



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

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HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT: Mental Health Assessments for Members of the Armed Forces Deployed in Connection with a Contingency Operation

References: (a) 2010 National Defense Authorization Act, Section 708, "Mental Health Assessments for Members of the Armed Forces Deployed in Connection with a Contingency Operation," October 28, 2009
(b) Department of Defense Instruction (DoDI) 6490.3, "Deployment Health," August 11, 2006
(c) DoDI 6200.05, "Force Health Protection Quality Assurance Program," February 16, 2007


The National Defense Authorization Act for Fiscal Year 2010, Section 708, required the Department of Defense (DoD) to implement person-to-person mental health assessments for each member of the Armed Forces who is deployed in connection with a contingency operation (Reference (a)). The mental health assessments will be conducted during four time frames in a consistent manner across the Services:

1. Within 2 months before the estimated date of deployment;
2. Between 3 and 6 months after return from deployment;
3. Between 7 and 12 months after return from deployment;
4. Between 16 and 24 months after return from deployment.

Guidance for complying with the legislation is outlined in Attachment 1. This guidance will be incorporated into a forthcoming DoD Instruction. Attachment 2 provides details of the Service member and health care provider sections for conducting a mental health assessment. Training and guidance for health care providers performing deployment-related mental health assessments is currently in coordination with Service Surgeons General and, when final, will be posted at <http://www.pdhealth.mil/dcs/default.asp>.

Please provide your implementation plan to the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness within 45 calendar days from the date of this memorandum. Ongoing Quality Assurance procedures consistent with

Reference (c) must be part of your plan. Service compliance and implementation of this guidance will be reported to Congress at 270 days and again at 2 years after the date of issuance of this guidance. The point of contact for this action is Commander Meena Vythilingam, who may be reached at (703) 575-3520, or via e-mail at Meena.Vythilingam@tma.osd.mil.



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President, Uniformed Services University of
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Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Attachments:
As stated

cc:
Under Secretary of Defense (Personnel and Readiness)
Assistant Secretary of Defense (Reserve Affairs)
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Joint Staff Surgeon
Medical Officer of the Marine Corps
U.S. Coast Guard Director, Health, Safety and Work-Life
Deputy Chief, Patient Care Services Officer for Mental Health, Department of Veterans
Affairs
Director, Defense Centers of Excellence for Psychological Health and Traumatic Brain
Injury
Director, Armed Forces Health Surveillance Center

Attachment 1

Compliance Guidance for Fiscal Year 2010 National Defense Authorization Act, Section 708, “Mental Health Assessments for Members of the Armed Forces Deployed in Connection with a Contingency Operation”

The National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, Section 708, required the Department of Defense to institute a person-to-person mental health assessment for each member of the Armed Forces who is deployed in connection with a contingency operation. The definition of deployment, leadership responsibilities to ensure compliance, types of providers (other than licensed mental health professionals) who can conduct person-to-person assessments, and the instructions and exemptions for a comprehensive deployment health program, are delineated in Reference (b) and are applicable (except as superseded by Reference (a) and this guidance) to the mental health assessments outlined in this guidance.

The purpose of the mental health assessment is to identify mental health conditions including post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions that require referral for additional care and treatment. These assessments must include a person-to-person dialogue (e.g., face-to-face, by telephone, video telehealth) and must be conducted in a private setting to foster trust and openness in discussing sensitive health concerns. The Service member and health care provider components of the mental health assessment are provided in Attachment 2 and must be conducted within the following time frames:

1. Within 2 months before the estimated date of deployment;
2. Between 3 and 6 months after return from deployment;
3. Between 7 and 12 months after return from deployment;
4. Between 16 and 24 months after return from deployment.

Currently administered periodic health assessments and other person-to-person assessments (e.g., the Post-Deployment Health Reassessment) will meet the time requirements for mental health assessments only if they use all the psychological and social questions outlined in Attachment 2, and if they are conducted in a manner specified above. Mental health assessments are not required for Service members who are discharged or released from the Armed Forces.

Either licensed mental health professionals or trained and certified health care personnel (specifically a physician, physician assistant, nurse practitioner, advanced practice nurse, Independent Duty Corpsman, Special Forces Medical Sergeant, Independent Duty Medical Technician, or Independent Health Services Technician) can conduct these mental health assessments.

To ensure consistency across the military Departments, self-directed training for these mental health assessments is available at: <http://www.pdhealth.mil/dcs/default.asp>. A certificate of completion will be provided at conclusion of the training. The military Departments will ensure that all health care providers, other than licensed mental health professionals, are trained and certified to perform mental health assessments and to make appropriate clinical referrals. Results from these mental health assessments must be recorded in the Service member's medical record to assist with health surveillance of the deploying force and to allow sharing of mental health assessment data with providers from the Department of Veterans Affairs, consistent with applicable information sharing protocols.

Verification of provider training and compliance with this guidance will be performed by the Force Health Protection Quality Assurance Program in accordance with Reference (c). The Deputy Assistant Secretary of Defense for Force Health Protection and Readiness will coordinate an evidence-based assessment of the effectiveness of these mental health assessments in accordance with the required "Reports on Implementation of Guidance" specified in Section 708 of the NDAA for FY 10. The Services will provide assistance in conducting this evaluation.

Attachment 2

Mental Health Assessment Items to be Incorporated in Deployment Health Assessments

Service Member Section:

1. In the **past year**, have you received a diagnosis for any mental health problem, such as post-traumatic stress disorder, depression, anxiety disorder, alcohol abuse, or substance abuse?

Yes _____ No _____ If yes, please list _____

2. Are you **currently** taking prescription or over-the-counter medications (including herbals /supplements) for sleep or mental health problems?

Yes _____ No _____ If yes, please list _____

3. Please circle the answer that is correct for you in the **past month**:

3a. How often do you have a drink containing alcohol?				
Never (0)	Monthly or less (1)	Two or four times a month (2)	Two to three times per week (3)	Four or more times a week (4)
3b. How many drinks containing alcohol do you have on a typical day when you are drinking?				
1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 or 9 (3)	10 or more (4)
3c. How often do you have six or more drinks on one occasion?				
Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost Daily (4)

4. Please circle the answer that is correct for you in the **past month**:

Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:		
4a. Have had nightmares about it or thought about it when you did not want to?	Yes	No
4b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	Yes	No
4c. Were constantly on guard, watchful, or easily startled?	Yes	No

Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

4d. Felt numb or detached from others, activities, or your surroundings?	Yes	No
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NOTE: If two or more items are marked 'Yes' on items 4a-4d, continue to answer items 4e-4x (located at the end of this form), otherwise go to question #5.

5. Please circle the answer that is correct for you in the past 2 weeks:

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0)	Few or several days (1)	More than half the days (2)	Nearly every day (3)
5a. Little interest or pleasure in doing things.	0	1	2	3
5b. Feeling down, depressed, or hopeless.	0	1	2	3

NOTE: If one or both items are marked "More than half the days" or "Nearly every day" on items 5a-5b, continue to answer items 5c-5m (located at the end of this form), otherwise go to question #6.

6. In the past 4 weeks, have any other emotional problems made it very difficult for you to do your work, take care of things at home, or get along with other people?

Yes _____ No _____ NA (don't have any of above problems)

Please list _____

7. Over the past month, have you experienced any major life stressors that continue to cause you significant worry or concern (for example, serious conflicts with your spouse, family members, close friends, or at work; or legal, disciplinary, or financial problems)?

Yes _____ No _____ Unsure _____

8. Do you have any questions or concerns about your current mental health?

Yes _____ No _____

ADDITIONAL SERVICE MEMBER QUESTIONS:

NOTE: If two or more items are marked 'Yes' on items 4a-4d, continue to answer items 4e-4x.

Below is a list of problems and complaints that persons sometimes have in response to stressful life experiences. Please read each question carefully and circle the number in the box which indicates how much you have been bothered by that problem in the last month. Please answer all items.

Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
4e. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	1	2	3	4	5
4f. Repeated, disturbing dreams of a stressful experience from the past?	1	2	3	4	5
4g. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4h. Feeling very upset when something reminded you of a stressful experience from the past?	1	2	3	4	5
4i. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
4j. Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?	1	2	3	4	5
4k. Avoid activities or situations because they remind you of a stressful experience from the past?	1	2	3	4	5
4l. Trouble remembering important parts of a stressful experience from the past?	1	2	3	4	5
4m. Loss of interest in things that you used to enjoy?	1	2	3	4	5
4n. Feeling distant or cut off from other people?	1	2	3	4	5

Below is a list of problems and complaints that persons sometimes have in response to stressful life experiences. Please read each question carefully and circle the number in the box which indicates how much you have been bothered by that problem in the last month. Please answer all items.

Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
4o. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
4p. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
4q. Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5
4r. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
4s. Having <i>difficulty concentrating</i> ?	1	2	3	4	5
4t. Being " <i>super alert</i> " or watchful on guard?	1	2	3	4	5
4u. Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

If you checked off any of the above items, how difficult have these problems made it for you to ...	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
4v. Do your work?				
4w. Take care of things at home?				
4x. Get along with other people?				

NOTE: If one or both items are marked "More than half the days" or "Nearly every day" on items 5a-5b, continue to answer items 5c-5m.

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0)	Few or Several days (1)	More than half the days (2)	Nearly every day (3)
5c. Trouble falling/staying asleep, sleep too much?	0	1	2	3
5d. Feeling tired or having little energy?	0	1	2	3
5e. Poor appetite or overeating?	0	1	2	3

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0)	Few or Several days (1)	More than half the days (2)	Nearly every day (3)
5f. Feeling bad about yourself— or that you are a failure or have let yourself or your family down?	0	1	2	3
5g. Trouble concentrating on things, such as reading the newspaper or watching television?	0	1	2	3
5h. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual?	0	1	2	3

If you checked off any of the above items, how difficult have these problems made it for you to ...	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
5i. Do your work?				
5j. Take care of things at home?				
5k. Get along with other people?				

Health Care Provider Section:

1-2. For “Yes” answers to Service member questions # 1-2, document details (frequency, duration, additional symptoms, etc.).

3. Guidelines for probable risky drinking and alcohol dependence and considerations for specialty referral are available at <http://www.pdhealth.mil/dcs/default.asp>.

4. Guidelines for low, medium, or high levels of post-traumatic stress disorder symptoms and considerations for referral are available at <http://www.pdhealth.mil/dcs/default.asp>.

5. Guidelines for low, medium, or high levels of depressive symptoms and considerations for referral are available at <http://www.pdhealth.mil/dcs/default.asp>.

6. Document details and consider referral if **significant** distress or **significant** impairment in work, home, and social functioning.

7. For “Yes” or “Unsure” answers to question #7 of the Service member section, document details, conduct risk assessment, and consider referral if **significant** distress or **significant** impairment in work, home, and social functioning.

8. For “Yes” answers to question #8 of the Service member section, document details, and consider referral if **significant** distress or **significant** impairment in work, home, and social functioning.

9. Ask “Over the **past month**, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?”

Yes ___ No ___

–If “Yes,” ask “How often have you been bothered by these thoughts?”

Very few days ___ More than half of the time ___ Nearly every day ___

10. Ask “Over the **past month**, have you had thoughts or concerns that you might hurt or lose control with someone?”

Yes ___ No ___

11. Does member pose a current risk for harm to self or others?

___ Yes, poses a current risk ___ No, not a current risk

NOTE: Additional follow-up questions for “Yes” answers to questions #9 and #10 including guidance for conducting risk assessments are available at <http://www.pdhealth.mil/dcs/default.asp>.

Health Provider Evaluation:

12. Determine if symptoms warrant referral for additional assessment or care:
_____no referral _____immediate referral _____routine referral

NOTE: Follow-up evaluation must be scheduled to occur before the Service member's deployment.

NOTE: Document/record results and outcome of mental health assessment.