The Honorable Carl Levin  
Chairman, Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

This letter responds to Section 708 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84) that requires the Secretary of Defense to submit to Congress, by April 28, 2010, a report describing the guidance issued to the Services regarding the provision of a person-to-person mental health assessment for each member of the Armed Forces who is deployed in connection with a contingency operation. Please accept our apologies for the delay in this response; we could not begin staffing this report until the policy was signed and distributed. (In accordance with the Secretary of Defense's August 16, 2010 memorandum, "Department of Defense (DoD) Efficiency Initiatives," the stated cost of preparing this report to Congress was $1,551.)

The Department of Defense issued the new policy guidance on July 19, 2010. The guidance defines the methods by which providers will identify mental health conditions, including post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions that require referral for additional care and treatment. It stipulates specific mental health-related questions that are to be included in deployment health assessments. These assessments will include a person-to-person dialogue (e.g., face-to-face, by telephone, or via video telehealth equipment) 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 will occur 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; and  
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 of the mental health assessment questions described in the guidance, and if they are conducted in a manner specified above. 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 Services, training for these mental health assessments is available at http://fhpr.osd.mil/mha. A certificate of completion will be provided at conclusion of the training. The Services 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 Office. The Deputy Assistant Secretary of Defense (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 the legislative language. The Services will provide assistance in conducting these evaluations.

Thank you for your continued support of the Military Health System.

Sincerely,

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

cc:
The Honorable John McCain
Ranking Member
The Honorable James H. Webb  
Chairman, Subcommittee on Personnel  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

This letter responds to Section 708 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84) that requires the Secretary of Defense to submit to Congress, by April 28, 2010, a report describing the guidance issued to the Services regarding the provision of a person-to-person mental health assessment for each member of the Armed Forces who is deployed in connection with a contingency operation. Please accept our apologies for the delay in this response; we could not begin staffing this report until the policy was signed and distributed. (In accordance with the Secretary of Defense’s August 16, 2010 memorandum, “Department of Defense (DoD) Efficiency Initiatives,” the stated cost of preparing this report to Congress was $1,551.)

The Department of Defense issued the new policy guidance on July 19, 2010. The guidance defines the methods by which providers will identify mental health conditions, including post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions that require referral for additional care and treatment. It stipulates specific mental health-related questions that are to be included in deployment health assessments. These assessments will include a person-to-person dialogue (e.g., face-to-face, by telephone, or via video telehealth equipment) 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 will occur 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; and
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 of the mental health assessment questions described in the guidance, and if they are conducted in a manner
specified above. 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 Services, training for these mental health assessments is available at http://fhpr.osd.mil/mha. A certificate of completion will be provided at conclusion of the training. The Services 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 Office. The Deputy Assistant Secretary of Defense (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 the legislative language. The Services will provide assistance in conducting these evaluations.

Thank you for your continued support of the Military Health System.

Sincerely,

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

cc: The Honorable Lindsey O. Graham
Ranking Member
The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This letter responds to Section 708 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84) that requires the Secretary of Defense to submit to Congress, by April 28, 2010, a report describing the guidance issued to the Services regarding the provision of a person-to-person mental health assessment for each member of the Armed Forces who is deployed in connection with a contingency operation. Please accept our apologies for the delay in this response; we could not begin staffing this report until the policy was signed and distributed. (In accordance with the Secretary of Defense’s August 16, 2010 memorandum, “Department of Defense (DoD) Efficiency Initiatives,” the stated cost of preparing this report to Congress was $1,551.)

The Department of Defense issued the new policy guidance on July 19, 2010. The guidance defines the methods by which providers will identify mental health conditions, including post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions that require referral for additional care and treatment. It stipulates specific mental health-related questions that are to be included in deployment health assessments. These assessments will include a person-to-person dialogue (e.g., face-to-face, by telephone, or via video telehealth equipment) 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 will occur 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; and
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 of the mental health assessment questions described in the guidance, and if they are conducted in a manner specified above. 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 Services, training for these mental health assessments is available at http://fhpr.osd.mil/mha. A certificate of completion will be provided at conclusion of the training. The Services 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 Office. The Deputy Assistant Secretary of Defense (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 the legislative language. The Services will provide assistance in conducting these evaluations.

Thank you for your continued support of the Military Health System.

Sincerely,

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

cc:
The Honorable Howard P. “Buck” McKeon
Ranking Member
The Honorable Susan Davis  
Chairwoman, Subcommittee on Military Personnel  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Madam Chairwoman:

This letter responds to Section 708 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84) that requires the Secretary of Defense to submit to Congress, by April 28, 2010, a report describing the guidance issued to the Services regarding the provision of a person-to-person mental health assessment for each member of the Armed Forces who is deployed in connection with a contingency operation. Please accept our apologies for the delay in this response; we could not begin staffing this report until the policy was signed and distributed. (In accordance with the Secretary of Defense's August 16, 2010 memorandum, “Department of Defense (DoD) Efficiency Initiatives,” the stated cost of preparing this report to Congress was $1,551.)

The Department of Defense issued the new policy guidance on July 19, 2010. The guidance defines the methods by which providers will identify mental health conditions, including post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions that require referral for additional care and treatment. It stipulates specific mental health-related questions that are to be included in deployment health assessments. These assessments will include a person-to-person dialogue (e.g., face-to-face, by telephone, or via video telehealth equipment) 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 will occur 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; and
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 of the mental health assessment questions described in the guidance, and if they are conducted in a manner
specified above. 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 Services, training for these mental health assessments is available at http://fhpr.osd.mil/mha. A certificate of completion will be provided at conclusion of the training. The Services 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 Office. The Deputy Assistant Secretary of Defense (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 the legislative language. The Services will provide assistance in conducting these evaluations.

Thank you for your continued support of the Military Health System.

Sincerely,

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

cc:
The Honorable Joe Wilson
Ranking Member
Dear Mr. Chairman:

This letter responds Section 708 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84) that requires the Secretary of Defense to submit to Congress, by April 28, 2010, a report describing the guidance issued to the Services regarding the provision of a person-to-person mental health assessment for each member of the Armed Forces who is deployed in connection with a contingency operation. Please accept our apologies for the delay in this response; we could not begin staffing this report until the policy was signed and distributed. (In accordance with the Secretary of Defense’s August 16, 2010 memorandum, “Department of Defense (DoD) Efficiency Initiatives,” the stated cost of preparing this report to Congress was $1,551.)

The Department of Defense issued the new policy guidance on July 19, 2010. The guidance defines the methods by which providers will identify mental health conditions, including post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions that require referral for additional care and treatment. It stipulates specific mental health-related questions that are to be included in deployment health assessments. These assessments will include a person-to-person dialogue (e.g., face-to-face, by telephone, or via video telehealth equipment) 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 will occur 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; and
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 of the mental health assessment questions described in the guidance, and if they are conducted in a manner specified above. 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 Services, training for these mental health assessments is available at http://fhpr.osd.mil/mha. A certificate of completion will be provided at conclusion of the training. The Services 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 Office. The Deputy Assistant Secretary of Defense (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 the legislative language. The Services will provide assistance in conducting these evaluations.

Thank you for your continued support of the Military Health System.

Sincerely,

[Signature]

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

cc:
The Honorable Thad Cochran
Ranking Member
Dear Mr. Chairman:

This letter responds to Section 708 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84) that requires the Secretary of Defense to submit to Congress, by April 28, 2010, a report describing the guidance issued to the Services regarding the provision of a person-to-person mental health assessment for each member of the Armed Forces who is deployed in connection with a contingency operation. Please accept our apologies for the delay in this response; we could not begin staffing this report until the policy was signed and distributed. (In accordance with the Secretary of Defense’s August 16, 2010 memorandum, “Department of Defense (DoD) Efficiency Initiatives,” the stated cost of preparing this report to Congress was $1,551.)

The Department of Defense issued the new policy guidance on July 19, 2010. The guidance defines the methods by which providers will identify mental health conditions, including post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions that require referral for additional care and treatment. It stipulates specific mental health-related questions that are to be included in deployment health assessments. These assessments will include a person-to-person dialogue (e.g., face-to-face, by telephone, or via video telehealth equipment) 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 will occur 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; and
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 of the mental health assessment questions described in the guidance, and if they are conducted in a manner
specified above. 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 Services, training for these mental health assessments is available at http://fhpr.osd.mil/mha. A certificate of completion will be provided at conclusion of the training. The Services 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 Office. The Deputy Assistant Secretary of Defense (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 the legislative language. The Services will provide assistance in conducting these evaluations.

Thank you for your continued support of the Military Health System.

Sincerely,

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

cc:
The Honorable Thad Cochran
Ranking Member
The Honorable David R. Obey  
Chairman, Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

This letter responds to Section 708 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84) that requires the Secretary of Defense to submit to Congress, by April 28, 2010, a report describing the guidance issued to the Services regarding the provision of a person-to-person mental health assessment for each member of the Armed Forces who is deployed in connection with a contingency operation. Please accept our apologies for the delay in this response; we could not begin staffing this report until the policy was signed and distributed. (In accordance with the Secretary of Defense’s August 16, 2010 memorandum, “Department of Defense (DoD) Efficiency Initiatives,” the stated cost of preparing this report to Congress was $1,551.)

The Department of Defense issued the new policy guidance on July 19, 2010. The guidance defines the methods by which providers will identify mental health conditions, including post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions that require referral for additional care and treatment. It stipulates specific mental health-related questions that are to be included in deployment health assessments. These assessments will include a person-to-person dialogue (e.g., face-to-face, by telephone, or via video telehealth equipment) 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 will occur 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; and
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 of the mental health assessment questions described in the guidance, and if they are conducted in a manner specified above. 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 Services, training for these mental health assessments is available at http://fhpr.osd.mil/mha. A certificate of completion will be provided at conclusion of the training. The Services 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 Office. The Deputy Assistant Secretary of Defense (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 the legislative language. The Services will provide assistance in conducting these evaluations.

Thank you for your continued support of the Military Health System.

Sincerely,

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

cc: The Honorable Jerry Lewis
Ranking Member
specified above. 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 Services, training for these mental health assessments is available at http://fhpr.osd.mil/mha. A certificate of completion will be provided at conclusion of the training. The Services 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 Office. The Deputy Assistant Secretary of Defense (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 the legislative language. The Services will provide assistance in conducting these evaluations.

Thank you for your continued support of the Military Health System.

Sincerely,

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

cc:
The Honorable C. W. Bill Young
Ranking Member
The Honorable Nancy Pelosi  
Speaker of the House of Representatives  
U.S. House of Representatives  
Washington, DC  20515  
Dear Madam Speaker:

This letter responds to Section 708 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84) that requires the Secretary of Defense to submit to Congress, by April 28, 2010, a report describing the guidance issued to the Services regarding the provision of a person-to-person mental health assessment for each member of the Armed Forces who is deployed in connection with a contingency operation. Please accept our apologies for the delay in this response; we could not begin staffing this report until the policy was signed and distributed. (In accordance with the Secretary of Defense’s August 16, 2010 memorandum, “Department of Defense (DoD) Efficiency Initiatives,” the stated cost of preparing this report to Congress was $1,551.)

The Department of Defense issued the new policy guidance on July 19, 2010. The guidance defines the methods by which providers will identify mental health conditions, including post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions that require referral for additional care and treatment. It stipulates specific mental health-related questions that are to be included in deployment health assessments. These assessments will include a person-to-person dialogue (e.g., face-to-face, by telephone, or via video telehealth equipment) 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 will occur 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; and
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 of the mental health assessment questions described in the guidance, and if they are conducted in a manner
specified above. 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 Services, training for these mental health assessments is available at http://fhpr.osd.mil/mha. A certificate of completion will be provided at conclusion of the training. The Services 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 Office. The Deputy Assistant Secretary of Defense (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 the legislative language. The Services will provide assistance in conducting these evaluations.

Thank you for your continued support of the Military Health System.

Sincerely,

[Signature]

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)
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 Services, training for these mental health assessments is available at http://fhpr.osd.mil/mha. A certificate of completion will be provided at conclusion of the training. The Services 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 Office. The Deputy Assistant Secretary of Defense (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 the legislative language. The Services will provide assistance in conducting these evaluations.

Thank you for your continued support of the Military Health System.

Sincerely,

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)
The Honorable Joseph R. Biden  
President of the Senate  
Washington, DC 20510  

Dear Mr. President:

This letter responds to Section 708 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84) that requires the Secretary of Defense to submit to Congress, by April 28, 2010, a report describing the guidance issued to the Services regarding the provision of a person-to-person mental health assessment for each member of the Armed Forces who is deployed in connection with a contingency operation. Please accept our apologies for the delay in this response; we could not begin staffing this report until the policy was signed and distributed. (In accordance with the Secretary of Defense’s August 16, 2010 memorandum, “Department of Defense (DoD) Efficiency Initiatives,” the stated cost of preparing this report to Congress was $1,551.)

The Department of Defense issued the new policy guidance on July 19, 2010. The guidance defines the methods by which providers will identify mental health conditions, including post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions that require referral for additional care and treatment. It stipulates specific mental health-related questions that are to be included in deployment health assessments. These assessments will include a person-to-person dialogue (e.g., face-to-face, by telephone, or via video telehealth equipment) 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 will occur 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; and
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 of the mental health assessment questions described in the guidance, and if they are conducted in a manner specified above. 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 Services, training for these mental health assessments is available at http://fhpr.osd.mil/mha. A certificate of completion will be provided at conclusion of the training. The Services 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 Office. The Deputy Assistant Secretary of Defense (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 the legislative language. The Services will provide assistance in conducting these evaluations.

Thank you for your continued support of the Military Health System.

Sincerely,

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)