



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

OCT 07 2013

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
JOINT STAFF SURGEON
VICE COMMANDANT OF THE COAST GUARD

SUBJECT: Clinical Practice Guidance for Deployment-Limiting Mental Disorders and
Psychotropic Medications

References:

- (a) Department of Defense Instruction (DoDI) 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees," dated February 5, 2010
- (b) Assistant Secretary of Defense for Health Affairs memorandum, "Policy Guidance for Deployment Limiting Psychiatric Conditions and Medications," dated November 7, 2006 (hereby cancelled)
- (c) Under Secretary of Defense for Personnel and Readiness memorandum, "Standards for Determining Unfitness Due to Medical Impairment (Deployability)," dated December 19, 2007
- (d) DoDI 1332.38, "Physical Disability Evaluation," dated November 14, 1996, Incorporating Change 2, April 10, 2013
- (e) DoDI 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," dated August 17, 2011
- (f) Part 339 of Title 5, Code of Federal Regulations
- (g) DoD Directive 1404.10, "DoD Civilian Expeditionary Workforce," dated January 23, 2009
- (h) Assistant Secretary of Defense for Health Affairs memorandum, "Guidance for Providers Prescribing Atypical Antipsychotic Medication," dated February 22, 2012

This memorandum provides clinical practice guidance on limitations of deployment for Service members and DoD civilian employees who have been diagnosed with mental disorders or who are prescribed psychotropic medication. It supplements DoDI 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees," dated February 5, 2010 (Reference (a)), but does not alter that Instruction's procedure for obtaining waivers for deployment-limiting medical conditions. It replaces the Assistant Secretary of Defense for Health Affairs memorandum, "Policy Guidance for Deployment

Limiting Psychiatric Conditions and Medications,” dated November 7, 2006 (Reference (b)), which is hereby cancelled.

This guidance does not alter or replace accession, retention, and general fitness standards for military personnel previously established by DoD, Joint Staff, or individual Military Department policy guidance or procedural safeguards applicable to civilian employees undergoing medical screening for deployment as outlined in References (a), (c), and (d). It also does not alter or replace command notification limitations and requirements for health care providers outlined in Reference (e).

1. General Guidance

- a. Procedures ensuring that Service members and DoD civilian employees (selected for deployment) are medically ready to deploy are required for accomplishment of duty in deployed environments (Reference (a)).
- b. Service members with mental disorders or who are taking psychotropic medications that prevent them from meeting retention standards, or limit their ability to deploy if that is a requirement of the member’s office, grade, rank, or rating should be referred for disability evaluation if the duration of the condition or limitation is expected to exceed 1 year from date of onset (Reference (d)).
- c. If a commander wishes to deploy Service members with mental disorders, or who are taking medications that would disqualify them for deployment as defined in paragraphs 2 and 3 of this guidance, waiver requests, as outlined in Reference (a), are required.
- d. Civilian personnel determined, based on this guidance and Reference (a), to be unable to perform in their deployed position due to a deployment-limiting medical condition will be managed according to Component procedures, and in accordance with References (a), (f), and (g), as applicable, depending on the anticipated duration of the duty limitation.

2. Deployment limitations associated with mental disorders

- a. Any current diagnosis or history of a diagnosis of a psychotic or bipolar disorder, or other disorder with associated psychotic symptoms, is considered disqualifying for deployment. These conditions are not eligible for a waiver, as detailed in paragraph 1.c.
- b. Individuals diagnosed with mental disorders (excluding those disorders referenced in paragraph 2.a.) should demonstrate a pattern of stability without significant symptoms or impairment for at least 3 months prior to deployment. These individuals are eligible for a waiver as detailed in paragraph 1.c.
- c. In addition to the requirements in paragraph 2.b., individuals diagnosed with substance use disorders should not be deployed if doing so would interrupt active treatment.
- d. In addition to the requirements in paragraph 2.b., individuals should not deploy if they have been determined to be at risk for suicide or violence toward others.

3. Deployment limitations associated with psychotropic medication.
 - a. Medications prescribed to treat mental disorders vary in terms of their effects on cognition, reaction time, psychomotor functioning, coordination, and other physical parameters that are relevant to functioning effectively in an operational environment. Health care providers must be aware of how these effects impair performance in the operational environment and activities of daily living. Psychotropic medications may be prescribed for a variety of conditions that are not associated with a mental health diagnosis. Guidance for prescription of atypical antipsychotic medication may be found in Reference (h).
 - b. Psychotropic medications may pose operational problems during deployments. Important considerations in prescribing psychotropic medications are the clinical presentation and the mitigation of functional impairment. Providers must take into account potential medication side effects on a Service member's ability to function effectively in the deployed environment.
 - c. The decision to deploy individuals on medications should be balanced with effects on performance in austere environments, necessity for medication in the management of the condition, withdrawal symptoms, and other potential side effects. Logistical factors that should be considered include availability of refills, ability to procure controlled medications, and potential for abuse or diversion.
 - d. Throughout the course of care, medical providers should regularly evaluate the use of psychotropic medication for clinical response, and limitations to deployment or continued service in a deployed environment. These evaluations should be documented in the treatment record.
 - e. Medications that disqualify an individual for deployment include:
 - (1) Antipsychotics;
 - (2) Lithium;
 - (3) Short acting benzodiazepines (unless prescribed as part of a policy-directed operational fatigue management program);
 - (4) Barbiturates and Anticonvulsants, with the exception of those prescribed for migraine ;
 - (5) Medications that have special storage considerations, such as refrigeration (does not include those medications maintained at medical facilities for inpatient or emergency use); and
 - (6) Medications that require laboratory monitoring or special assessment of a type or frequency that is not available or feasible in a deployed environment.
 - (7) In cases involving conditions described in paragraph 2.b., the demonstrated pattern of stability should account for medications prescribed within 3 months of deployment that have not yet demonstrated

efficacy or have side effects that could impair a Service member's ability to deploy.

4. Assessment and Disposition during deployments.
 - a. Health care providers will carefully assess the condition, treatment regimen, and risk level of all Service members and DoD civilians diagnosed with a psychiatric disorder while deployed in theater and readily communicate recommendations to the Service member's commander or civilian personnel's supervisor in accordance with privacy guidelines and Reference (e).
 - b. Service members or DoD civilian personnel with other conditions (not referenced in (4a)), and who are determined to be at significant risk for performing poorly or decompensating in the operational environment, or whose condition does not improve within an acceptable time should be evacuated from theater.
 - c. Individuals diagnosed with psychotic or bipolar disorders or other disorders with psychotic symptoms during deployment should return to their home station.
 - d. The following factors must be considered by the health care provider before deciding to retain individuals diagnosed with mental disorders in theater:
 - (1) The severity of symptoms and/or medication side effects.
 - (2) The degree of functional impairment resulting from the disorder and/or medications.
 - (3) The risk of exacerbation if the individual were exposed to trauma or severe operational stress.
 - (4) Estimation of the individual's ability to tolerate the rigors of the deployment.
 - (5) The prognosis for recovery while the Service member or DoD civilian remains in the deployed environment.
 - e. Evacuations from theater should follow established in-theater medical evacuation protocols.

Questions regarding this guidance should be directed to my point of contact, Colonel (Col) Theresa Lawson. Col Lawson may be reached at [REDACTED]

cc:

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