



**Neurological/Behavioral Health Subcommittee**  
**Examination of Mental Health Accession Screening: Predictive Value of Current**  
**Measures and Report Processes**  
**Report Update**

**November 4, 2019**



# Overview/Agenda

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- **Membership**
- **Tasking**
- **DoD Health of the Force 2018 – Behavioral and Mental Health Data**
- **Mental Health Screening Tools**
- **Issue Statement**
- **Objectives and Scope**
- **Summary of Subcommittee Activities to Date**



# Membership



**Sonia Alemagno, PhD**



**Jonathan Friedman, MD**



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(Chair)**



**Brigid McCaw, MD,  
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**Stephanie Reid-Arndt,  
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**Steven Sharfstein,  
MD, MPA**



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Uhde, MD**



**Alex Valadka, MD**



# Tasking

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- **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

**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.



# ***DoD Health of the Force 2018***

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- **Behavioral Health:**

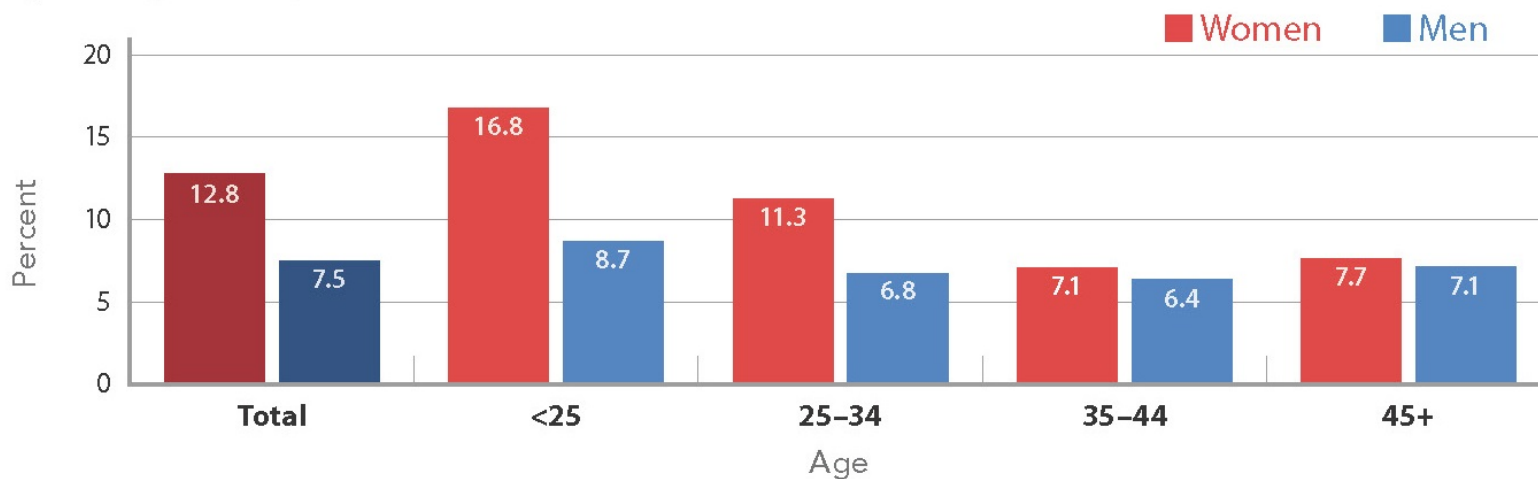
- “In 2018, 8.3% of Service members had a behavioral health disorder. The prevalence of behavioral health disorders remained stable between 2014 and 2018. Adjustment disorder was the most common behavioral health disorder among both male and female Service members.”
- “Behavioral health (BH) conditions are a leading cause of morbidity among Service members, accounting for 1.8 million (16.2%) outpatient encounters in 2018.”
- “A Service member was identified as having a BH disorder if they had at least two inpatient, outpatient, or in-theater encounters for a BH condition of any type within 365 days with at least one of the diagnoses occurring during the year of interest.”



# DoD Health of the Force 2018

## Prevalence of Behavioral Health Disorders by Sex and Age, AC Service Members, 2018

Females were more likely to be diagnosed with a behavioral health disorder compared to males, and those in the youngest age category were more likely to be diagnosed compared to older Service members.

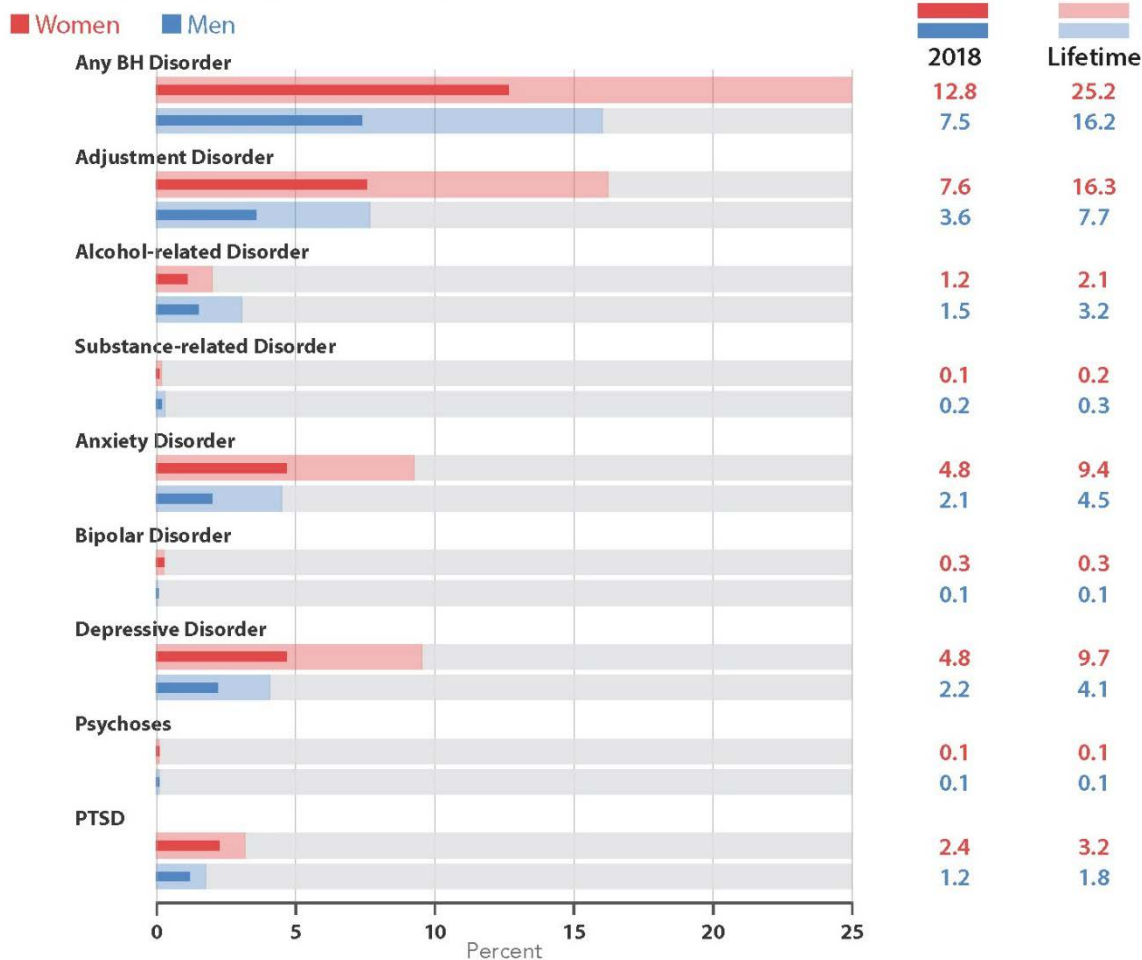




# DoD Health of the Force 2018

## Annual and Lifetime Prevalence of Behavioral Health Disorders by Sex and Condition, 2018

Overall, 17.7% of Service members (25.2% of women and 16.2% of men) had received a diagnosis of a behavioral health disorder between 2002 and 2018. The percentage was higher for females compared to males for most behavioral health disorders.



Armed Forces Health Surveillance Branch, "DoD Health of the Force 2018." *Medical Surveillance Monthly Report*, 26, no. 8 (2019).





# Mental Health Screening Tools

- Numerous tools exist and/or are in use:

| Name  | Screens For  | DoD Usage  |
|---|--|--|
| Supplemental Health Screening Questionnaire             | General behavioral health issues; alcohol use; suicidal thoughts/behaviors           | Part of U.S. Military Entrance Processing Command (USMEPCOM) examination process |
| Omaha-5   | General behavioral health issues; depressive disorders; suicidal thoughts/behaviors  | Part of interview during USMEPCOM examination process                            |
| Tailored Adaptive Personality Assessment System (TAPAS) | Attrition risk due to performance, medical, behavioral, or failure to meet standards | Part of Armed Services Vocational Aptitude Battery testing platform              |
| Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)          | Depressive disorders; suicidal thoughts/behaviors                                    | DoD and VA primary care clinics  |
| PTSD Checklist for DSM-5 (PCL-5)                        | PTSD; depressive disorders; suicidal thoughts/behaviors                              | DoD and VA clinics   |
| Patient Health Questionnaire-9 (PHQ-9)                  | Depressive disorders   | DoD and VA clinics   |
| Columbia-Suicide Severity Rating Scale (C-SSRS)         | Depressive disorders; suicidal thoughts/behaviors                                    | DoD and VA clinics   |



# Issue Statement

Mental health accession screening continues to be of interest and significance given increasing rates of post-traumatic stress disorder and suicide 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

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- 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.
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- An assessment of protective factors/resilience can add additional and important information.



# Objectives and Scope

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- 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

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- 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).



# Subcommittee Activities to Date

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- **Kick-off meeting on September 20, 2019 in Falls Church, VA**
- **Briefings included:**
  - **Overview of Accession to the US Military**
  - **Data Brief from the Accession Medical Standards Analysis and Research Activity (AMSARA)**
  - **Work of the Accession Medical Standards Working Group**



# Way Ahead

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- **Research/gather preliminary information through literature reviews and necessary data collection**
- **Meetings and monthly teleconference calls through next year to receive briefings and to collaborate on report development**
- **Provide progress updates at DHB meetings**
- **Present draft report at August or November 2020 Board meeting**

# Questions ?