individual unfit or unsuitable for military duty should be appropriately referred through Service-specific medical evaluation boards (MEB) or personnel systems.

4.1.4.2. Psychotic and Bipolar Disorders are considered disqualifying for deployment.

4.1.4.3. Members with a psychiatric disorder in remission or whose residual symptoms do not impair duty performance may be considered for deployment duties.

4.1.4.4. Disorders not meeting the threshold for a MEB should demonstrate a pattern of stability without significant symptoms for at least 3 months prior to deployment.

4.1.4.5. The availability, accessibility, and practicality of a course of treatment or continuation of treatment in theater should be consistent with practice standards.

4.1.4.6. Member should demonstrate behavioral stability and minimal potential for deterioration or recurrence of symptoms in a deployed environment, to the extent this can be predicted by positive strengths, skills, training,

motivation and previous operational experience. This should be evaluated considering potential environmental demands and individual vulnerabilities.

4.1.4.7. The environmental conditions and mission demands of deployment should be considered: the impact of sleep deprivation, rotating schedules, fatigue due to longer working hours, and increased physical challenges (including heat stress) with regard to a given mental health condition.

4.1.4.8. The occupational specialty in which the individual will function in a deployed environment should be considered. However, when deployed, individuals may be called upon to function outside their military training as well as outside their initially assigned deployed occupational specialties. Therefore the primary consideration must be the overall environmental conditions and overall mission demands of the deployed environment rather than a singular focus on anticipated occupation-specific demands.

4.2. Deployment limitations associated with psychotropic medication

4.2.1. Mental health disorders are most often treated with either a course of psychotherapy, pharmacotherapy, or a combined therapeutic protocol. Medications prescribed to treat psychiatric disorders vary in terms of their effects on cognition, judgment, decision-making, reaction time, psychomotor functioning and coordination and other psychological and physical parameters that are relevant to functioning effectively in an operational environment. In addition, psychotropic medications may be prescribed for a variety of conditions that are not assigned a psychiatric diagnosis.

4.2.2. Caution is warranted in beginning, changing, stopping, and/or continuing psychotropic medication for deploying and deployed personnel. Across every assessment event in the medical readiness lifecycle and during routine clinical care both in-garrison and in deployed settings, use of psychotropic medication should be evaluated for potential limitations to deployment or continued service in a deployed environment.

4.2.3. There are few medications that are inherently disqualifying for deployment for all military occupational specialties, to all potential operational locations, and at all times during the conduct of operations. Clinical care proximity, procedures availability, tempo and demands of operations at the deployed location, and time during the deployment rotation must be considered when determining use of psychotropic medications prior to deployment as well as in the operational environment. Service branch specific standards must also be considered, e.g. medication use in aviators Medications disqualifying for deployment include:

4.2.3.1. Antipsychotics used to control psychotic, bipolar, and chronic insomnia symptoms; lithium and anticonvulsants to control bipolar symptoms

4.2.3.2. Medications that require special storage considerations, such as refrigeration

4.2.3.3. Medications that require laboratory monitoring or special assessments, including lithium, anticonvulsants, and antipsychotics

4.2.3.4. Medication prescribed within 3 months prior to deployment that has yet to demonstrate efficacy or be free of significantly impairing side effects

4.2.4. Psychotropics clinically and operationally problematic during deployments include short half-life benzodiazepines and stimulants. Decisions to deploy personnel on such medications should be balanced with necessity for such medication in order to effectively function in a deployed setting, susceptibility to withdrawal symptoms, ability to secure and procure controlled medications, and potential for medication abuse.

4.3. Assessments and documentation of limitations

4.3.1. Medical readiness follows a military lifecycle process that includes sustainment, pre-deployment, deployment, and post-deployment periods. Psychological readiness must be assessed at each phase of that lifecycle with determinations made regarding limitations or restrictions for military occupational requirements or deployment locations. Special consideration must be given to limitations affecting those under the Personnel Reliability Program and specific operational standards such as aviation, submarines, special operations or other high risk occupational categories. Key elements for assessment and determination of deployment limitations include the following procedures.

4.3.1.1. Sustainment. Medical readiness assessments are conducted in the sustainment period of the deployment cycle through the annual Periodic Health Assessment (PHA), the Post-Deployment Health Reassessment (PDHRA) as well as routine healthcare visits.

4.3.1.1.1. PHA and PDHRA processes are designed to provide a global health assessment that includes assessment for mental health disorders, behavioral health risks, and physical health conditions that may impact on mental status or emotional well-being. Any conditions, concerns, symptoms, or prescribed psychotropic medications identified through these assessment procedures must be documented. Self-reported symptoms should be clarified through standard clinical procedures by the reviewing healthcare provider to determine clinical significance and the need for further evaluation and treatment. If the healthcare provider determines that a concern or condition demonstrates a potential negative impact on performance in an

occupational specialty or fitness for military service, the individual will be referred for further evaluation under existing Service or Component guidance. If the concern or condition meets retention standards, but nevertheless represents a potential risk to health or mission execution in a deployed setting, that limitation should also be referred to the appropriate healthcare professional for further evaluation and definitive recommendation. The reason for the referral and the request for evaluation for deployment limitations should be clearly documented for future follow-up.

4.3.1.1.2. Healthcare visits for evaluation of potential deployment-limiting conditions should include a thorough assessment of the current status and potential long-term status of the presenting condition and any associated medications or therapeutic procedures. Any limitations, either temporary or non-temporary, should be appropriately documented in the Service-specific profile or military occupational health system. In addition, notations must be documented in the medical record for future deployment-related reviews.

4.3.1.1.3. PHA and PDHRA procedures are designed to both identify and facilitate access to care for health risks and conditions. The advantage of these procedures for medical readiness includes the opportunity and available time to identify, implement, and conclude a treatment protocol for identified conditions and concerns prior to deployment. All medications and/or other therapeutic procedures implemented for identified health concerns that create additional changes to the mental or behavioral status of the individual should be appropriately noted. Most importantly, at the conclusion of the course of treatment, a termination notation must clearly document either the removal of deployment limitations or the initiation of non-temporary duty limitations.

4.3.1.2. Pre-deployment. The Pre-Deployment Health Assessment, documented on the DD Form 2795, is designed to identify health concerns that would preclude deployment or require a brief course of treatment immediately prior to deployment. The Pre-Deployment Health Assessment includes self-reported information of health status, medical record review, and a review of Service member health concerns by a healthcare provider. It is the responsibility of the Service member to report past or current physical or mental health conditions or concerns and associated treatments, including prescribed medications. The assessing clinician must review all medical readiness information and documentation to determine disposition. If the recommended clinical course of action is not clear, a referral is warranted for further medical evaluation and disposition. Service members followed by non-mental health providers whose conditions require more than quarterly follow-

up visits for sustained duty performance and/or symptom remission in-garrison, and/or whose initial condition fails to improve after 3 months of management, must have mental health specialty review or consultation to determine deployability limitations and recommendations.

4.3.1.3. During Deployment. When personnel are diagnosed with a psychiatric disorder in theater, the provider will carefully assess the patient's condition, treatment regimen, and risk level. The clinical decision to maintain or evacuate personnel diagnosed with psychiatric disorders in theater is based upon: the severity of symptoms and/or medication side effects; the degree of functional impairment resulting from the disorder and/or medications; the risk of exacerbation if the member were exposed to trauma or severe operational stress; estimation of the member's ability and motivation to psychologically tolerate the rigors of the deployed environment; and prognosis for recovery. Personnel diagnosed with psychotic or bipolar spectrum disorders will be recommended for return to their home station. Service members with other conditions that are determined to be at significant risk for performing poorly or decompensating in the operational environment, or whose condition does not significantly improve within two weeks of treatment initiation, will be clinically recommended for return to their home station, in consultation with their commander.

4.3.1.4. Post-Deployment. The Post-deployment Health Assessment (PDHA), documented on the DD Form 2796, is conducted immediately at end of a deployment to determine any changes in health status resulting from deployment. Conditions that require immediate treatment will be stabilized at the point of administration of the PDHA. Other conditions will be referred back to the servicing MTF at the service member's station of assignment. For Reserve Component personnel subject to release from active duty upon return, currently established medical processing procedures will be followed. Any resultant treatment and final disposition will be documented clearly in the military health record for future medical records review. Documentation will be handled as specified in the Sustainment phase of deployment described above.