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

PERSONNEL AND READINESS

JAN 11 2019

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

Dear Mr. Chairman:

Please find enclosed the Department's response to section 701 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015 (Public Law 113-291), which requires a report to Congress on the annual mental health assessments (MHA) of members of the Armed Forces, conducted pursuant to section 1074n of title 10, United States Code. Key elements of the report include: a description of the tools and processes used to provide the annual MHA; recommendations for improving the tools and processes; and recommendations for improving the monitoring and reporting of the number of Service members who receive MHAs, are referred for care from the MHAs, and who receive care based on referrals from the MHAs.

In response to this requirement, the entire MHA was included as part of the annual Periodic Health Assessment (PHA), which is outlined in Department of Defense Instruction (DoDI) 6200.06, "Periodic Health Assessment (PHA) Program." The Defense Health Agency Procedural Instruction for the PHA was published on May 9, 2017, and was fully implemented in February, 2018. All MHAs (including those administered during the PHA) must meet the requirements outlined in DoDI 6490.12, "Deployment Mental Health Assessments." This allows for consistency and tracking throughout the Service member lifecycle, as the questions included in the MHA are the same questions that Service members see on their pre-and post-deployment health screenings.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the Senate Armed Services Committee.

Sincerely,

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 William M. "Mac" Thornberry
Ranking Member

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

PERSONNEL AND READINESS

JAN 11 2019

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

Dear Mr. Chairman:

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Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the House Armed Services Committee.

Sincerely,

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 Jack Reed
Ranking Member

Report to Congress

Mental Health Assessments for Members of the Armed Forces

Required by: Section 701 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015 (Public Law 113-291)

Office of the Secretary of Defense

The estimated cost of this report or study for the Department of Defense is approximately $5,850 for the 2018 Fiscal Year. This includes $1,000 in expenses and $4,850 in DoD labor.
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Executive Summary

This report is required by section 701 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2015 (Public Law 113-291). The NDAA requires the Secretary of Defense to report on the annual mental health assessments (MHAs) of members of the armed forces conducted pursuant to section 1074n of title 10, United States Code. Key elements of this report include: a description of the tools and processes used to provide the annual MHA; recommendations for improving the tools and processes; and recommendations for improving the monitoring and reporting of the number of Service members who receive MHAs, are referred for care from the MHAs, and who receive care based on referrals from the MHAs.

Department of Defense Instruction (DoDI) 6200.06, "Periodic Health Assessment (PHA) Program," requires a person-to-person MHA with a healthcare provider trained to perform MHAs. Specifically, a person-to-person (face-to-face, telephone, or video teleconference dialogue) MHA between the Service member and a mental health professional or a healthcare provider trained to perform MHAs is required. Trained healthcare personnel may determine if the Service member requires further evaluation or health education and contact the Service member.

The MHAs consist of a two-stage self-report assessment using validated tools to assess alcohol use, post-traumatic stress disorder (PTSD), and depressive symptoms. These self-report measures are followed by a person-to-person interview with the healthcare provider to assess suicidal ideation and violence risk, address specific mental health concerns, provide education and information, and make any necessary referrals for additional care and follow-up. The two-stage assessment has resulted in greater specificity of symptoms on which to base provider referrals.

The Defense Health Agency – Procedural Instruction (DHA-PI) for the PHA was published on May 9, 2017, and includes the entire MHA. The Services implemented the new electronic PHA by February 2018. The Department of Defense (DoD) PHA is designed to accomplish multiple requirements and provide standardized health assessment data that can be analyzed and compared across all Services and to national standards, and provide a snapshot of the health status and health risks of all Service members.

Introduction

Mental health issues are a serious problem for Service members. These illnesses are often not visible to others, making them difficult to diagnose and leading to unnecessary suffering. Screening for mental health conditions on a periodic basis helps ensure force health protection and readiness and provide for the well-being of Service members. These conditions, risks, and concerns can threaten an individual's life, health, or capacity to function. Effective screening processes are essential to ensure early identification of mental health concerns, conditions, and needs, and to facilitate referral for further assessment or definitive care when needed.

Section 701 of the NDAA for FY 2015 (Jacob Sexton Military Suicide Prevention Act of 2014) requires each of the Services to provide a person-to-person MHA for each Service member every year. In response to this requirement, the entire MHA was included as part of the PHA, which is outlined in DoDI 6200.06, "Periodic Health Assessment (PHA) Program." The DHA-PI for the PHA was published on May 9, 2017. All MHAs (including those administered during the PHA) must meet the requirements outlined in DoDI 6490.12, "Deployment Mental Health Assessments." This allows for consistency and tracking throughout the Service member lifecycle.

By implementing annual MHAs for all Service members in addition to the established MHAs for deployers, more Service members in the early stages of mental illness can be identified and referred for treatment, helping them heal and improving overall medical readiness. The annual MHA, included with the DoD PHA, fulfills the requirement of section 701 of the NDAA for FY 2015, and uses established DoD questions for early detection of mental health issues. The questions included in the MHA are the same questions that Service members see on their pre- and post-deployment health screenings.

Tools and Processes

The MHAs consist of a two-stage self-report assessment using validated tools to assess alcohol use, PTSD, and depressive symptoms. These self-report measures are followed by a person-to-person interview with the healthcare provider to assess suicidal ideation and violence risk, address specific mental health concerns, provide education and information, and make any necessary referrals for additional care and follow-up. The three-stage process (two-stage self-report and a provider interview) has resulted in greater specificity of symptoms on which to base provider referrals.

Stage 1 involves the completion of a self-report survey that includes initial screening questions that are completed by all Service members. This stage is designed to detect potential problem areas and define high-risk groups. In Stage 2, all Service members complete additional questionnaires if the Stage 1 screening for either PTSD or depression is positive. This stage is designed to "drill down" to PTSD and depression criteria, measure symptom severity, and help providers identify concerns for further evaluation or treatment. Stage 3 is the person-to-person provider interview, during which the provider reviews and clarifies responses, identifies areas of concern, conducts a brief intervention for alcohol misuse (if applicable), and provides referrals for further evaluation or treatment as indicated. During this stage, the provider also assesses for

risk of suicide or violence toward others. The following sections provide a detailed description of the three stages as they pertain to each of the major problem areas assessed by the MHA.

PTSD

Stage 1 of the PTSD assessment involves the administration of the four-item Primary Care-PTSD Screen (PC-PTSD) questionnaire, a valid and reliable screening measure for PTSD in a primary care setting (Prins et. al., 2004). If the self-report responses for the initial questions for PTSD in Stage 1 are positive (two or more symptoms in the PC-PTSD scale are marked "yes"), they will trigger additional screening questions in Stage 2 before the Stage 3 interview with the provider. Stage 2 consists of gathering more detailed information about the symptoms of PTSD through the administration of the PTSD Checklist-Civilian version (PCL-C). If the Stage 1 screening responses for the initial questions for PTSD are negative, the Service member will not answer the additional PTSD questions in Stage 2, but will proceed directly to Stage 3. During Stage 3, the healthcare provider conducts a person-to-person interview with the Service member to review and clarify the Service member's responses, address any specific mental health concerns raised by the Service member, provide education and information, and/or make a referral for further assessment or treatment (if needed – see PTSD Intervention Matrix).

PTSD Intervention Matrix				
Self-Reported Level of Functioning:	**PCL-C Score <30 (sub-threshold or No Symptoms)**	**PCL-C Score 30-39 (Mild Symptoms)**	**PCL-C Score 40-49 (Moderate Symptoms)**	**PCL-C Score >= 50 (Severe Symptoms)**
Not Difficult at All or Somewhat Difficult	No intervention	Provide PTSD education		Consider referral for further evaluation AND provide PTSD education
Very Difficult to Extremely Difficult	Assess need for further evaluation AND provide PTSD education	Consider referral for further evaluation AND provide PTSD education		Refer for further evaluation AND provide PTSD education

Depression

Depression is screened at Stage 1 using the Patient Health Questionnaire-2 (PHQ-2), a valid and reliable two-item screening tool for depression in primary care settings (Kroenke et. al., 2003). If the Service member answers "more than half the days" or "nearly every day" on either question on the PHQ-2, the result is a positive screen. The Service member is then required to complete additional questions in Stage 2 on the Patient Health Questionnaire-8 (PHQ-8) detailing his/her depressive symptoms (Kroenke et. al., 2009). The PHQ-8 is a subset of the Patient Health Questionnaire-9 (PHQ-9), which removes a suicide question that is included during the suicide and violence risk evaluation. If the initial screenings for depression are negative, the Service member will not answer additional depression questions in Stage 2, but will proceed directly to the Stage 3 (person-to-person) provider interview. Like PTSD, Stage 3 of the assessment for depression consists of the person-to-person interview with the healthcare provider involving direct interaction with the Service member to review and clarify answers provided in Stages 1 and 2, as well as assess suicidal ideation and violence risk, provide education and information, and/or make a referral (see Depression Intervention Matrix below).

<table>
<tr><th colspan="6">Depression Intervention Matrix</th></tr>
<tr><th>Self-Reported Level of Functioning:</th><th>PHQ-8 Score 1-4 (No Symptoms)</th><th>PHQ-8 Score 5-9 (Sub-Threshold Symptoms)</th><th>PHQ-8 Score 10-14 (Mild Symptoms)</th><th>PHQ-8 Score 15-18 (Moderate Symptoms)</th><th>PHQ-8 Score 19-24 (Severe Symptoms)</th></tr>
<tr><td>Not Difficult at All or Somewhat Difficult</td><td>No intervention</td><td colspan="2">Depression education</td><td colspan="2">Consider referral for further evaluation AND provide depression education</td></tr>
<tr><td>Very Difficult to Extremely Difficult</td><td colspan="2">Assess need for further evaluation AND provide depression education</td><td colspan="2">Consider referral for further evaluation AND provide depression education</td><td>Refer for further evaluation AND provide depression education</td></tr>
</table>

Alcohol Misuse

Alcohol use is assessed in Stage 1 using a three-item screening tool called the Alcohol Use Disorder Identification Test-Consumption (AUDIT-C), which has been found to be a valid and reliable scale for detecting heavy drinking and/or active alcohol use disorder (Bush et. al., 1998). Unlike PTSD and depression, there are no additional Stage 2 questions for alcohol use. Both positive and negative screens in Stage 1 go directly to Stage 3. Similar to PTSD and depression, Stage 3 consists of the person-to-person interview with the healthcare provider involving direct interaction with the Service member to review and clarify answers provided in Stage 1, as well as providing brief intervention, alcohol education, and referral, if necessary.

Suicide and Violence Risk Assessment

During the Stage 3 person-to-person interview, the provider follows a set of standardized questions to assess risk for suicide and violence. The suicide assessment consists of questions assessing suicidal ideation, intent, planning, past attempts, risk factors, and mitigating factors. Based on this assessment, the provider determines whether the Service member poses a current risk of harm to self and makes a referral for emergency or routine specialty mental health evaluation as indicated. Similarly, the provider also assesses for current thoughts of harming others or "losing control," including an assessment of a specific target victim, plan, intent, and past history of violence. As with suicide risk, the provider makes a determination of current risk to others and makes a referral for further evaluation as necessary.

Referrals and Disposition

The final step in the Stage 3 provider interview is for the provider to document any referrals recommended based on the assessment. These primarily focus on the need for referral for specialty mental health evaluation or treatment, but could also be for evaluation by a primary care provider, a behavioral health specialist working in a primary care setting, or other medical specialty, as indicated. The provider can also make a referral to TRICARE or the Department of Veterans Affairs (VA) for services if this would be appropriate, or for non-medical assistance, including spiritual counseling, family/relationship counseling or support, and transitional assistance (e.g., *inTransition*).

The *inTransition* program was initiated by DoDI 6490.10, "Continuity of Behavioral Health Care for Transferring and Transitioning Service Members." The program is designed to provide one-on-one telephonic non-clinical coaching to assist Service members receiving mental health treatment with making the transition between healthcare providers (e.g., during permanent change of station) or healthcare systems (e.g., from Military Health System to VA care). In 2011, the *inTransition* program was expanded to accept mental health referrals from MHA processes and provide telephonic coaching to Service members who may not be enrolled in mental health care, but who may benefit from treatment for a mental health issue.

Recommendations and Conclusions

Since implementation of the annual MHA with the DoD PHA in October 2017, there have been 1.1 million MHAs administered (as of September 28, 2018). Ninety-six percent of the Active Component and 95 percent of the Reserve Component have a current PHA on file as of June 2018. Since the annual MHAs were implemented, there have been some additional recommendations to update the PTSD tools. Given that the MHAs are included in the PHA and in the deployment–related health assessments before, during, and after deployment, any changes to one tool would need to occur at the same time as the others. The DoD is in the process of drafting these edits. Also in development for the next version of the PHA is inclusion of the new NDAA for FY 2019 (Public Law 115-232) requirement to screen for gambling disorder. In addition, the DoD is working with the VA to synchronize MHAs during separation, which will align the Separation MHA with the DoD MHAs.

Recommendation 1: Update PTSD Screening Questions to align with the Diagnostic and Statistical Manual of Mental Disorders (DSM–5).

- PC-PTSD asked individuals to respond to questions in reference to an experience that was "frightening, horrible, or upsetting," which could lead respondents to refer to events that, while stressful, were not considered traumas (e.g., divorce) to merit a diagnosis of PTSD. To avoid this, the PC-PTSD-5 asks respondents whether they have experienced prior trauma(s), and provides examples of events that qualify (e.g., sexual assault, war). If respondents have not been exposed to any traumatic events, they do not complete the remainder of the PC-PTSD-5. If they do endorse prior trauma(s), they respond to additional questions about symptoms related to those trauma(s).
- PC-PTSD included four questions about PTSD symptoms, whereas the PC-PTSD-5 added a fifth item to assess whether the respondent has experienced guilt and/or a distorted sense of blame regarding the trauma(s). This additional item is consistent with more up-to-date knowledge about the PTSD diagnosis as described in DSM-5.

Recommendation 2: Automatically enroll Guard and Reserve members into the *inTransition* program if they are referred to care on their annual MHA.

- The DoD and VA are already tracking mental health referrals on MHAs for guard and reserve component members who referred during their deployment MHA. This would expand to include those referred on their annual MHA.
- Automatic enrollment into the *inTransition* program is being expanded to include those referred while separating.

Conclusions

The DoD has used validated screening tools since the MHA was integrated into the deployment health cycle in November 2012. Screening for mental health conditions before and after deployment and on a periodic basis helps ensure force health protection and readiness, and the well-being of Service members.

References

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DoD Instruction 6490.10, "Continuity of Behavioral Health Care for Transferring and Transitioning Service Members," October 28, 2015, as amended.

DoD Instruction 6490.12, "Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation," February 26, 2013, as amended.

DoD Instruction 6200.06, "Periodic Health Assessment," September 8, 2016.

DD Form 3024, "Annual Periodic Health Assessment," April 25, 2016.

DHA-PI 6200.06, "Periodic Health Assessment (PHA) Program," May 9, 2017.

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Kroenke, K., Strine, T.W., Spitzer, R.L., Williams, J.B.W., Berry, J.T., Mokdad, A.H. (2009). The PHQ-8 as a measure of current depression in the general population. Journal of Affective Disorders, 114(1-3), 163-173.

Prins, A., Ouimette, P., Kimerling, R., Cameron, R.P., Hugelshofer, D.S., Shaw-Hegwer, J., Thrailkill, A., Gusman, F.D., & Sheikh, J.I. (2004). The Primary Care PTSD Screen (PC-PTSD): development and operating characteristics. Primary Care Psychiatry, 9(1), 9-14.

List of Acronyms

AUDIT-C	Alcohol Use Disorder Identification Test - Consumption
DHA-PI	Defense Health Agency – Procedural Instruction
DoD	Department of Defense
DoDI	Department of Defense Instruction
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
FY	Fiscal Year
MHA	Mental Health Assessment
NDAA	National Defense Authorization Act
PCL-C	PTSD Checklist-Civilian version
PC-PTSD	Primary Care – Posttraumatic Stress Disorder
PC-PTSD-5	Primary Care PTSD Screen for DSM-5
PHA	Periodic Health Assessment
PHQ-2	Patient Health Questionnaire-2
PHQ-8	Patient Health Questionnaire-8
PHQ-9	Patient Health Questionnaire-9
PTSD	Post-traumatic Stress Disorder
VA	Department of Veterans Affairs