



OFFICE OF THE UNDER SECRETARY OF WAR
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

FEB 23 2026

PERSONNEL AND
READINESS

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

Dear Mr. Chairman:

The Department's response to section 705 of the Servicemember Quality of Life Improvement and National Defense Authorization Act for Fiscal Year 2025 (Public Law 118-159), "Program to Prevent Perinatal Mental Health Conditions in Pregnant and Postpartum Members of the Armed Forces," is enclosed.

This report provides an overview of the Department's activities to address perinatal mental health, including medical and nonmedical counseling services, parenting resiliency programs, and support groups. It also provides a summary of resources allocated to support these programs, measurements of the adherence to evidence-based protocols, an assessment of current training and credentials for health care providers providing perinatal services, and recommendations to improve program effectiveness.

Thank you for your continued strong support for the health and well-being of our Service members and their families. I am sending a similar letter to the Committee on Armed Services of the Senate.

Sincerely,

A large black rectangular redaction box covering the signature of Sean O'Keefe.

Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

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OFFICE OF THE UNDER SECRETARY OF WAR
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FEB 23 2026

PERSONNEL AND
READINESS

The Honorable Roger F. Wicker
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

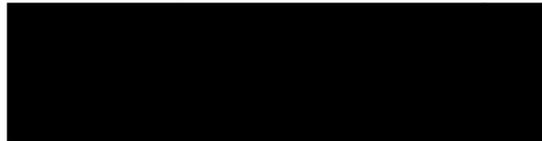
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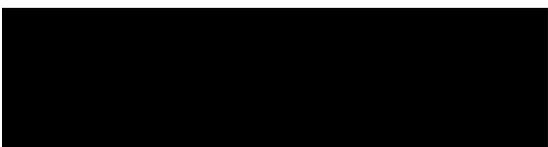
Sincerely,



Sean O'Keefe
Deputy Under Secretary of War for Personnel
and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



Report to the Committees on Armed Services of the Senate and the House of Representatives



Program to Prevent Perinatal Mental Health Conditions in Pregnant and Postpartum Members of the Armed Forces

February 2026

The estimated cost of this report for the Department of War (DoW) is approximately \$4,260 for the 2025 Fiscal Year. This includes \$500 in expenses and \$3,760 in DoW labor.

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I. Overview

This report is in response to section 705 of the Servicemember Quality of Life Improvement and National Defense Authorization Act for Fiscal Year 2025 (Public Law 118–159), “Program to Prevent Perinatal Mental Health Conditions in Pregnant and Postpartum Members of the Armed Forces,” which requires that the Secretary of Defense carry out a program to improve clinical and nonclinical services targeting mental health conditions in pregnant and postpartum members of the Armed Forces and spouses of members during the perinatal period, and submit a report that includes:

- (1) A description of the range of activities included in the program and data assessing the effectiveness or shortcomings of such activities.
- (2) How resources are allocated for the purpose of establishing and maintaining perinatal support programs at military medical treatment facilities.
- (3) Measurements of adherence to evidence-based protocols at military medical treatment facilities with respect to identifying potential mental health issues.
- (4) Assessment of current training and credentials required for health care providers providing perinatal services and consideration for further certifications, such as the Perinatal Mental Health Certification.
- (5) Feasibility and advisability of adding specialized perinatal mental health support services via a helpline through Military One Source.
- (6) Recommendations for administrative or legislative changes to improve the effectiveness of the program.

II. Background

Perinatal mental health disorders (e.g., depression, anxiety, bipolar disorder, or psychotic disorders during the perinatal period) are among the most common conditions impacting pregnancy and the first 12 months after delivery. Despite the negative effects on obstetric, fetal, neonatal, and infant outcomes, the American College of Obstetricians and Gynecologists (ACOG) reports that perinatal mental health disorders often remain underdiagnosed and undertreated. The negative effects of untreated illness can extend beyond the mother–child dyad to impact families and employers.

During pregnancy and the postpartum period, physical and psychological changes can lead to challenges that make it difficult to cope, sometimes severely enough to cause functional impairment, particularly in those with a history of, or at risk for, perinatal mental health disorders. There are also numerous psychosocial factors, such as changing interpersonal dynamics with a partner or lack of a partner, poor or remote social support, and additional life events, that contribute to mood and psychotic disorders in the perinatal period.

The Department of War (DoW) recognizes the importance of screening and early intervention to address the negative effects of prenatal stress, depression, and anxiety on perinatal outcomes, which include preterm birth, low birth weight, and stillbirth. The impact of

stress during 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. Program Overview

Section 705 requires the program to prevent perinatal mental health conditions in pregnant and postpartum members of the Armed Forces to include three elements:

- (1) Access to support resources during the perinatal period.
- (2) A process for informing pregnant and postpartum members of the Armed Forces and spouses of members of nonmedical and clinical support services during the perinatal period.
- (3) A communications strategy to increase awareness of the services available under the program.

(1) Access to support resources during the perinatal period.

(A) identification of symptoms of perinatal mental health conditions, brief intervention by primary care providers, referral to care, and treatment.

Members of the Armed Forces serving on active duty and their dependents can receive mental health screening at any military medical treatment facility (MTF) worldwide. Within the Defense Health Agency (DHA), the use of validated screening instruments is recommended to assess perinatal mental health conditions 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.

Screening is also performed informally during all patient interactions to help identify symptoms of mental health conditions (e.g., if the patient lacks energy, has lost interest in day-to-day life, is withdrawn, has negative thoughts, is experiencing anxiety, low self-esteem, thoughts of self-harm, or mentions harm to others). While one or two of these symptoms alone cannot predict mental illness, they may indicate a need for further evaluation.

Depending on patient presentation and the results of screening, shared decision making and appropriate treatment are offered. For those who are identified as being at increased risk of depression, healthcare providers will follow the U.S. Preventive Services Task Force guidelines, which recommend that clinicians provide or refer pregnant and postpartum patients to counseling interventions. A positive screen also prompts a more in-depth discussion about possible treatment options and referral to a specialized mental health provider is considered as clinically indicated. Patients identified as being at increased risk are separately assessed for possible psychotic features. Staff at MTFs can also provide a variety of other effective treatment modalities, such as individual or group interpersonal psychotherapy, cognitive mental therapy, and/or medication as required by the condition and medical history.

(B) targeted nonmedical counseling services through the Department of Defense Military and Family Life Counseling Program of the Office of Military Family Readiness Policy under Section 1781 of title 10, United States Code.

Targeted non-medical counseling services are available through the DoW Military OneSource and Military and Family Life Counseling (MFLC) programs, managed by the Office of Military Family Readiness Policy under 10 U.S.C. § 1781. These programs provide accessible care designed to identify, address, and refer individuals as necessary, serving as an effective first line intervention (Gwin & Miller, 2021), which supports efficient care provision (Filip, Puscaselu, & Anchidin-Norocel et al., 2022).

The MFLC program specifically aims to increase the use of maternal mental health services, leverage its non-medical counseling capacity, and address concerns before they escalate to a mental health diagnosis. These services reach more than 300 military installations or nearby civilian communities located in almost all 50 States, the District of Columbia, U.S. territories and commonwealths, and over 25 foreign countries.

Communication Efforts

Within MFLC's global footprint of more than 2,600 targeted assignments, MFLC counselors are embedded in women's clinics, installation child development centers, Department of Defense Education Activity and local schools, units, and mental health clinics. This integration provides immediate access to non-medical mental health services to pregnant and postpartum members of the Armed Forces.

Embedding MFLCs in women's clinics and other strategic locations increases access to non-medical counseling for pregnant and postpartum members of the Armed Forces. MFLCs also conduct targeted outreach in locations where pregnant and postpartum members of the Armed Forces receive care, such as obstetrics and gynecology (OB/GYN) clinics, to increase awareness of available non-medical counseling resources. Additionally, MFLCs provide outreach where pregnant and postpartum members of the Armed Forces work and attend appointments.

Through the child and youth mental (CYB) HealthySteps MFLC Program, CYB-MFLCs are strategically placed in eleven pediatric primary care programs. This targeted support ensures infants and toddlers receive nurturing parenting and have healthy development while providing access to non-medical services to postpartum mothers.

Training Initiatives

In May 2025, all MFLCs received maternal mental health training, and all new counselors will continue to receive this training as they onboard for MFLC assignments. The MFLC Data Dictionary collects information on every counseling and consultation session with a participant and will be aligned to specifically measure the targeted non-medical counseling around maternal mental health.

(C) existing parenting resiliency programs of the military departments.

The Family Advocacy Program, which operates across all Military Departments, offers the New Parent Support Program (NPSP), a voluntary, home-based parenting support service available to eligible military families who are expecting a child or have a child(ren) under the age of 36 months. NPSP has a 98 percent success rate in preventing incidents of child maltreatment within its targeted population, tracked 1 year after services end. The program reinforces principles of medical readiness and resilience by helping military families build positive parenting skills.

The NPSP provides voluntary secondary prevention services primarily through home visitation, with additional in-office support. The holistic care approach is delivered by staff consisting of Registered Nurses, Licensed Clinical Social Workers, and Licensed Marriage and Family Therapists. Services include education, consultation, and counseling on topics including postpartum care, safe sleep, breastfeeding, and child development.

While the NPSP supports parenting resiliency, it is not specifically designed as a perinatal mental health intervention. Program participation and impact data related to perinatal mental health outcomes are currently limited, underscoring the need for targeted research and programmatic development in this area for the Military Departments and across DHA.

In addition to the NPSP, unique military department programs include:

- **Army Family Resilience Centers:** Many Army installations, often as part of Army Community Service or Morale, Welfare and Recreation, offer Army Family Resilience Centers, that support family resilience and readiness by providing parenting workshops and playgroups, Army Family Team Building, Soldier Family Readiness Group leader and Command Family Readiness Representative Training, stress-management, financial readiness, and family advocacy programs.
- **Army Comprehensive Soldier and Family Fitness – Family Skills:** This program supports family resilience through the Global Assessment Tool for evaluating family and spiritual dimensions, online modules (e.g., ArmyFit, Core Resilience Modules, effective communication, blended families, etc.), and the delivery of in-person or virtual resilience training by Master Resilience Trainers — including trained spouses.
- **Air Force Aid Society Bundles for Babies:** This program provides parenting education and support for expectant active duty Air Force families. All active duty Air Force families are eligible to participate. The class covers topics such as newborn care, budgeting for a growing family, and available community resources. Upon completion of the class, participants receive a gift card to purchase essential baby items. While Bundles for Babies offers helpful practical information and fosters early connection with support systems, it is not intended as a clinical or mental health program, and no outcome data specific to perinatal mental health is currently collected.

- Navy’s Fleet and Family Support Program: This program promotes the self-reliance and resiliency of Sailors and families. This includes work and family life programs, as well counseling, advocacy, and prevention programs (e.g., the Family Advocacy Program, and New Parent Support Home Visitation Program).
- The Marine Corps’ Marine and Family Programs are designed to support Marines and their families in maintaining readiness and navigating the challenges of military life.

(D) adherence to clinical practice guidelines in military medical treatment facilities in support of members of the uniformed services and dependents with a diagnosed mental health condition requiring clinical intervention, including through primary care services and women’s health clinics, in collaboration with mental health services.

Recommendations for direct care providers on perinatal mental health screening are outlined in two documents, both based on the recommendations for screening in the perinatal period developed by the ACOG and the U.S. Preventive Services Task Force. The first is the Department of Veterans Affairs (VA)/DoW Clinical Practice Guideline (CPG), “Management of Pregnancy,” which recommends mental health screenings in the perinatal and postpartum periods are to be conducted at specific intervals using evidence-based tools. Clinicians, providers, nurses, and support staff are all trained in the use of validated screening tools, such as the Edinburgh Postnatal Depression Scale (EPDS) and Patient Health Questionnaire (PHQ)-9, which are integrated into the electronic health record (Military Health System (MHS) GENESIS) with automated scoring.

The second document is the DHA Practice Recommendation on perinatal mental health screening, which defines the timeframe in which screening should occur (at the first obstetric visit, the start of the third trimester of pregnancy, and the initial postpartum visit). Both documents are intended to provide actionable clinical guidance for providers. These documents are both clinical based guidelines/ recommendations, rather than strict requirements. DHA is actively working on changes to MHS GENESIS to better monitor adherence to screening recommendations.

A recent medical record review conducted by the Government Accountability Office (GAO) examined perinatal mental health assessments for members of the Armed Forces. The review found that all members of the Armed Forces who delivered at an MTF were screened for perinatal mental health conditions at least once in the pregnancy using a validated tool. Moreover, the GAO report noted about 52 percent of patients who delivered at an MTF had all three recommended screenings using a validated tool. An estimated 37 percent of members of the Armed Forces were screened using two of the recommended intervals but were missing the third.

Notably, it was unclear if the GAO excluded patients who began prenatal care in private sector care and transferred into the MTF later during the pregnancy (and thus the initial prenatal screen was not in the MTF records) or if there were patients who did not present for postpartum care at all. It was also unclear if GAO excluded patients who delivered in the late second trimester (prior to 28 weeks gestation) and thus did not reach the third trimester screening point.

Additionally, the third postpartum screen is sometimes conducted at the first well-baby appointment and may be documented in the newborn chart rather than the mothers. This could account for a sizeable portion of the missing screening events among this population as a methodological limitation rather than truly insufficient screening.

Across private sector care, data from two reviews completed in 2022 showed lower perinatal mental health screening rates over a similar timeframe, with around 30 percent of beneficiaries having at least one screening. The difference in screening rates between the direct care and private sector care components is owing to the Department's ownership and control of the MTFs as contrasted with its relationship with private sector care providers. Although network providers must follow numerous rules and procedures of the TRICARE program, on matters of professional judgment and professional practice, the network provider is independent and not operating under the direction and control of the Department. The Department, through its managed care support contracts, administers the TRICARE benefit (inclusive of screenings); such administration includes the receipt, review, and payment of claims for covered benefits, but not direct Government oversight of provider practices within the nationwide, acceptable standard of care.

(E) prenatal and postnatal support programs at military medical treatment facilities that provide group counseling modeled after best clinical practices, such as the Centering Pregnancy program.

MTFs have the autonomy to determine which treatment modalities they offer in their clinics, such as individual or group interpersonal psychotherapy, cognitive mental therapy, and/or medication as required by the condition and medical history. MTFs determine the services needed based upon their unique patient population, demand, and resources available. While many MTFs have offered (or are offering) Centering Pregnancy or other forms of group prenatal care, DHA does not routinely monitor its use/availability. In May 2025, ACOG released a new clinical consensus document on prenatal care; DHA will be evaluating this guidance to incorporate best practices in the MHS' delivery of prenatal care.

(2) A process for informing pregnant and postpartum members of the Armed Forces and spouses of members of nonmedical and clinical support services during the perinatal period.

The DoW offers a variety of nonmedical and clinical mental health support resources (Appendix). In addition to standard screening, prenatal patients, their families, and other members of the patient's support system receive proactive education throughout the pregnancy and postpartum period, so they are aware of the signs and symptoms of perinatal mood and anxiety disorders. As physical, physiologic, and psychosocial changes can occur any time 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.

(3) A communications strategy to increase awareness of the services available under the program.

DHA routinely provides communications to members of the Armed Forces and their beneficiaries through direct digital outreach (e.g., email newsletters, targeted messaging through the MHS GENESIS patient portal), and social media (e.g., posts and stories through Facebook, Instagram, and X). MTFs also provide local communications such as flyers and clinic brochures, links to resources and self-screening tools, and provide trainings to empower clinicians and staff to distribute printed materials and personally recommend resources during visits.

IV. Report

(1) A description of the range of activities included in the program and data assessing the effectiveness or shortcomings of such activities.

The DoW's perinatal mental health program, as described in Section III above, ensures access to support resources during the perinatal period by identifying symptoms, providing brief interventions, referrals, and treatment through primary and specialty care providers. Pregnant and postpartum members of the Armed Forces also have access to targeted nonmedical counseling via the MFLC program, and parenting resiliency programs through their respective military department. Providers at MTFs have access to CPGs, which outline the recommended timelines and tools for screening and evaluation, with collaboration between primary care, women's health, and mental health. For a full description of the program activities, please refer to Section III of this report.

The following MFLC metrics provide valuable insights into their impact on maternal well-being, access to resources, and overall satisfaction, ensuring continuous improvement and optimization of services.

- Utilization: Number of maternal mental health sessions.
- Incoming Referrals: Number of sessions resulting from a referral for maternal mental health.
- Outgoing Referrals: Number of referrals made to TRICARE, DHA Mental Health psychotherapy, OB/GYNs.
- Received and Forwarded Referrals: Number of referrals received for maternal mental health that were referred on to TRICARE/DHA Mental Health psychotherapy.
- Outreach Activities: Number of outreach activities MFLCs provide to OB/GYN clinics (including but not limited to briefs, information about the non-medical scope of care).
- The effectiveness of the MFLC service provision is measured through client feedback surveys.

OB/GYN education on non-medical counseling at Fort Campbell in September 2024 led to a 40.2 percent increase in referrals to MFLCs. The training, sponsored by Military Community Support Programs, highlighted early intervention and referral processes. Between September 2024 and April 2025, 91 percent of OB/GYN referrals to MFLCs involved multiple concerns; however, only 2.7 percent required referral to TRICARE or DHA Mental Health psychotherapy, demonstrating MFLCs' effectiveness as a first line of support. As an emerging practice, MFLCs will provide education on non-medical counseling, and conduct outreach to OB/GYN offices to explain program offerings.

By incorporating maternal mental health into the non-medical scope of care, the MFLC program supports early intervention, helps participants access care, recognizes maternal- mental health as part of daily life (Kazdin, 2024; Coifman & Gunstad, 2024), and reduces pressure on DHA Mental Health psychotherapy by increasing health system capacity (Freijser et al., 2023) and ensuring clients are offered the best resource to match their presenting concerns.

(2) How resources are allocated for the purpose of establishing and maintaining perinatal support programs at military medical treatment facilities.

Perinatal support programs at MTFs are based on the mission of each MTF, the patient population served, readiness needs, and past performance, among other factors. DHA does not allocate specific resources for the purpose of establishing and maintaining perinatal support programs at individual MTFs; rather, MTFs receive funding for healthcare delivery to allocate as they see fit, based on the needs of the unique populations they serve.

(3) Measurements for adherence to evidence-based protocols at military medical treatment facilities with respect to identifying potential mental health issues.

Evidence-based practice guidelines (i.e., CPGs and Practice Recommendations) provide recommendations for providers. Any treatment decisions are made based on a combination of provider experience, patient preference, and research (e.g., CPGs). The DoW does not monitor compliance with these guidelines on all aspects of care; as noted above, these are not prescribed requirements that can be explicitly adhered to in all clinical scenarios. Providers are governed by their scope, capabilities, abilities, skills, and resources. More beneficiaries accessing perinatal mental health care suggests successful screening practices and readily available coping skills and resources.

In addition, as indicated to GAO, DHA intends to develop a process in the future to more closely track provider adherence to screening recommendations, such as those for perinatal mental health screening. Successful implementation is anticipated to require changes to MHS GENESIS that may impact timeliness. DHA expects to report on the progress of these initiatives to GAO in 2026.

(4) Assessment of current training and credentials required for health care providers providing perinatal services and consideration for further certifications, such as the Perinatal Mental Health Certification.

Specific credentialing and privileging requirements are defined in DHA-Procedures Manual 6025.13, Volume 4; however, clinicians, providers, nurses, and support staff are all trained in the use of validated screening tools, including the EPDS and PHQ-9. Individual providers can pursue optional educational and certificate programs such as the Perinatal Mental Health Certification at their discretion. For example, some providers may pursue training in various therapeutic approaches, including psychotherapy, cognitive-mental therapy, and pharmaceutical medications, indicating a comprehensive approach to treatment. MTFs globally offer a range of courses covering different aspects of perinatal health, suggesting a proactive approach to education and prevention.

(5) Feasibility and advisability of adding specialized perinatal mental health support services via a helpline through Military One Source.

Military OneSource already supplements existing Department and Military Department resources by offering non-medical counseling services and connecting users to the National Maternal Mental Health Hotline, a free, confidential support to women who are pregnant or recently postpartum, operated by the Health Resources and Services Administration. Rather than duplicate an established hotline, Military OneSource can more effectively bolster its existing New MilParent Specialty Consultation, which provides targeted support for expectant and new parents. Contact center staff are trained to identify and refer members of the Armed Forces and families needing support related to pregnancy, postpartum, and early parenthood directly to the New MilParent consultants, who have received maternal mental health training, and collaborate with participants to recommend tailored resources and make warm referrals to mental health providers according to what best fits their needs. The consultations support expectant parents and parents of children up to 5 years of age on a variety of parenting topics, such as self-care, managing changing or difficult behaviors, parenting routines, sleep issues, partner connection, navigating dual active duty new parents, and understanding developmental milestones. Consultants can also refer participants to a wide range of resources, including TRICARE, Federal, State, and local community resources, lactation specialists, State/Federal programs, and early intervention services.

Military Community Support Programs developed a toolkit to guide sessions based on the participant's reported needs, covering topics such as self-care 101, connecting with your partner, parenting 101, developing a routine for your child, sleep issues, toilet training, understanding normal development milestones, navigating single parenthood, connecting with other parents, discovering resources in your own community, exploring options for childcare, military programs for children, managing difficult behaviors, and tips for dual active duty new parents. Maternal mental health and how New MilParent consultants can address concerns that fall within the non-medical scope of care will be incorporated into the toolkit content areas within 1 year. Maternal mental health will be integrated into several aspects of the toolkit because it is affected by and affects every aspect of a mother's life, influencing the roles she plays (Masenga et al.,

2018), familial functioning, and communication across all generations within a family (Rae, 2022).

In Fiscal Year 2023 to May 2025, over 2,700 participants benefited from the New MilParent program, and client feedback surveys guide ongoing improvement. By incorporating maternal mental health into the non-medical scope of care, the Military OneSource New MilParent program is working through early intervention to help participants access care, focusing on how maternal mental health is part of daily life (Kazdin, 2024; Coifman & Gunstad, 2024), and reducing pressure on DHA Mental Health psychotherapy because it increases health system capacity (Freijser et al., 2023) by ensuring clients are offered the best resource to match their presenting concerns.

(6) Recommendations for administrative or legislative changes to improve the effectiveness of the program

The DoW has no administrative or legislative recommendations currently.

V. Summary

This report provides insight into the DoW's efforts to address challenges faced by members of the Armed Forces and their families concerning perinatal mood and anxiety disorders during pregnancy and the postpartum period. Providers are trained in appropriate screening methods, and in using psychotherapy, cognitive-mental therapy, and pharmaceutical medications to treat patients suffering from perinatal mood and anxiety disorders. Prenatal care across the MHS is designed to improve the health and well-being of pregnant and birthing individuals and their children through evidence-based services, including the assessment and screening for conditions that can co-exist or occur during pregnancy, including mental health and coping challenges.

Appendix: DoW Mental Health Support Services

Scope of Mental Health Services

DoW offers a variety of mental health support resources.

- a. Covered services include outpatient and inpatient mental health treatment for emergency and non-emergency mental health needs.
- b. Mental health care is offered to members of the Armed Forces serving on active duty (including active duty, retired, and Guard/Reserve members) and their families through MTFs (Direct Care).
- c. Mental health care is also provided through the TRICARE network of civilian providers (Private Sector Care, or PSC).
- d. 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 MTFs

- a. Primary Care Mental Health – Mental health consultants are integrated into the Primary Care Medical Home to increase availability of mental health services to adult beneficiaries and prevent gaps in care.
- b. Most of the mental health care is managed by primary care providers (family physicians, etc.).
- c. Specialty Outpatient Mental Health – members of the Armed Forces can self-refer or be referred (e.g., by a Commander) to specialty outpatient mental health for assessment, psychotherapy, and psychiatric care.
- d. Alcohol and Substance Abuse Programs – Provides specialized counseling services for alcohol and substance use disorders.
- e. 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.
- f. 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.
- g. Virtual Appointments – When clinically appropriate based on provider judgment, virtual appointments can be used to supplement face-to-face appointments.

Other Available Services

- a. 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.
- b. Embedded Mental Health Care – Mental health specialists are embedded into the operational unit to provide early intervention, improve access to care, and promote continuity of care.
- c. Military OneSource – A 24/7 resource that provides confidential non-medical counseling and referrals for in-person counseling with MFLC counselors or in the community.
- d. Family Advocacy Program – Coordinates a range of services for individuals and families impacted by abuse and neglect.
- e. 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.
- f. 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 mental health care through specialized coaching and assistance.
- g. MHS Reproductive Mental Health Consultation – Pilot program designed to collect data to identify gaps in care and inform the development of new programs, demonstrating a commitment to continuous improvement and tailored interventions.

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