



## THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

DEC 22 2006

The Honorable John Warner  
Chairman, Committee on Armed Services  
United States Senate  
Washington, DC 20510-6050

Dear Mr. Chairman:

I am forwarding the enclosed report as requested by House Conference Report 109-360 that accompanied the National Defense Authorization Act for Fiscal Year 2006. The report requested that the Department of Defense create a mental health awareness program directed toward family members of service members who have served or will serve in combat theaters.

In response to this requirement, we have developed and implemented the Mental Health Self-Assessment Program. This multi-component program includes web-based self-assessments as well as an in-person program for use at special events, health fairs for National Depression and Alcohol Screening Days, as well as customized family days for active or reserve component units. In addition, this program allows service members to take advantage of the assessments and referrals.

Response to these programs has been excellent, with an average of 4,000 web-based screenings completed each month. The in-person program included 284 sites participating in National Depression and Mental Health Screening events and 275 sites participating in National Alcohol Screening events. During those events over 120,000 individuals completed screenings and over 160,000 received educational materials about mental health concerns. On-site kits were also shared with the Department of Veterans Affairs medical centers that wished to participate. Due to the successful implementation of and the positive response to these programs, the MHSAP will continue into Fiscal Year 2007. Additionally, we plan to implement several enhancements including Spanish language versions of each program, a phone-based self-assessment tool, customized referrals based on location, and an on-going program evaluation.

I am committed to ensuring that service members and their families receive the high level of health care they deserve. Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink that reads "William Winkenwerder, Jr." with a stylized flourish at the end.

William Winkenwerder, Jr., MD

Enclosures:

As stated

cc:

The Honorable Carl Levin  
Ranking Member

**Report on the**

**Program for Mental Health Awareness  
for Dependents**

**In Response to the  
National Defense Authorization Act  
for Fiscal Year 2006  
Section 721(a)**

## TABLE OF CONTENTS

Background .....	1
Mental Health Self-Assessment Program (MHSAP) Online .....	2
Utilization.....	5
MHSAP In-Person Program.....	6
Promotional Strategy and Outreach for the MHSAP.....	7
Media Outreach via National Press .....	8
Media Outreach to Installation and Base Newspapers .....	8
Promotional Materials Available .....	8
Partnerships.....	9
Excerpts from media coverage.....	10
Future Plans.....	13

**Department of Defense  
Report to Congress  
On  
The Mental Health Self-Assessment Program**

**Background**

It is a core value of the Department of Defense (DoD) to provide steadfast support to our troops and their families, particularly in relation to deployment. The Mental Health Self-Assessment Program™ (MHSAP), which began development in October 2005 and was officially launched January 31, 2006, is a natural extension of ongoing efforts by DoD to reach service members and their families with the information they need about services available to them so they can take care of their health. It is a proactive approach to help families and service members identify their own individual symptoms and access assistance, ideally before a problem becomes urgent.

The National Defense Authorization Act for Fiscal Year 2006, Section 721(a) required the following:

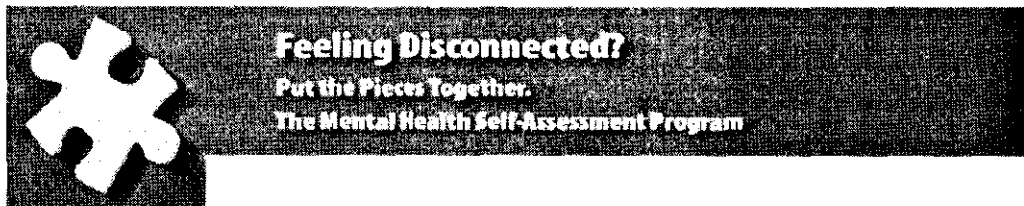
- (a) Program on Mental Health Awareness.
- (b) No later than one year after the date of the enactment of this Act, the Secretary of Defense shall develop a program to improve awareness of the availability of mental health services for, and warning signs about mental health problems in, dependents of members of the Armed Forces whose sponsor served or will serve in a combat theater during the previous or next 60 days.
- (c) The program shall be designed to:
  - 1) Increase awareness of mental health services to family members of members of the Armed Forces on active duty;
  - 2) Increase awareness of mental health services available to dependents of Reservists and National Guard members whose sponsors have been activated; and
  - 3) Increase awareness of mental health issues that may arise in dependents.

The MHSAP program, including both web-based and in-person components, was developed to help protect the mental health of military families affected by deployment by fulfilling three objectives:

- 1) Reduce the stigma associated with seeking help for a mental health problem;
- 2) Educate military families and service members about the mental health and alcohol treatment services available through both military and community-based providers; and
- 3) Encourage the use of treatment services through referrals generated by free, voluntary, and anonymous self-assessment tools.

### **Mental Health Self-Assessment Program (MHSAP) Online**

The online screening program was designed as an anonymous, voluntary, non-threatening, and easily-accessible method for military families to determine their potential risk of a mental health disorder. Privacy and anonymity were key priorities in the development of the online screening program. As a result, the screening modules reside on a non-military server belonging to Screening for Mental Health, Inc. and the web site ([www.MilitaryMentalHealth.org](http://www.MilitaryMentalHealth.org)) to access the screening was given a suffix of “.org” rather than “.mil” deliberately. The online screening program was developed specifically for use in a broad array of settings and can be accessed with privacy, ease, and convenience on a 24/7 basis, using a personal computer in the home, on the base, or on-location during deployment.



#### **Welcome to the Mental Health Self-Assessment Program**

Military life, especially deployments or mobilizations, can present challenges to service members and their families that are both unique and difficult. Some are manageable, some are not. Many times we can successfully deal with them on our own. In some instances matters get worse and one problem can trigger other more serious issues. At such times it is wise to check things out and see what is really happening. That's the purpose of these totally anonymous and voluntary self-assessments.

These questions are designed so you can review your situation with regard to some of the more common mental health issues. The screening will not provide a diagnosis – for that you need to see a professional. But, it will tell you whether or not you have symptoms that are consistent with a condition or concern that would benefit from further evaluation or treatment. It will also give you guidance as to where you might seek assistance.

[Begin the Screening](#)

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The online screening modules provide dedicated welcome and referral messages that address the specific needs of military families. A welcoming program identity in the form of a logo, banner, and tagline appear on every page of the online screening (see screen shot above). The "Feeling Disconnected? Put the pieces together" message was included in all MHSAP program content, both online and hard-copy.

The online screening referral page gives military families a variety of easily-accessible options for obtaining follow-up evaluation and treatment, from both military and community-based providers, including specific options for those who are currently deployed, veterans, and National Guard and Reserve members. In addition, the referral page emphasizes that the screening is simply a first step towards professional evaluation and treatment, and does not provide a clinical diagnosis. Below is a screen shot of one of the referral pages:

### **Post-Traumatic Stress Disorder Screening: Results & Recommendations**

Your screening results are consistent with symptoms of PTSD. As this screening is not a substitute for a clinical evaluation and cannot provide an actual diagnosis, it is recommended that you see a health professional immediately for a complete evaluation.

#### **If your screening results suggested the need for further information or evaluation:**

**Visit a primary or mental health care provider directly.**

**If currently deployed, contact the combat stress team or combat support medical team nearest you. Your chaplain can help you get the care you need.**

**Active duty personnel, contact the mental health, behavioral health, or clinic at your local military treatment facility.**

**Family members, non-active duty members with TRICARE, can go directly to a health provider in the TRICARE network without a referral or prior authorization for the first 8 sessions.**

**Not sure about benefits or don't have a primary care manager? Contact TRICARE Service Center in your region:**

- North 1-877-874-2273
- South 1-800-444-5445
- West 1-888-874-9378
- Overseas 1-888-777-8343

**The website is: [www.tricare.osd.mil/tricare-servicecenters](http://www.tricare.osd.mil/tricare-servicecenters)**

**Veterans: Go to: [www.va.gov/rcs](http://www.va.gov/rcs) for a directory.**

Two pages provide educational information and helpful resources to the users of the online screening modules:

- A “Fact Sheet” section was created to give users educational information about the five categories of mental disorders addressed in the modules.



## **Mental Health Self-Assessment Program™**

*Putting the Pieces Together*

Provided by Screening for Mental Health, Inc. with funding from the Department of Defense Office of Health Affairs

### **FACTS ABOUT DEPRESSION**

#### **Men:**

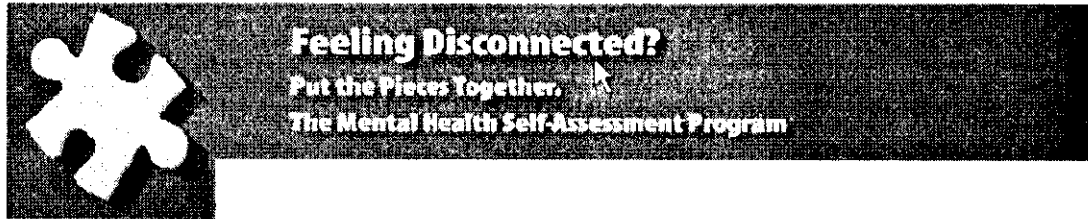
- In the United States, depression affects nearly 7% of men (6 million men).<sup>1</sup>
- It remains unclear whether depression is actually less common among men, or if men are just less likely to recognize and acknowledge the symptoms than women.
- Four times as many men as women die by suicide in the U.S.<sup>2</sup>
- Men often deal with depression by withdrawing from others and throwing themselves into their work, engaging in risky or dangerous behavior, and/or becoming angry, frustrated and abusive.<sup>3</sup>

#### **Women:**

- Women 18 to 45 years of age account for the largest proportion of people suffering from depression.<sup>4</sup>
- Twenty to 40 percent of menstruating women experience premenstrual mood and behavioral changes.



- A page of additional resources provides web links for users who wish to investigate additional sources of help:



#### Links to Additional Resources

For more information and resources, please use the links below.

Fact Sheets on Mental Health Disorders and Treatments  
[www.mentalhealthscreening.org/infofaq](http://www.mentalhealthscreening.org/infofaq)

Department of Veterans Affairs  
[www.va.gov](http://www.va.gov)

Deployment Health Clinical Center  
[www.pdhealth.mil/family.asp](http://www.pdhealth.mil/family.asp)

Military OneSource  
[www.militaryonesource.com](http://www.militaryonesource.com)

TRICARE Service Center  
[www.tricare.osd.mil/tricare-servicecenters](http://www.tricare.osd.mil/tricare-servicecenters)

TRICARE Mental Health Coverage Information  
[www.tricare.osd.mil/news/2005/news0501.cfm](http://www.tricare.osd.mil/news/2005/news0501.cfm)

TRICARE Alcohol Education  
[www.tricare.osd.mil/healthychoices/](http://www.tricare.osd.mil/healthychoices/)

## Utilization

Official promotion for the online screening component began in February 2006 and ramped up to full speed in April (see promotion section). Use of the online program from February through August averaged more than 4,000 screens a month or 1,000 per week. Of those who used the program:

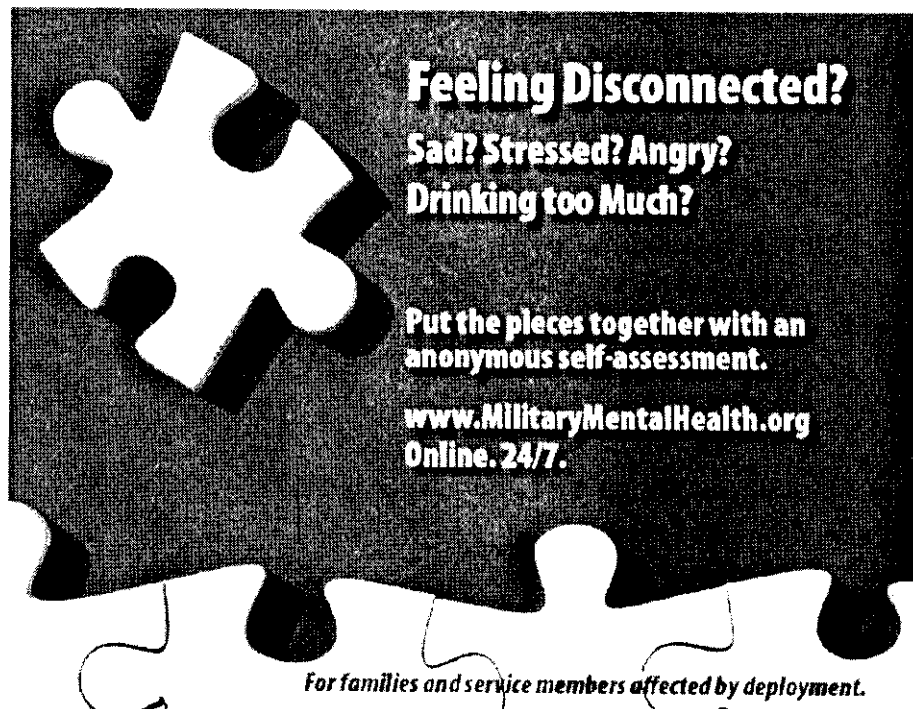
- 62% were men; 38% were women
- 60% were individuals where they or their family member had at least one deployment outside the continental United States;
- 7% were military personnel serving in Iraq;
- 30% completed the depression self-assessment; 22% completed the self-assessment for generalized anxiety disorder; 20% completed the bipolar disorder self assessment; 18% completed the PTSD self-assessment; and 10% completed the alcohol self-assessment;

- Army service members and their families accounted for 49% of all completed self-assessments, followed by 18% for the Air Force and 14% for the Navy; and
- National Guard and Reserve personnel or their family members completed 18% of self-assessments.

### **MHSAP In-Person Program**

The in-person self-assessment program was adapted for the DoD from Screening for Mental Health's (SMH's) evidence-based mental health screening program, National Depression Screening Day® (NDS), and its alcohol screening program, National Alcohol Screening Day® (NASD). Both programs had been implemented successfully on military installations in the past. These components are used in voluntary special events and health fairs in an open, non-threatening atmosphere. Service members and their families are invited to participate. For each component, the DoD obtained 160 kits the end of January 2006. The response by military units was overwhelming. Within two months, we depleted the supply of kits and ordered more. To date, 284 sites have participated in the NDS and 275 sites have participated in the NASD. Altogether these events screened more than 120,000 individuals and provided educational materials for more than 160,000 individuals.

Each in-person screening kit carried through the non-threatening "Feeling Disconnected; Put the Pieces Together" theme and puzzle logo.



Materials include:

- Implementation and Promotion Guide
- Screening Forms
- Educational Brochures
- Banner
- Posters
- Educational Video
- Give-away items including wallet cards and magnets that list symptoms and the online self-assessment web site address

Subject matter experts from SMH conducted two training sessions for participating unit staff members by teleconference and included best practices described by staff members from bases that had previously implemented the programs.

### **Promotional Strategy and Outreach for the MHSAP**

Promotion of the MHSAP is a critical component and is necessary to ensure use of the program and to educate military families about mental health issues and how to access counseling or healthcare services. Using non-threatening themes that dovetail with timely news issues, the media outreach is a powerful tool for communicating to service members and their families that the MHSAP program is available and an open doorway to help.

All promotional materials and media communications help overcome the stigma associated with mental health disorders and provide information about the services the military provides to service members and their family members. The success of this approach was recognized recently when the design for the “Feeling Disconnected: Put the Pieces Together” logo and materials won an American Graphic Design Award for 2006 in the area of Public Service. This is a national, juried competition.

There are several strategies employed to create regular communications and messages about the availability of the program.

- Media outreach via the national press;
- Media outreach to installation and base newspapers;
- Promotional materials available online to every registered installation or base to help them do their own marketing of the program; and
- Partnerships with departments and organizations concerned with the mental health of our service personnel and their family members.

## **Media Outreach via National Press**

Media outreach to military press and general community press occurred via the Pentagon Television Channel and personal contact with media outlets by members of the Screening for Mental Health media department. Media coverage has been widespread and compelling, including:

- A Pentagon Channel broadcast repeated at different times on multiple days;
- An American Forces Press Service print story;
- An Associated Press article, picked up nationally, including the *Washington Post*, *Boston Globe*, *CNN*, *ABC News*, and other major outlets. In addition, military-related papers such as the *Army Times*, *Air Force Times*, *Marine Times*, and *Navy Times* picked up the story, as did local daily papers such as the *Louisiana Daily Advertiser*;
- PARADE magazine, as part of a cover article, “When the Troops Come Home”;
- *HealthDayNews*, a popular Internet source for medical news;
- *Stars and Stripes*;
- *Soundings*;
- *Army Community Service*; and
- *My Army Life*.

Mental health trade press, including *Psychiatric News* and *Mental Health Weekly*, has carried stories about the program.

## **Media Outreach to Installation and Base Newspapers**

Media outreach contacted installation and base newspapers urging them to include information about the program and to incorporate it into larger stories on deployment. The papers received two email communications with a press release, press contact, and a link to the American Forces Press Service story. These communications will continue quarterly.

An example of coverage generated by these efforts comes from the *Ft. Campbell Courier*, which ran the American Forces Press Service story August 10, 2006, with a quote from a local subject matter expert. The paper ran this story in conjunction with an eight-page post-deployment guide with information on legal, financial, and health related matters.

## **Promotional Materials Available**

Materials provided to installations and bases include posters, flyers, and banners that can be hung in a strategic location to promote and identify the screening availability, both in-person and online.

Another outreach tool is a wallet card highlighting the internet address of the online screening with the puzzle piece “Feeling Disconnected” logo and design. This is provided in quantity for dissemination to the military community. The wallet card is particularly popular because it is easily carried in wallets, purses, or briefcases for use privately at a later moment.

The Screening for Mental Health web site ([www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)) includes templates for media outreach. These templates make communicating with the local installation media (e.g., newspaper, listservs, radio) as easy as possible. These materials are available for download in two formats and require very little customization. The downloadable materials are:

- Five sample articles providing different educational angles;
- Brief announcements, perfect for use with listservs, emails, or daily briefs;
- A “clicker” using the Feeling Disconnected theme and logo, for placement on a web page to provide a quick, visual link to the online screening program;
- Draft email messages, one for each month of year, tying in with a national health observance, such as National Sleep Awareness Week;
- Four fully formatted ads ready for printing in a magazine or newspaper, available in full page, half-page, one-third page, and one-sixth page sizes; and
- An electronic version of the Feeling Disconnected flyer/handout.

## **Partnerships**

Cooperation with other organizations and military-oriented media can help spread the word effectively about the availability of the screening program. Multiple partners have carried the word about this program, including the National Military Family Association (NMFA), the National Guard Family Program, the Association of United States Army, and TRICARE, among others.

The NMFA, as an example of a partnership, has a link to the online program on its web site and has included at least two articles about the program in its email newsletter. Its staff provided quotes of support for the program for inclusion in press releases or other media materials, e.g.,

“Families and service members can now take advantage of an anonymous assessment tool, the Mental Health Self-Assessment

(MHSA). This is a beneficial, easy-to-use instrument that allows individuals to confidentially take an online self-directed assessment for depression, alcohol disorders, PTSD, and anxiety disorders.”

-Tanna Schmildi, Chairman of the Board/CEO, National Military Family Association

Another key outreach occurred through Substance Abuse and Mental Health Services Administration’s National Behavioral Health Conference on Returning Veterans and Their Families in March 2006, where Screening for Mental Health provided information about MHSAP. The focus was on distributing information through community mental health programs, veterans’ organizations, and family programs that provide services to veterans and their families, especially National Guard and Reserve members who may not have ready access to the wide variety of support services provided on military installations.

### **Excerpts from media coverage**

*PARADE* magazine, April 16, 2006

“When Families Give Support:

“Take a screening test: A new online test offered by the Department of Defense, Office on Health Affairs, can help those who prefer anonymity. Called the Mental Health Self Assessment, the program allows vets affected by deployment in every branch of the military (including National Guard and Reserves) and their family members to identify symptoms before problems become urgent. The program is accessible 24.7 at [www.MilitaryMentalHealth.org](http://www.MilitaryMentalHealth.org) on the Web. The site also provides information about mental health and substance abuse services covered by DoD.”

*Louisiana Daily Advertiser*, May 31, 2006

“Deborah DeJernette, mother of Dominique DeJernette who served in Iraq with the Louisiana National Guard 256th Mechanized Infantry, said she thought the tool was a great idea, adding that she knew soldiers who might benefit from the online screening.

“ ‘My daughter is doing fine, but I think some of the soldiers are hesitant to seek help,’ DeJernette said. ‘This is unfortunately a bunch of macho men who might consider it a weakness to seek help.’ ”

*Associated Press* story as run in the *Washington Post*, June 9, 2006

“ ‘It's an excellent tool -- available 24/7 so you can do it at night when nobody's watching,’ said Deborah Manning, who coordinates Army substance-abuse programs at Fort Benning, Ga. ‘The anonymity can make a big difference to a soldier who's been trained to think, “I'm macho. I can handle this.” ’ ”

“The effort is among the latest of numerous military initiatives undertaken to cope with stress, depression and other mental health problems related to the wars in Iraq and Afghanistan and tough overseas deployment schedules.”

*Associated Press* story as run in the *Boston Globe*, May 31, 2006

“The online program, developed by a nonprofit group called Screening for Mental Health, is divided into subsections addressing depression, post-traumatic stress, anxiety, bipolar disorder, and alcohol abuse. It is free and confidential; participants are asked about deployment records and military status but not for details that would identify them.

“ ‘It's a first step for people wondering, “Do I need help?” ’ said Joyce Raezer of the National Military Family Association.”

*American Forces Press Service*, April 18, 2006

“Military members and families coping with the stress of overseas deployments and other potential health-threatening issues can log onto the Internet to get help, a U.S. military psychologist said here today.

“ ‘Service members from all components and their families can obtain a mental health self-assessment or screening through a Web site co-sponsored by DoD and Screening for Mental Health Inc., a nonprofit organization,’ said Air Force Col Joyce Adkins, a psychologist with the Force Health Protection and Readiness directorate at the Defense Department's Health Affairs office.

“ ‘The (online) screening actually gets you to where you need to be in terms of counseling,’ Adkins said. ‘Once you do one of the screening checklists, it will give you the benefits that are available to you.’ ”

*Stars and Stripes*, April 26, 2006

“Adkins emphasized that the self-assessment is not designed to take the place of professional treatment. Everyone who visits the site is provided information on Military One Source counseling services, which can also be accessed anonymously, and ways to contact military physicians for face-to-face sessions.

“ ‘This is also for family members, too,’ she said. ‘Family members have stress during deployments, and this can help them deal with their own health concerns.’

“ ‘Or, if they’re concerned about the behavior of their service members, this can help them understand what those troops might be going through.’ ”

*Soundings*, June 7, 2006

“I was slightly suspicious but mostly overjoyed when I heard about the online self-screening program the Department of Defense has implemented for military service members and their spouses. Talk about a serious step at long last taken in the right direction.

“The DOD Mental Health Self-Assessment Program went online four months ago. Since then, thousands of military members and their spouses have used the anonymous questionnaire that gathers answers to questions about various behavior and psychological issues to provide insight and guidance for screening in terms of potentially receiving professional help. I accessed the questionnaire at <https://www.militarymentalhealth.org/welcome.asp>.

“I answered the questions honestly as the family member of a military retiree to see whether it would accurately evaluate my own previously diagnosed condition. Sure enough, it was right on target.

“I was advised by the Web site to seek help for my symptoms of anxiety panic disorder, something I did years ago. I was also provided, after completing the questionnaire, with several links to enable me to get in touch with the right professionals to handle the task of getting me back on track, plus plenty of insurance information.

“I can’t help marveling what a wonderful advancement this is for the military in general.”



## **Future Plans**

Because of its success, the MHSAP will continue in 2007. In the coming year, the DoD will enhance the program as follows:

- 1) Provide a trial version in Spanish to determine if a language other than English would facilitate greater access to military dependents;
- 2) Add a phone-based self-assessment tool as an alternative method to the web-based module;
- 3) Include customization of referral resources to include local community-specific referral sources.
- 4) Complete a formal program evaluation to determine the effectiveness of the program and to determine methods for improvement of efficacy.
- 5) Link to a preventive, web-based psycho-educational program for stress inoculation and direct individuals who do not have clinically significant symptoms, but who would benefit for additional knowledge and skill-building, to that educational program for further information. This will provide a valuable link in our full continuum that ranges from prevention through clinical treatment.