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PERSONNEL AND READINESS

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

JUL 1 0 2024

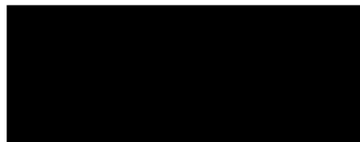
Dear Mr. Chairman:

The Department's response to House Report 118–125, pages 209-210, accompanying H.R. 2670, the National Defense Authorization Act for Fiscal Year 2024, "Report on the Military Health Services' Activities to Prevent, Intervene, and Treat Perinatal Mental Health Conditions of Members of the Armed Forces and Their Dependents," is enclosed.

The report provides a review of the Department's efforts to address the mental health of pregnant and postpartum members of the Armed Forces and their dependents. The Department recognizes that while there is no one way to prevent all cases of perinatal mental health conditions, two activities have been proven to reduce rates of mental illness in pregnant and postpartum members of the Armed Forces and their dependents: Providing counseling and education about how to recognize the signs and symptoms of mental health problems and making behavioral health services easily accessible.

Thank you for your continued strong support for the health and well-being of our Service members and their families.

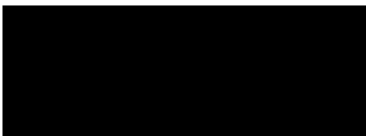
Sincerely,



Ashish S. Vazirani
Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



Report to the Committee on Armed Services of the House of Representatives

Report on the Military Health Services' Activities to Prevent, Intervene, and Treat Perinatal Mental Health Conditions of Members of the Armed Forces and Their Dependents

July 2024

The estimated cost of this report or study for the Department of Defense (DoD) is approximately $1,560 in Fiscal Years 2023 - 2024. This includes $200 in expenses and $1,360 in DoD labor.
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I. Summary

This report is in response to House Report 118–125, pages 209-210, accompanying H.R. 2670, the National Defense Authorization Act for Fiscal Year 2024, which requests that the Secretary of Defense provide a report on the activities to address the mental health of pregnant and postpartum members of the Armed Forces and dependents of such members.

II. Background

Perinatal mood and anxiety disorders are among the most common complications that occur in pregnancy or in the first 12 months after delivery. Despite the negative effects on maternal, obstetric, birth, offspring, partner, and family outcomes, the American College of Obstetricians and Gynecologists (ACOG) reports that perinatal mental health disorders often remain underdiagnosed, and untreated or under-treated (Perinatal Mental Health, 2023). The ACOG's Clinical Practice Guideline, "Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum," recommends that:

- Everyone receiving well-woman, pre-pregnancy, prenatal, and postpartum care be screened for depression and anxiety using standardized, validated instruments.

- Screening for perinatal depression and anxiety occur at the initial prenatal visit, later in pregnancy, and at postpartum visits.

- Mental health screening be implemented with systems in place to ensure timely access to assessment and diagnosis, effective treatment, and appropriate monitoring and follow-up, based on severity.

- Screening for bipolar disorder be done before initiating pharmacotherapy for anxiety or depression, if not previously done.

- When someone answers a self-harm or suicide question affirmatively, clinicians immediately assess for likelihood, acuity, and severity of risk for suicide attempt and arranges for risk-tailored management; and

- Clinicians provide immediate medical attention for postpartum psychosis.

During pregnancy and the postpartum period, there are multiple changes physically and physiologically that can lead to challenges in coping in those with a history of, or at risk for, depression, anxiety, bipolar disorder, or psychotic disorders. There are also numerous psychosocial factors at play, such as changing dynamics with the partner or lack of a partner, poor or remote social support, and additional life events, that contribute to the increase in mood and psychotic disorders in the perinatal period.

Within the Defense Health Agency, standardized assessments to assess perinatal mental health conditions are conducted at the start of pregnancy, the third trimester, and the postpartum

period. Beyond these intervals, clinical staff can make determinations during any visit, either in-person or virtual, if additional screening or interventions are needed. Clinicians, providers, nurses, and support staff are all trained in the use of validated screening tools, including the Edinburg Postnatal Depression Scale (EPDS) and Patient Health Questionnaire (PHQ)-9, with built in scoring, where an offer of treatment and consideration of referral to a specialized behavioral health provider is indicated. Any patients who screen positive or are at increased risk are separately assessed for possible psychotic features.

The Department recognizes the importance of screening and early intervention as there are multiple effects of prenatal stress, depression, and anxiety on perinatal outcomes including preterm labor and birth, and premature rupture of membranes. The impact of stress in pregnancy may also persist in children causing learning difficulties, anxiety, and attention problems. In general, depressed parents have been found to interact with their children differently, in ways that affect child development well beyond the postpartum period.

III. Elements of the Report

A. Evidence-Based Programs

While the Department is unaware of the existence of specific evidence-based programs proven to prevent perinatal mental health conditions, all members of the Armed Forces and their dependents can receive standardized mental health screening at any military medical treatment facility (MTF) worldwide. Per the Department of Veterans Affairs (VA) and DoD Clinical Practice Guideline, "Management of Pregnancy," updated in July 2023, standardized mental health screening in the perinatal and postpartum period is conducted at specific intervals using evidence-based tools, either the EPDS or the PHQ-9.

While these tools might not result in a specific mental health diagnosis, they can help provide early identification of those most at risk. Depending on the results of these standard screening tools, appropriate treatment, depending on patient presentation, is offered. For those who are identified as being at increased risk of depression, health care providers follow the U.S. Preventive Services Task Force guidelines, which recommend that clinicians provide or refer pregnant and postpartum persons to counseling interventions (Perinatal Depression: Preventive Interventions, 2019). Staff at MTFs can also provide a variety of other effective treatment modalities, such as individual or group interpersonal psychotherapy, cognitive behavioral therapy, and/or medication as required by the condition and medical history. In addition, the Department offers a variety of mental health support resources. A list of these services can be found in Appendix B.

In addition to standard screening, prenatal patients, their families, and other members of the patient's support system are proactively provided with education throughout the pregnancy and postpartum period, so they are aware of the signs and symptoms of perinatal mood and anxiety disorders. As physical, physiological, and psychosocial changes can occur anytime during the pregnancy and postpartum periods, ensuring these conversations occur early and often decreases stigma, normalizes screening and detection, and encourages patients and their families to discuss any mental health concerns.

Without specific evidence-based programs proven to prevent perinatal mental health conditions, DoD cannot provide data related to the number of members of the Armed Forces and their dependents who have utilized evidence-based perinatal prevention programs by relationship status, military service, military occupation, sex, age, race, ethnicity, or rank.

B. Behavioral Health Specialists

Behavioral Health Personnel (BHP) are not currently integrated into obstetric care practices or women's health clinics, nor are there plans to integrate them. In accordance with Department of Defense Instruction 6490.15, "Integration of Behavioral Health Personnel (BHP) Services Into Patient-Centered Medical Home (PCMH) Primary Care and Other Primary Care Service Settings," August 8, 2013, as amended, BHP are integrated in primary care settings with at least 3,000 empaneled adult patients. Most BHP are assigned to behavioral health outpatient clinics and inpatient units. DoD does not integrate BHP in all outpatient and inpatient medical settings outside of primary care. Absent a demonstrated need/workload for dedicated staff, BHP are better utilized seeing a broader range of patients in the behavioral health clinic because mental health issues, whether preexisting the pregnancy or newly diagnosed during the perinatal period, are regularly treated in behavioral health clinics, and do not require specific perinatal health providers.

Anxiety, depression, poor coping, or more severe conditions, such as bipolar disorders and psychotic disorders, are treated using the same therapy modalities (e.g., psychotherapy, cognitive-behavioral therapy, and pharmaceutical medications) irrespective of when the condition arises. By virtue of their training and education, all BHPs have the capacity to treat the conditions experienced in the perinatal and reproductive periods of life for all members of the Armed Forces and their dependents. This holistic approach assists in the adaption and adoption of effective coping strategies by the person to manage symptoms and feelings in a variety of life situations and conditions. Separately, staff at MTFs worldwide offer a variety of courses for components of perinatal health (i.e., prenatal, lactation, and baby care) that address the emotions and hormonal changes in pregnancy and the postpartum period. For more severe and acute mental health conditions, such as acute psychoses, suicidal, and homicidal concerns, MTFs utilize urgent and emergent care services to expedite care and rapidly address conditions that might endanger the patient or others.

C. Reproductive Behavioral Health Consultation Line

The MHS' Reproductive Behavioral Health Consultation Line pilot is intended to give DoD providers the ability to access consultation services provided by VA Reproductive Mental Health subject matter experts. Each consultation request will include the provider type, MTF location, and qualitative feedback on consultation information and utility. As a pilot program, access will be limited to two MTFs, and a small number of consultation requests are expected.

The pilot is scheduled to launch in summer 2024 and run for 1 year. The DoD and VA will evaluate the results from the pilot in summer 2025 and decide on the feasibility and advisability of enterprise-wide adoption or continuation of the pilot. The pilot will not report on members of the Armed Forces served, nor collect data on relationship status, military occupation,

sex, age, race, ethnicity, or rank. The pilot will also not provide information on new parent support groups, as these vary significantly by location.

D. Policy or Legislative Recommendations

The Department has no policy or legislative recommendations at this time. There are multiple factors, including socioeconomic status, inconsistent family support, and decreased physical activity, that increase the risk of developing a postpartum mood disorder, and specifically postpartum depression (Van Niel MS, 2020). Support systems for people in the pregnancy and postpartum period have been correlated with decreased perceptions of stress and an increased sense of personal well-being, particularly in the military spouse population (Balaji, 2007). Family readiness groups, and morale, welfare, and recreation programs offer new parent support programs from pregnancy through childhood that provide education as well as create a community.

Additionally, support includes evolving pregnancy initiatives, such as the TRICARE Childbirth and Breastfeeding Support Demonstration, as well as development of new programs that ensure the entire family unit is cared for during the pregnancy. As noted earlier, a list of DoD mental health support resources can be found in Appendix B. To address the postpartum period, continuing support of parental leave policies and a commitment to ensuring adequate childcare may impact the rates of perinatal mental health disorders.

IV. Conclusion

Findings provide insight into Department efforts to address the challenges for members of the Armed Forces and their families concerning perinatal mood and anxiety disorder surrounding pregnancy. BHP are available in specialty behavioral health clinics and many primary care clinics. Providers are trained in using psychotherapy, cognitive-behavioral therapy, and pharmaceutical medications. MTFs worldwide offer a variety of courses for the components of perinatal health. In addition, the MHS' Reproductive Behavioral Health Consultation Line pilot program will provide DoD with data in which to use to build and design new programs to address any gaps in care.

Appendix A: References

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Appendix B: DoD Mental Health Support Services

Scope of Mental Health Services

DoD offers a variety of mental health support resources.

- Covered services include outpatient and inpatient behavioral health treatment for emergency and non-emergency mental health needs.
- Mental health care is offered to members of the Armed Forces (including active duty, retired, and Guard/Reserve members) and their families through MTFs (Direct Care).
- Mental health care is also provided through the TRICARE networks of civilian providers (Private Sector Care, or PSC).
- Members of the Armed Forces and their families enrolled to an MTF use the PSC system if the MTF does not have appointments due to lack of capability, capacity, or geographical restrictions.

Available Services at the MTF and Clinics

- Primary Care Behavioral Health – Behavioral health consultants are integrated into the primary care medical home to increase availability of behavioral health services to adult beneficiaries and prevent gaps in care.
- Most of the behavioral health care is managed by primary care providers (family physicians, etc.).
- Specialty Outpatient Behavioral Health – members of the Armed Forces can self-refer or be referred (e.g., by a Commander) to specialty outpatient behavioral health for assessment, psychotherapy, and psychiatric care.
- Alcohol and Substance Abuse Programs – Provides specialized counseling services for alcohol and substance use disorders.
- Inpatient Hospitalization – Specific MTFs have inpatient programs for active duty military members (including members of the Reserve Component on extended orders) experiencing a mental health crisis that requires medical stabilization.
- Intensive Outpatient Program – Includes mental health or substance use disorder assessment, treatment, and rehabilitation for individuals requiring a higher level of care than outpatient care.
- Virtual Appointments – When clinically appropriate based on provider judgment, virtual appointments can be used to supplement face-to-face appointments.

Other Available Services

- Military & Family Life Counseling (MFLC) – Supports members of the Armed Forces, their families, and survivors with non-medical counseling via face-to-face counseling services, briefings, and presentations to the military community both on and off the installation.
- Embedded Behavioral Health Care – Behavioral health specialists are embedded into the operational unit to provide early intervention, improve access to care, and promote continuity of care.
- Military OneSource – A 24/7 resource that provide confidential non-medical counseling and referrals for in-person counseling with MFLC counselors or in the community.

- Family Advocacy Program – Coordinates a range of services for individuals and families impacted by abuse and neglect.
- Military Family Readiness System – A network of programs that promote military family well-being by offering programs and services that enhance family readiness, resilience, and quality of life.
- inTransition – Supports members of the Armed Forces who need access to mental health care when relocating to another assignment, returning from deployment, transitioning or separating from service, or seeking behavioral health care through specialized coaching and assistance.