

Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Processes

August 6, 2019



Overview

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Tasking (1 of 2)

On July 29, 2019, the Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness, directed the Defense Health Board (“the Board”) to **provide recommendations to the DoD in order to improve mental health accession measures/processes.**



Tasking (2 of 2)

The Board should address and develop findings and recommendations on the policies and practices in place to:

- Determine factors, to include historical or current diagnoses or symptoms, that predispose or promote a person to/from poor outcomes under stress of military service;
- Evaluate the predictive validity and effectiveness of psychiatric/psychological assessments and applicability to accession screening;
- Identify stressors and risks inherent in military service that can both positively and negatively influence Service member mental health morbidity; and;
- Optimize ways to support recruits' mental fitness.



Issue Statement (1 of 5)

- Military accession standards are established to optimize the ability of recruits to serve successfully as outlined in Department of Defense Instruction (DoDI) 6130.03, “Medical Standards for Appointment, Enlistment, or Induction in the Military Services.”
- A significant number of individuals are separated from service **in the first 180 days after accession** due to pre-existing disqualifying conditions which were either non-disclosed or not detected through current screening practices. Increased illness later in service may be tied to pre-accession risk factors.



Issue Statement (2 of 5)

- *Section 593 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2016 (Public Law 114-92), required the Secretary of Defense to: Submit to the Committees on Armed Services of the Senate and the House of Representatives a **report on the feasibility of conducting, before the accession or enlistment of an individual into the Armed Forces, a mental health screening to bring mental health screenings to parity with physical screenings of prospective members.***
- The resulting report, *Report on Preliminary Mental Health Screenings for Individuals Becoming Members of the Armed Forces*, recommended that post-traumatic stress disorder (PTSD) screening questions be updated to align with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) but **did not recommend any substantive changes to existing screening protocol.** It noted that accession screening includes both mental and physical conditions, current and historical, in compliance with DoDI 6130.03. **The burden of adding new measures of psychological or neuropsychological function to the existing assessment was predicted to outweigh the benefit.**



Issue Statement (3 of 5)

Screening Steps in the MEPS Examination Process

1 Accessions Medical Prescreen Report

- Completed by applicant prior to their physical examination at MEPS; questions focus on contact with mental health clinician; alcohol use/abuse evaluation and treatment; and current and previous primary care physicians, insurance, and/or pharmacy benefit manager.

2 Report of Medical History

- Completed by applicant at MEPS physical before their medical history interview and assesses past or present “nervous trouble of any sort (anxiety or panic attacks).”

3 Medical History Provider Interviewer

- Form reviewed during a an interview with a medical provider. Questions address: depression, self-injury, suicidal ideation and attempts, arrests, suspensions for school, termination of employment, kicked out of home, multiple traffic violations, sleep problems, and alcohol use.

4 Medical History Interview

- Each applicant meets individually with a MEPS medical provider to discuss their medical history that was previously disclosed. During this interview, MEPS medical providers are required to discuss 5 behavioral health focus areas: law enforcement, school authority, behavioral health professional, self-mutilation, and home environment encounters.

5 Physical Screening Examinations

- Medical providers examine the applicant for physical findings associated with behavioral health (e.g., self-mutilation scars).

6 Referral for Mental Health Consultation

- If the medical provider requires additional medical information, they can refer the applicant to a mental health provider for further evaluation.



Issue Statement (4 of 5)

Mental health accession screening continues to be of interest and significance given increasing rates of post-traumatic stress disorder and suicide in and significant association with disability, medical discharge, and health care utilization in the Armed Forces despite increasing investments in behavioral health.

71%

A **71% higher suicide rate** in the military population compared to the civilian population.

77%

Service members with any mental diagnosis during the 6-month period of initial eligibility were **77% less likely to deploy or complete 48 months of service**.

69%

Service members with any mental diagnosis during the 6-month period of initial eligibility had a **69% increase in the baseline attrition rate**.



Issue Statement (5 of 5)

- Making accession **decisions** on the basis of psychiatric/mental health **screening** may be more **complex** than it is for physical disorders.
- In the absence of a formal diagnosis, determination may be based on **self-reporting** as opposed to discrete physical and laboratory findings.
- Even when a potential recruit presents with a diagnosis, it can be **difficult to predict the nature or degree of impact** on his/her ability to meet military requirements.
- An assessment of **protective factors/resilience** can add additional and important information.



Objectives and Scope (1 of 2)

- Review the most current research findings regarding factors that predispose or protect a person to/from poor outcomes under stress, such as PTSD and suicide, including the most current DoD Clinical Guidelines regarding suicide prevention.
- Review the most current research findings on the ability to predict future functioning based on historical or current diagnoses or symptoms and on factors that may promote resilience. Include work done by the Defense Science Board and both the Navy and the independent investigation of the Washington Navy Yard shooting.
- Review findings on predictive validity of psychiatric/psychological screenings within the context of data on predictive validity of physical screenings.



Objectives and Scope (1 of 2)

Separation Bar

- **Review existing mental health and neuropsychological assessments and evaluation strategies to assess effectiveness and applicability to use in the pre-accession period.**
- Describe how the stressors, risks, and structure inherent in military service can both positively and negatively influence Service member mental health morbidity.
- Consider alternative ways to assess future mental fitness among recruits (e.g. an increased post-accession period subject to EPTS discharges during which fitness can be assessed) and alternative means of supporting recruits (e.g., Israeli Defense Force's Suicide Prevention Program).



Methodology

- The **Neurological/Behavioral Health Subcommittee** assessment will be conducted in compliance with the Federal Advisory Committee Act, DoDI 5105.04, and the Board Charter.
- The Neurological/Behavioral Health Subcommittee should **focus on improving the policies and practices currently in place to determine poor outcomes**, including suicidal behavior, during a Service member's 180-day existed prior to service (EPTS) period.
- The Neurological/Behavioral Health Subcommittee may conduct interviews and site visits as appropriate and may seek input from other sources with pertinent knowledge or experience.
- In accordance with the November 26, 2018 Deputy Secretary of Defense memo, "Advisory Committee Management" and DoDI 5105.04, the Neurological/Behavioral Health Subcommittee shall receive full and timely cooperation of each OSD and DoD Component Head in providing analyses, briefings, and other DoD information or data necessary for the fulfillment of its responsibilities as provided for by this TOR.



Timeline/Way Ahead

- The **Neurological/Behavioral Health Subcommittee** can have up to 10 authorized numbers; however, it currently has one member due to membership expiration and delays on new appointments. Until the membership is approved, this Subcommittee cannot perform the duties assigned.
- Following membership approval, the Subcommittee will:
 - Complete its work within one year of receiving the tasking and will report to the Board in a public forum for a full and thorough deliberation.
 - Provide progress updates at each Board meeting.
 - Research/gather information through literature reviews, expert collaboration, and necessary data collection.
 - Hold meetings and teleconferences as required for report development.
- The Board will report to the ASD(HA), who has been delegated the authority to evaluate the independent advice and recommendation received from the Board, in consultation with the Under Secretary of Defense for Personnel and Readiness, identify actions or policy adjustments to be made by the DoD in response.



Questions?