



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAR 21 2011

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

Dear Mr. Chairman:

The National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, P.L. 110-84, section 708, directed the Department of Defense (DoD) to institute a person-to-person mental health assessment in a private setting for each member of the Armed Forces deployed in connection with a contingency operation. On July 19, 2010, the Assistant Secretary of Defense for Health Affairs (HA) issued a memorandum, entitled "Mental Health Assessments for Members of the Armed Forces Deployed in Connection with a Contingency Operation," to the Military Departments' Surgeons General to implement the mandatory mental health assessments (Enclosure 1). Section 708 required a report on Service implementation of the guidance not later than April 15, 2011. This letter responds to that requirement.

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Each Service developed plans for implementation of the mental health assessment guidance. The following is a summary of their plans:

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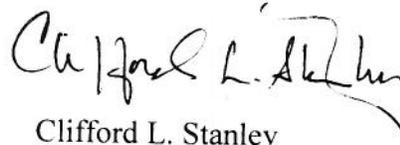
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Clifford L. Stanley

Enclosures:

As stated

cc:

The Honorable John McCain
Ranking Member



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Ranking Member



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PERSONNEL AND
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MAR 27 2011

The Honorable Howard P. "Buck" McKeon
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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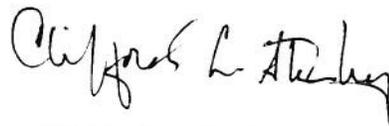
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The Honorable Adam Smith
Ranking Member



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The Honorable Joe Wilson
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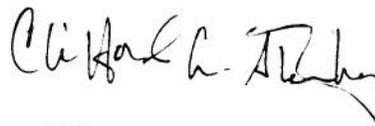
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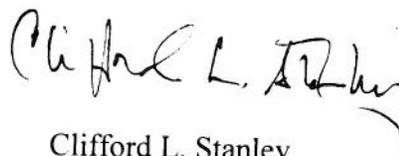
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PIMR will electronically track deployers who require a mental health assessment. To ensure adherence to HA policy, the Air Force will synchronize the mental health assessments with existing readiness and deployment-related health assessments whenever possible. When the mental health assessments do not coincide with an airman's PHA schedule, the assessments will be completed separately to ensure they occur within the prescribed time frames.

RESERVE COMPONENTS: The Reserve Health Readiness Program (RHRP) is a DoD program designed to supplement the Reserve Components' readiness missions by providing Post-deployment Health Reassessments, PHAs, and individual medical and dental readiness services. The Army, Navy, Marine Corps, Air Force, and Coast Guard have asked RHRP to support their Reserve and Guard Components by conducting mental health assessments according to the HA policy guidance. RHRP is modifying its contract with Logistics Health Incorporated to incorporate this service and is working with the Service Components to implement the assessments. RHRP providers will use the DoD mental health assessment training and be certified to conduct mental health assessments for the Reserve Components as specified in the HA guidance.

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Sincerely,

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Clifford L. Stanley

Enclosures:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAE 21 2011

The Honorable C. W. Bill Young
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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As stated

cc:

The Honorable Norman D. Dicks
Ranking Member



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

BAF 21 2011

The Honorable Joseph R. Biden, Jr.
President of the Senate
United States Senate
Washington, DC 20510

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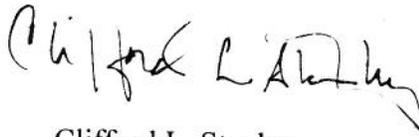
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As stated



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAP 21 2011

The Honorable John A. Boehner
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

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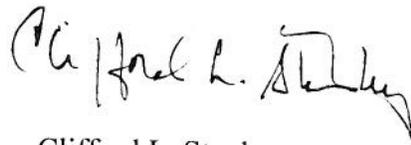
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Enclosures:
As stated



Office of the Assistant Secretary

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON DC

SEP 28 2010

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
ATTN: CDR MEENA VYTHILINGAM

FROM: Assistant Secretary of the Air Force (Manpower & Reserve Affairs)

SUBJECT: Mental Health Assessments for Members of the Armed Forces Deployed in
Connection with a Contingency Operation

Section 708 of the National Defense Authorization Act (NDAA) for Fiscal Year 2010 (FY10) requires the Department of Defense (DoD) to institute four person-to-person mental health assessments for each member of the Armed Forces who deploys in connection with a contingency operation, as defined in DoD Instruction (DoDI) 6490.3, *Deployment Health*, August 11, 2006.

The Air Force implementation plan outlines procedures to provide four mental health assessments to Service members who deploy in connection with a contingency operation. Each assessment will consist of two phases: (1) Service member completion of the Automated Mental Health Assessment Questionnaire and (2) a person-to-person dialogue with a privileged healthcare provider. Implementation will begin no later than November 1, 2010. Personnel returning from deployment after November 1, 2010, will receive the required post-deployment mental health assessments, and personnel projected to deploy after December 30, 2010, will begin receiving the pre-deployment mental health assessment.

The attached implementation plan details the Air Force's proposed mental health assessment management process. My point of contact for this matter is Ms. Susana R. King, AFMOA/SGHC, (210) 395-9249, DSN 969-9249, or susana.king.ctr@us.af.mil.

Daniel B. Ginsberg
DANIEL B. GINSBERG
Assistant Secretary of the Air Force
(Manpower & Reserve Affairs)

Attachment:
Air Force Implementation Plan, NDAA for FY10, Sec. 708

Enclosure

US AIR FORCE IMPLEMENTATION PLAN,
NATIONAL DEFENSE AUTHORIZATION ACT
FOR FISCAL YEAR 2010, SECTION 708

1. INTRODUCTION

Section 708 of the National Defense Authorization Act (NDAA) for Fiscal Year 2010 (FY10) requires the Department of Defense (DoD) to provide four person-to-person mental health assessments for each member of the Armed Forces who deploys in connection with a contingency operation, as defined in DoD Instruction (DoDI) 6490.03, *Deployment Health*, 11 Aug 06. The Air Force implementation plan and procedures for these assessments, known as Deployment Resiliency Assessments (DRAs), will begin no later than 1 Nov 10. All installations identified as pilot sites will begin beta-testing DRA processes after 1 Nov 10. All personnel will be required to administer DRAs beginning 1 Jan 11. All personnel who begin the pre-deployment process after 1 Jan 11, will complete a pre-deployment DRA, and all personnel returning from deployment after 1 Jan 11, will receive the required post-deployment DRAs. DRA policy and supporting guidance documentation will be available on the Air Force Medical Service Knowledge Exchange (Kx) Deployment Health Knowledge Junction at <https://kx.afms.mil/deploymenthealth>.

DRA completion is defined as: 1) Service member completion of the Automated Deployment Resiliency Assessment Questionnaire (ADRAQ) and 2) face-to-face dialogue (person-to-person for Air Reserve Component [ARC]) with a privileged healthcare provider. Critical and priority findings will be identified and flagged in the Air Force Deployment Health Assessment (AFDHA) web application.

- **Critical findings**—Military Treatment Facilities (MTFs) must contact Service member within 1 duty day and conduct a face-to-face assessment within 3 duty days.
- **Priority findings**—MTFs must conduct a face-to-face assessment within 3 duty days.
- **Routine findings**—MTFs must conduct a face-to-face assessment within 30 calendar days.

Additional clinical guidance for critical and priority findings will be posted on the Kx Deployment Health Knowledge Junction.

ARC personnel will complete the four DRAs at the prescribed time frames. ARC members will have three options for completing the person-to-person screenings: 1) through the Logistics Health Incorporated call center with a privileged provider, 2) through an MTF, or 3) through a privileged ARC healthcare provider. The Air Force Reserve Command and Air National Guard implementation plans will be available on the Kx Deployment Health Knowledge Junction.

The Chief of Aeromedical Services (SGP) will be the Office of Primary Responsibility (OPR) for administrative-support oversight of the DRA program. The SGP will be responsible for reporting DRA compliance and programmatic updates to the medical group commander and installation leadership to ensure continuity and success of the DRA program. Whenever possible, DRAs will be synchronized with existing readiness and deployment health activities.

The Chief of the Medical Staff (SGH) will be the OPR for clinical-support oversight. Clinical support includes providing overall clinical supervision, monitoring peer review results for the DRA program, and ensuring providers are trained and certified to administer the DRA.

The Mental Health Flight commander will provide quality assurance of the DRA program by conducting periodic reviews of DRA provider referrals. This review should be accomplished at least quarterly to: 1) determine the appropriateness of mental health referrals and 2) provide feedback to non-mental health providers. The Mental Health Clinic will provide guidance and consultation to non-mental health providers conducting DRAs, as appropriate.

Public Health/Force Health Management will administratively support the DRA program by providing DRA compliance data to Mental Health, unit commanders, and unit deployment managers using the Preventive Health Assessment and Individual Medical Readiness (PIMR) information management system.

A program guide that details deployment health assessment processes is forthcoming and will be posted on the Kx Deployment Health Knowledge Junction.

2. TIMELINE

Consistent with Office of the Assistant Secretary of Defense (Health Affairs) (OASD/HA) guidance and other military departments, the Air Force will administer DRAs to deployers at the following intervals:

- Within 2 months before the estimated date of deployment
- Between 3 and 6 months after return from deployment
- Between 7 and 12 months after return from deployment
- Between 16 and 24 months after return from deployment

Whenever possible, DRAs for active duty personnel will be incorporated with the following readiness and deployment-health activities:

2.1. Pre-deployment medical out-processing within 2 months before the estimated date of deployment

For 6-month (179-day) to 1-year (365-day) deployments, the Preventive Health Assessment (PHA) must be completed during the 60-day window prior to deployment. Service members will not be required to complete the WebHA when the PHA is completed as part of pre-deployment processing, and the member completes both the DD Form 2795, *Pre-Deployment Health Assessment* and the ADRAQ. All other PHA requirements outlined in Air Force Instruction 44-170 *Preventive Health Assessments* must be completed, and a face-to-face encounter with a privileged provider is required. If available, MTFs must use the Armed Forces Health Longitudinal Technology Application (AHLTA) COMPASS workflow to document PHAs. Otherwise, MTFs must use requirements outlined in the Air Force Deployment Health Assessments Program Guide that will be posted on the Kx Deployment Health Knowledge Junction.

For a subset of deployers (deployments less than 179 days, flyers, etc.), a pre-deployment PHA would drive unnecessary assessments. Therefore, the PHA will not be required as part of pre-deployment processing, and these personnel will only complete the ADRAQ and the DD Form 2795, *Pre-Deployment Health Assessment*. The MTF will be responsible for identifying these individuals and completing appropriate deployment health and annual PHA requirements, in accordance with current guidance.

2.2. DD Form 2900, *Post-Deployment Health Reassessment (PDHRA)* between 3 and 6 months after return from deployment

Currently, all personnel must complete a PDHRA 3 to 6 months post-deployment. The second DRA will be combined with the completion of the PDHRA and will include a face-to-face encounter with a privileged provider. Note: The DD Form 2796, *Post-Deployment Health Assessment* will not be used to accomplish DRAs, but it remains a required component of the post-deployment health assessment process per, DoDI 6490.03, *Deployment Health*.

2.3. Annual PHA

The third and fourth DRAs should be completed with the annual PHA and will include a face-to-face encounter with a privileged provider. When DRAs do not coincide with the member's annual PHA schedule, the assessments will be completed separately to ensure they occur within the prescribed time frames.

3. AUTOMATION AND DOCUMENTATION

Deployers who require a DRA will be tracked electronically via the AFDHA web application. Immediately upon completion of the member section of the ADRAQ, results will be made available electronically to the member's servicing MTF.

Until a DoD DRA application is developed, providers must document DRA findings in the AFDHA web application. Additionally, all DRAs will be documented in the member's electronic medical record (EMR) to facilitate health surveillance and data sharing. Automated data exchange between the AFDHA web application and AHLTA is not possible; therefore, the documentation process will require manual data input from the AFDHA web application into AHLTA. In the absence of the EMR, a paper copy will be printed and placed in the member's outpatient medical record. However, this process will be strictly limited to locations where the EMR is not available. AFDHA web application, EMR, and outpatient medical record documentation requirements will be outlined in the Air Force Deployment Health Assessments Program Guide that will be posted on the Kx Deployment Health Knowledge Junction.

4. QUALITY ASSURANCE (QA)

To ensure DRAs are accomplished and the appropriate standard of care is met, the Air Force will establish explicit QA measures, in accordance with DoDI 6200.05, *Force Health Protection Quality Assurance Program*, 16 Feb 07. To enforce these measures, the Air Force Medical Operations Agency/Clinical and Business Analysis Division (AFMOA/SGHC) will be the OPR for the quality and sustainment of all deployment health assessment processes. AFMOA/SGHC will closely monitor compliance and will report metrics to AF/SG at least quarterly. Reporting will begin 1 Mar 11.

4.1. Training and Certification

Only privileged providers are authorized to administer Air Force deployment health assessments. These include physicians, physician assistants, nurse practitioners, and mental health providers. To meet the appropriate standard of care, non-mental health providers conducting DRAs must be trained in the assessment and treatment of deployment-related health conditions and concerns. In addition, Independent Duty Medical Technicians (IDMTs) who are trained and certified to conduct DRAs will be authorized to administer assessments for personnel located at geographically separated units greater than 50 miles from an MTF.

In accordance with DoD guidelines, all non-mental health providers will be required to complete the OASD(HA) deployment health training that is posted on the Deployment Health Clinical Center website at www.pdhealth.mil. Additionally, Air Force-specific training is required and is available on the Kx Deployment Health Knowledge Junction. Certification from both training modules will be added to credentialing requirements for all privileged, non-mental health providers conducting DRAs. Training compliance will be tracked in the Centralized Credentials and Quality Assurance System (Air Force Training Record for IDMTs).

4.2. Audits and Peer Reviews

AFMOA/SGHC will conduct periodic audits of installations to ensure the appropriate standard of care is met. AFMOA/SGHC will assist installation personnel to remedy any deficiencies identified in the DRA process. Unresolved issues will be reported to the MTF commander. Onsite assistance will be provided when necessary. Additionally, provider assessment, disposition, and documentation of deployment-related mental health screenings will be evaluated as part of the MTF peer review process.

4.3. Coding

All deployment-related visits require documentation and use of appropriate International Classification of Diseases (ICD-9) codes. The Air Force will require a 95% rate of compliance with coding requirements for deployment-related visits. Guidance for coding deployment-related health encounters is part of the required Air Force provider training that is available on the Kx Deployment Health Knowledge Junction.

4.4. Compliance Metrics

Compliance metrics will be included in the Air Force's Force Health Protection/QA report to the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness) and OASD(HA).

5. STAFFING

5.1. Providers

The deployer's primary care manager (PCM) is responsible for conducting face-to-face DRA encounters. Flight Medicine (FM) will provide DRAs for members enrolled to the FM Clinic; Family Practice (FP) will provide DRAs for members enrolled to the FP Clinic. If the DRA is conducted by a provider other than the PCM, any positive findings will be coordinated with the PCM.

5.2. Contract Support

AFMOA conducted a staffing analysis to support NDAA Sec. 708 requirements, based on PIMR deployment records, additional workload, and availability of existing resources. It was determined that installations deploying greater than 500 personnel per year require additional support. AFMOA executed an FY10 centralized contract to standardize resourcing and operations in support of DRA requirements. The contract support is intended to fill identified personnel gaps with mid-level providers (nurse practitioners) and licensed practical/vocational nurses. These personnel must only be used to conduct patient appointments in support of deployment-health activities (i.e., pre-/post-deployment health assessments, PHAs, DRAs). AFMOA will execute a similar centralized contract in FY11. Staffing included in the AFMOA FY10 centralized contract and details regarding the transition of resources are outlined in Table 1.

6. MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM (MEPRS)

A separate MEPRS code (BGA1) has been designated to capture all workload and administrative requirements associated with deployment health assessments performed at the MTF. This will: 1) provide visibility to the relative value units captured, 2) provide visibility to the full-time equivalents (FTEs) and associated labor costs, 3) facilitate determining the return on investment of contracted support, and 4) ensure the MTF resources are adequate. A separate MEPRS code ensures the workload, business plan efficiency, cost of care, and access to care in the other MTF clinical areas are not adversely impacted. Details for implementing the BGA1 MEPRS code will be outlined in the Air Force Deployment Health Assessments Program Guide that will be posted on the Kx Deployment Health Knowledge Junction.

Table 1.
AFMOA FY 10 Centralized Contract for Deployment Health Assessments

MAJCOM	SITE	MTF	FY10 MTF Funded			FY10 Central Contract		Projected FY11 Central Contract	
			Current FTE Provider	Current FTE Med Tech	Current FTE Admin	FTE Nurse Practitioner	FTE Licensed Vocational Nurse	FTE Nurse Practitioner	FTE Licensed Vocational Nurse
ACC	Davis-Monthan AFB		1						
ACC	Barksdale AFB			2	1				
ACC	Beale AFB								
ACC	Seymour Johnson AFB								
ACC	Offutt AFB	1 - Psych				0.5		1	1
ACC	Shaw AFB		1	2	1	1	1	0.5	1
ACC	Nellis AFB	1 - SW			1		1	1	1
ACC	Moody AFB		1	2	1			1	1
ACC	Ellsworth AFB	1 - Psych			1		1	1	1
ACC	Dyess AFB		1	2	1			1	1
ACC	Holloman AFB		1	2	1		1	1	1
ACC	Mountain Home AFB			1				1	1
ACC	Langley AFB							1	1
AETC	Lackland AFB	2 - PA/Psych				0.5		1	1
AETC	Luke AFB		2			0.5	1	0.5	1
AETC	Keesler AFB		1				1	0.5	1
AFDW	Andrews AFB					1		1	1
AFMC	Eglin AFB					0.5	1	1	1
AFMC	Robins AFB					0.5	1	0.5	1
AFMC	Hill AFB	1 - Psych				0.5	1	0.5	1
AFMC	Tinker AFB		1	2	1	1	1	0.5	1
AFMC	Wright-Patterson AFB			2	1		1	1	1
AFSOC	Cannon AFB					1	1	1	1
AFSOC	Hurlburt Field AFB					1	1	1	1
AFSPC	Peterson AFB					0.5	1	1	1
AMC	Grand Forks AFB		2			0.5	1	0.5	1
AMC	Little Rock AFB		1			0.5		0.5	1
AMC	McGuire AFB	1 - SW				0.5		2	2
AMC	MacDill AFB		1	2	1		1	0.5	1
AMC	McConnell AFB			2	1		1	0.5	1
AMC	Charleston AFB	1 - SW				1		1	1
AMC	McChord AFB	1 - Psych			1		1	1	1
AMC	Fairchild AFB	1 - Psych					1	1	1
AMC	Dover AFB	1 - Psych				1	1	1	1
AMC	Pope AFB		1			1	1	1	1
AMC	Scott AFB	1 - Psych		2	1		1	1	1
AMC	Travis AFB						1	1	1
PACAF	Hickam AFB					0.5	1	0.5	1
PACAF	Elmendorf AFB						1	0.5	1
Total FTEs:			22	30	13	0.5	1	0.5	1
Total Part-time:						5	1	0.5	1
						13	26	0.5	1
						26	14	40	

SEC. 708. <<NOTE: 10 USC 1074f note.>> MENTAL HEALTH ASSESSMENTS
FOR MEMBERS OF THE ARMED FORCES DEPLOYED
IN CONNECTION WITH A CONTINGENCY
OPERATION.

708

19/28/2009
(a) Mental Health Assessments.--

(1) In general. <<NOTE: Deadline. Guidance. Time periods.>> --Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall issue guidance for 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 as follows:

(A) At a time during the period beginning 60 days before the date of deployment in connection with the contingency operation.

(B) At a time during the period beginning 90 days after the date of redeployment from the contingency operation and ending 180 days after the date of redeployment from the contingency operation.

[[Page 123 STAT. 2377]]

(C) <<NOTE: Deadline.>> Subject to subsection (d), ~~not later~~ than each of ~~6~~ months, 12 months, and 24 months after return from deployment.

(2) Exclusion of certain members.--A mental health assessment is not required for a member of the Armed Forces under subparagraphs (B) and (C) of paragraph (1) if the Secretary determines that the member was not subjected or exposed to operational risk factors during deployment in the contingency operation concerned.

(b) Purpose.--The purpose of the mental health assessments provided pursuant to this section shall be to identify post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions identified among members of the Armed Forces described in subsection (a) in order to determine which such members are in need of additional care and treatment for such health conditions.

(c) Elements.--

(1) In general.--The mental health assessments provided pursuant to this section shall--

(A) be performed by personnel trained and certified to perform such assessments and may be performed by licensed mental health professionals if such professionals are available and the use of such professionals for the assessments would not impair the capacity of such professionals to perform higher priority tasks;

(B) include a person-to-person dialogue between members of the Armed Forces described in subsection (a) and the professionals or personnel described by paragraph (1), as applicable, on such matters as the Secretary shall specify in order that the assessments achieve the purpose specified in subsection (b) for such assessments;

(C) be conducted in a private setting to foster trust and openness in discussing sensitive health

April 26,
2010



DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VIRGINIA 22041-3258

REPLY TO
ATTENTION OF

DASG-CS

03 NOV 2010

MEMORANDUM FOR Assistant Secretary of the Army (Manpower and Reserve Affairs), ATTN: COL Jean Hulet

SUBJECT: US Army Medical Command (MEDCOM) Implementation Plan for Mental Health Assessment for Members of the Armed Forces Deployed in Connection with a Contingency Operation

1. National Defense Authorization Act (NDAA) Section 708 requires that person-to-person mental health assessments will be provided for each member of the Armed Forces who is deployed in connection with a contingency operation as follows:
 - a. At a time during the period beginning 60 days before the date of deployment in connection with the contingency operation.
 - b. At a time during the period beginning 90 days after the date of redeployment from the contingency operation and ending 180 days after the date of redeployment from the contingency operation.
 - c. Not later than each of 6 months, 12 months, and 24 months after return from deployment.
2. The Army's Medical Command's Comprehensive Behavioral Health System of Care Campaign Plan, published 2 Sep 10, provides published guidelines in compliance with the NDAA Section 708 requirements in its ANNEX B. The Comprehensive Behavioral Health System of Care Campaign Plan is intended to establish an integrated, coordinated and synchronized comprehensive behavioral health (BH) system of care supporting the human element of ARFORGEN in each of its phases in order to reduce the incidence of BH issues and mitigate the impact of the normal stresses of Army life, deployment and combat. The Comprehensive Behavioral Health System of Care Campaign Plan directs that Regional Medical Command Commanders will ensure that a minimum of four BH screening and intervention points are conducted through the ARFORGEN cycle and additional annual BH screening and interventions are also required that will comply with the 12 and 24 months after redeploying NDAA 2010 requirement.
3. Mental health assessments will include a person to person dialogue between the Soldier and a provider. All assessments will be conducted in a private setting that

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DASG-CS
SUBJECT: US Army Medical Command (MEDCOM) Implementation Plan for Mental Health Assessment for Members of the Armed Forces Deployed in Connection with a Contingency Operation

fosters trust and openness for discussion of sensitive concerns. Person to person includes face-to-face, telephonic, or video telehealth link.

4. Licensed BH providers credentialed for independent practice through Army Medical Treatment Facilities and designated providers who have successfully completed certification requirements as outlined by the Office of Force Health Protection & Readiness and the Deployment Health Clinical Center will conduct mental health assessments. Training slides and supporting documents and tools are available at <http://www.pdhealth.mil> and at http://fhpr.osd.mil/pdfs/NDAA%2008_26_10_FHP_DHCC_Final.pdf. After successful completion of the training, designated providers will receive a certificate of completion. Certification is required to be considered trained and qualified to administer Department of Defense deployment mental health assessments. The Army may augment these minimal training requirements with additional training such as RESPECT-Mil training. All training certificates will be submitted to the Military Treatment Facility credentialing office and included in the providers credentialing packet.

a. Licensed BH providers do NOT require certification. Qualified designated providers who DO require certification include Physicians, Physician Assistants, or Nurse Practitioners; Advanced Practice Nurses; Special Forces Medical Sergeants; Independent Duty Medical Technicians and Independent Health Services Technicians.

b. The Army is seeking approval from the Department of Defense to utilize Military Occupation Specialty (MOS) 68X Behavioral Health Specialists to conduct mental health assessments in compliance with NDAA screening requirements. The MOS 68X would meet training requirements and work under the supervision of licensed BH providers credentialed for independent practice. Use of MOS 68X BH technicians would be at the discretion of local Military Treatment Facility commanders. Training certificates would be maintained in the competency assessment folder for MOS 68X personnel.

5. Touch Point #1, Pre-Deployment Health Assessment. The first screening and intervention point will occur in a window of time beginning 120-60 days before the date of deployment to allow adequate time to screen, assess, and perform intervention as required and to allow adequate time for the command team and BH providers to determine deployability of potentially high-risk Soldiers. The Army will conduct, where possible, tertiary BH evaluations at the D-120 (4 months out) Level 1 Soldier Readiness Processing (SRP) to allow for intervention and treatment while simultaneously maintaining potential for continued deployability as well as achieving treatment consistent with policy guidance regarding stabilization on psychotropic medication prior to deployment (minimum 90 days of stabilization on medications prior to deployment). In order to comply with current NDAA requirements, the Army will conduct an additional screening within two months before the estimated date of deployment.

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6. Touch Point #2, In Theater screening and intervention point. In preparation for redeployment and reintegration, the in Theater screening and intervention point will be conducted in a window 15 – 90 days prior to re-deployment of a unit. The purpose of this screening and intervention is to identify potential high-risk soldiers and ensure notification of them to the installation Medical Treatment Facility and SRP personnel to ensure that continuity of care is maintained. The current mode for this screening will be to utilize the Down-Range Assessment Tool (D-RAT) and/or approved alternatives for all redeploying Soldiers as well as the Behavioral Health Transfer Assessment (BHTA) for those Soldiers who actually received behavioral health services in Theater. Based on D-RAT and BHTA findings, Soldiers will be separated into high-risk ("Red") and moderate ("Amber")/low-risk ("Green") categories.

a. High-risk Soldiers will be escorted/walked through at point of entry by designated personnel to engage in Touch Point #3 processing.

b. Moderate/Low-risk Soldiers will be cycled through Touch Point #3 processing with existing chalk/unit/group they arrived with.

7. Touch Point #3, Reintegration Post-Deployment Health Assessment screening and intervention point. Reintegration screening will be conducted in three stages to enhance efficiency, with each Soldier receiving a minimum of two screenings and interventions during the process. Touch point #3 will utilize the information provided on the D-RAT (in-theater command), the BHTA (in-Theater BH provider), as well as validated questionnaires and standard Department of Defense forms completed by the Soldier. The intent is to automate this process across the Army enterprise; however, utilization of existing formats, to include pencil/paper delivery, is authorized until such a system is implemented. For Active Component Soldiers, the first reintegration screening and intervention will occur in a window of six to 30 days after redeployment, but prior to block leave. For Reserve Component Soldiers (including Guardsmen and those in the Individual Ready Reserve), the first reintegration screening and intervention will occur at the Reverse Soldier Readiness Processing/Demobilization site in a window of two to ten days after redeployment, but prior to returning to home station. All Soldiers will complete this screening. The purpose of this screening and intervention is to further identify high-risk Soldiers and provide a positive wellness intervention for all redeploying Soldiers. This screening and intervention will utilize the Post-Deployment Health Assessment process, along with additional BH assessments and wellness interventions. Screening will include the following elements:

a. Stage 1 screening will utilize existing Post-Deployment Health Assessment screening instruments as the core component for the Standardized Assessment. All positive Stage 1 screens for Post-Traumatic Stress Disorder and Depression require service members to provide additional information using standard questionnaires. For post-traumatic stress screening, Soldiers who are positive for 3 or more items on the

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PC- Post-Traumatic Stress Disorder will be directed to completed the PCL-C/F/M & functioning. For depression screening, Soldiers who are positive for 1 or more scored at more than half the days (score of 2) on the PHQ-2 will be directed to complete the PHQ-8 and functioning. Soldiers who screen positively on the alcohol questions will be directed to complete the AUDIT.

Screening Areas	Stage 1
Mental health history	Past diagnoses
Medication use	Medications
Risky drinking	AUDIT-C
PTSD	PC-PTSD
Depression	PHQ-2
Other emotional issues	List
Major life stressors	Yes/No
Mental health concerns or questions	Yes/No
In-theater assessment	Redeployment re-entry concerns

b. Stage 2 screening will parallel the current RESPECT-Mil screening process. Respect-Mil is structured to provide appropriate follow-up/case management. Soldiers will complete additional questionnaires if Stage 1 screening for Post-Traumatic Stress Disorder and/or Depression is positive. Stage 2 is intended to provide to help providers identify concerns for further evaluation and/or treatment by providing additional measures of Post-Traumatic Stress Disorder and Depression criteria and symptom severity. Soldiers who screen negative for Post-Traumatic Stress Disorder and Depression in Stage 1 DO NOT complete Stage 2 screening and will proceed directly to Stage 3. Stage 2 consists of:

Screening Areas	Stage 2
PTSD	PCL-C/F/M & functioning
Depression	PHQ-8 & functioning

c. All Soldiers will complete Stage 3 screening that requires direct interaction with providers. Soldiers will complete Stage 3 screening by either face-to-face provider interaction or virtually. Stage 3 will review and clarify information on the D-RAT/BHTA and the Soldier's responses on the standardized forms and screening instruments identify common areas of concern, provide brief interventions for risky drinking and referral to BH specialty care if indicated. Providers will document in the Soldier's electronic medical record at the conclusion of Stage 3 screening. This screening will suffice as an annual Periodic Health Assessment. If referred for additional BH support, the Soldier will be given an appointment slip for a follow-up appointment. BH referrals for Reserve Component Soldiers will be made at the home station Veterans Affairs Veterans Centers, Veterans Affairs Medical Clinics/Centers, or other facilities based on

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the acuity of the problem and the capability/capacity of the Soldier's home station care system. Reserve Component Soldiers determined to be at high or moderate risk will be adequately stabilized prior to departing to home station, with a clear, documented, and understood on-going care plan – to include utilization of case/care management and DoD's *inTransition* services, and a gaining provide/agency to assume care and case management in vicinity of the Soldiers' home location. Stage 3 screening includes:

Assessment Areas	Stage 3
Mental health history	Elucidate details
Medication use	Elucidate details
Risky drinking	Brief intervention / referral
PTSD	Education/referral
Depression	Education/referral
Other emotional issues	Elucidate details
Major life stressors	Elucidate details
Mental health concerns or questions	Elucidate details
Suicide	Assess suicide risk
Violence	Assess violence risk
Clinical impression	Final assessment
Referral/documentation	

8. Touch Point #3.5, Reintegration Case/Care Manager Phone Contact (Reserve Component Only). This reintegration screening and intervention will occur during the period beginning 15-45 days post-reunion at home station for all redeploying Reserve Component Soldiers (including Guardsmen and those in the Individual Ready Reserve). The purpose of this contact is to create an early opportunity to both identify behaviorally at-risk Reserve Component Soldiers between periods of formal assessment (occurring during the Post-Deployment Health Assessment process at the demobilization site and the Post-Deployment Health Reassessment at home station) and to follow up with those previously identified as at-risk already. Case/Care manager questions on these calls will cover the same basic behavioral health assessment areas as in Touch Point #3, Stage 3 above, in order to determine each Soldier's current status and any need for intervention and/or referral.

9. Touch Point #4, Reintegration Post-Deployment Health Reassessment. This reintegration screening and intervention for all Components will occur during the period beginning 90-180 days after the date of redeployment from the contingency operation in conjunction with the Post-Deployment Health Reassessment process. The purpose of the mental health assessments provided pursuant to this section shall be to identify Post-traumatic Stress Disorder, suicidal tendencies, and other BH conditions identified among Soldiers in order to determine which are in need of additional care and treatment

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for such health conditions. This screening and intervention will include standard Post-Deployment Health Reassessment questions, supplemented with more detailed BH assessment questions and a positive wellness intervention. This screening may be completed face-to-face, via telephone, or virtually by a trained provider (with same qualifications as the individual performing Touch Point #3, Stage 3 above or Periodic Health Assessments noted below).

10. The Army will implement a yearly BH assessment in conjunction to existing Soldier Periodic Health Assessments to comply with NDAA month 12 and month 24 requirements. This will be accomplished by leveraging the existing Periodic Health Assessment, augmented with more detailed BH assessment questions. Military Treatment Facilities will ensure that the primary care provider who is performing the Periodic Health Assessments, in addition to the Force Health Protection and Readiness and the Deployment Health Clinical Center training package, will receive extra training (at a minimum: RESPECT-Mil training) to maximize the usefulness of this concurrent BH assessment within the Periodic Health Assessments.
11. Continuity of care handoff requirements. The warm hand off of behavioral healthcare is critical to this plan's success. Commanders will ensure that Military Treatment Facilities and deploying BH providers have thoroughly planned and prepared a standardized communications plan. The future method to conduct this will be through the use of a common BH Information Technology system, however, until the time that this system is fully functional, communication must be conducted using alternate methods which must be understood by all.
12. Wellness initiatives and interventions. At all screening and intervention points wellness interventions will be incorporated. These interventions will employ positive psychology concepts, build on the strengths of the Soldier, emphasize resilience, and encourage the Soldier to develop an effective personal resilience plan that fits into the Comprehensive Soldier Fitness framework. Interventions will be adjusted to match the risk level of each Soldier.
13. The Comprehensive Behavioral Health System of Care Campaign Plan provides a platform for the development of an evidence-base process to determine the effectiveness of the Army's BH assessments through a phased approach.
 - a. In Phase I, targeted program evaluation of the mental health assessment process will be conducted sequentially at selected sites. Site selection and scope of evaluation will follow the implementation process directed by US Army Medical Command and based on recommendations from the Comprehensive Behavioral Health System of Care Campaign Plan Standardized Assessment Working Group. Currently proposed metrics for targeted evaluation are listed in Table 1. As targeted evaluations

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are completed, a standardized list of metrics and process for collecting those metrics will be developed.

b. In Phase II, additional FRAGOs to the Comprehensive Behavioral Health System of Care Campaign Plan will be issued that require installations to implement a process for collecting and reporting standardized metrics to US Army Public Health Command (Prov) for analysis. Lessons learned from targeted evaluations in Phase I and data consolidation and analysis in Phase II will inform refinement of BH assessment requirements.

c. In Phase III, Office of The Surgeon General's Organizational Inspection Program will be responsible for validating compliance with data reporting based on standardized metrics and ensuring standardization of assessment procedures through site visits and random medical record review.

14. All Screening will be documented in the electronic medical record utilizing existing Post-Deployment Health Assessment/Post-Deployment Health Reassessment/Periodic Health Assessment requirements.

15. Our point of contact for this memorandum is LTC Edward A. Brusher, Deputy Chief Behavioral Health Division, Office of The Surgeon General, at (703) 681-4188 or Edward.brusher@us.army.mil.

FOR THE SURGEON GENERAL:

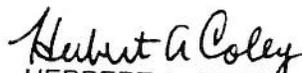

HERBERT A. COLEY
Chief of Staff

Table 1. Proposed Metrics for Phase I Targeted Program Evaluation of Mental Health Assessment Process

Evaluation Question	Metrics	Data Source
<i>Implementation</i>		
How feasible is implementation of the screening process?	Number of Soldiers screening per provider, per hour, per day	Administrative data Observation
	Additional resources required (personnel, equipment, etc.)	Document review Observation
	Screening environment	Observation
What resources are required to implement the screening process?	Preparation/training for SRP	Document review
	On-site equipment	Document review Observation
	On-site personnel	Document review Observation
What is the site's level of fidelity to the documented screening process?	Number of Soldiers completing each screening component	Administrative data
	Number of Soldiers receiving provider assessment	Administrative data
<i>Mediators</i>		
What are Soldier perceptions of the screening process?	Intent to follow-up	On-site survey
	Level of disclosure	On-site survey
	Utility of assessment	On-site survey
What are provider perceptions of the screening process?	Feasibility of screening implementation	On-site interview
	Confidence in tool to screen/identify Soldiers	On-site interview
	Provision of sufficient information to assist in clinical decision making	On-site interview
	Adequate reflection of Soldier disposition	On-site interview
<i>Outcomes</i>		
How does the screening process impact the progression of referrals?	Referral rates for BH, PC	AHLTA
	Show/no-show rates for BH, PC	AHLTA
	BH appointments for non-referrals at SRP	AHLTA
	BH referrals from PC within 6 months of SRP	AHLTA
To what extent are referrals generated from the screening process appropriate?	Necessity of referrals	Provider feedback survey
	Destination of referrals	Provider feedback survey
	Quality of referrals	Provider feedback survey

Subj: IMPLEMENTATION PLAN TO EXECUTE REQUIRED MENTAL HEALTH ASSESSMENTS

- Ref:
- (a) ASD(HA) memo "Mental Health Assessments for Members of the Armed Forces Deployed in Connection with a Contingency Operation" dated 19 Jul 2010
 - (b) OPNAVINST 6100.3 "Deployment Health Assessment Process" dated 12 Jan 2009
 - (c) SECNAVINST 6120.3 "Periodic Health Assessment" dated 19 Sep 2007
 - (d) DODI 6490.03

1. Per ref (a), Service Members deployed in connection with a contingency operation are required to complete person-to-person mental health assessments during four time frames: within 2 months prior to deployment, 3-6 months after return from deployment, 7-12 months after return from deployment and 16-24 months after return from deployment. Individuals required to complete the Mental Health Assessment will remain consistent with guidance provided in ref (a) and (d).
2. The DoD force health protection strategy already requires Service Members to participate in a several deployment and non-deployment related health screenings to include: per ref (d) the Pre-Deployment Health Assessment (DD Form 2795), the Post-Deployment Health Assessment (DD Form 2796), the Post-Deployment Health Reassessment (DD Form 2900), and per ref (c) the Periodic Health Assessment (PHA). Since the time frames for the additional mental health assessments correspond to those of existing health assessments, the Navy plan will be to perform the assessments concurrently. Modifications are anticipated to DD Forms 2795 and 2900, as well as to the Navy PHA, which will incorporate elements of the mental health assessment requirement and streamline the process further.
3. Phased implementation is anticipated to begin in February 2011. Tasks requiring coordination and completion prior to that time include: development of an electronic application of the mental health assessment; development or modification of IT tools to track and document compliance; development and dissemination of specific guidance to the field; establishment of processes to ensure specified training of medical providers; and development of Quality Assurance metrics and procedures.
4. This plan was developed in collaboration with Health Services USMC to ensure consistency in implementing these new

requirements as the two Services share Navy Medicine medical assets.



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

30 AUG 10

MEMORANDUM FOR ASSISTANT SECRETARY OF THE NAVY
(MANPOWER and RESERVE AFFAIRS)

SUBJECT: IMPLEMENTATION PLAN for MENTAL HEALTH ASSESSMENTS for MEMBERS of
the ARMED FORCES DEPLOYED in CONNECTION with a CONTINGENCY
OPERATION

In response to your memorandum of July 19, 2010, Navy provides our submission for the required implementation plan for mental health assessments. The implementation start date of February 2011 is based on time requirements to coordinate and complete a number of tasks including: development of an electronic application; development and modification of IT tools to track and document compliance; development and dissemination of guidance to the field; and establishment of processes to ensure specified training of providers.

My point of contact is Dr. Fred Glogower at BUMED, M00WII2, who can be reached at (202) 762-3018.


E. S. NIEMYER
Deputy Chief, Wounded, Ill, and Injured

Attachment:
As stated

Enclosure 3



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

JUL 19 2010

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT: Mental Health Assessments for Members of the Armed Forces Deployed in Connection with a Contingency Operation

References: (a) 2010 National Defense Authorization Act, Section 708, "Mental Health Assessments for Members of the Armed Forces Deployed in Connection with a Contingency Operation," October 28, 2009
(b) Department of Defense Instruction (DoDI) 6490.3, "Deployment Health," August 11, 2006
(c) DoDI 6200.05, "Force Health Protection Quality Assurance Program," February 16, 2007

The National Defense Authorization Act for Fiscal Year 2010, Section 708, required the Department of Defense (DoD) to implement person-to-person mental health assessments for each member of the Armed Forces who is deployed in connection with a contingency operation (Reference (a)). The mental health assessments will be conducted during four time frames in a consistent manner across the Services:

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;
4. Between 16 and 24 months after return from deployment.

Guidance for complying with the legislation is outlined in Attachment 1. This guidance will be incorporated into a forthcoming DoD Instruction. Attachment 2 provides details of the Service member and health care provider sections for conducting a mental health assessment. Training and guidance for health care providers performing deployment-related mental health assessments is currently in coordination with Service Surgeons General and, when final, will be posted at <http://www.pdhealth.mil/dcs/default.asp>.

Please provide your implementation plan to the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness within 45 calendar days from the date of this memorandum. Ongoing Quality Assurance procedures consistent with

Enclosure 1

Reference (c) must be part of your plan. Service compliance and implementation of this guidance will be reported to Congress at 270 days and again at 2 years after the date of issuance of this guidance. The point of contact for this action is Commander Meena Vythilingam, who may be reached at (703) 575-3520, or via e-mail at Meena.Vythilingam@tma.osd.mil.



Charles L. Rice, M.D.
President, Uniformed Services University of
the Health Sciences
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Attachments:
As stated

cc:
Under Secretary of Defense (Personnel and Readiness)
Assistant Secretary of Defense (Reserve Affairs)
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Joint Staff Surgeon
Medical Officer of the Marine Corps
U.S. Coast Guard Director, Health, Safety and Work-Life
Deputy Chief, Patient Care Services Officer for Mental Health, Department of Veterans
Affairs
Director, Defense Centers of Excellence for Psychological Health and Traumatic Brain
Injury
Director, Armed Forces Health Surveillance Center

Attachment 1

Compliance Guidance for Fiscal Year 2010 National Defense Authorization Act, Section 708, “Mental Health Assessments for Members of the Armed Forces Deployed in Connection with a Contingency Operation”

The National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, Section 708, required the Department of Defense to institute a person-to-person mental health assessment for each member of the Armed Forces who is deployed in connection with a contingency operation. The definition of deployment, leadership responsibilities to ensure compliance, types of providers (other than licensed mental health professionals) who can conduct person-to-person assessments, and the instructions and exemptions for a comprehensive deployment health program, are delineated in Reference (b) and are applicable (except as superseded by Reference (a) and this guidance) to the mental health assessments outlined in this guidance.

The purpose of the mental health assessment is to identify mental health conditions including post-traumatic stress disorder, suicidal tendencies, and other behavioral health conditions that require referral for additional care and treatment. These assessments must include a person-to-person dialogue (e.g., face-to-face, by telephone, video telehealth) 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 are provided in Attachment 2 and must be conducted 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;
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 the psychological and social questions outlined in Attachment 2, and if they are conducted in a manner specified above. Mental health assessments are not required for Service members who are discharged or released from the Armed Forces.

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 military Departments, self-directed training for these mental health assessments is available at: <http://www.pdhealth.mil/dcs/default.asp>. A certificate of completion will be provided at conclusion of the training. The military Departments 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 Program in accordance with Reference (c). The Deputy Assistant Secretary of Defense for 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 Section 708 of the NDAA for FY 10. The Services will provide assistance in conducting this evaluation.

Attachment 2

**Mental Health Assessment Items to be Incorporated
in Deployment Health Assessments**

Service Member Section:

1. In the **past year**, have you received a diagnosis for any mental health problem, such as post-traumatic stress disorder, depression, anxiety disorder, alcohol abuse, or substance abuse?

Yes ___ No ___ If yes, please list _____

2. Are you **currently** taking prescription or over-the-counter medications (including herbals /supplements) for sleep or mental health problems?

Yes ___ No ___ If yes, please list _____

3. Please circle the answer that is correct for you in the **past month**:

3a. How often do you have a drink containing alcohol?				
Never (0)	Monthly or less (1)	Two or four times a month (2)	Two to three times per week (3)	Four or more times a week (4)
3b. How many drinks containing alcohol do you have on a typical day when you are drinking?				
1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 or 9 (3)	10 or more (4)
3c. How often do you have six or more drinks on one occasion?				
Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost Daily (4)

4. Please circle the answer that is correct for you in the **past month**:

Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:		
4a. Have had nightmares about it or thought about it when you did not want to?	Yes	No
4b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	Yes	No
4c. Were constantly on guard, watchful, or easily startled?	Yes	No

Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:		
4d. Felt numb or detached from others, activities, or your surroundings?	Yes	No

NOTE: If **two or more** items are marked 'Yes' on items 4a-4d, continue to answer items 4e-4x (located at the end of this form), **otherwise go to question #5.**

5. Please circle the answer that is correct for you in the **past 2 weeks:**

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0)	Few or Several days (1)	More than half the days (2)	Nearly every day (3)
5a. Little interest or pleasure in doing things.	0	1	2	3
5b. Feeling down, depressed, or hopeless.	0	1	2	3

NOTE: If **one or both** items are marked "More than half the days" or "Nearly every day" on items 5a-5b, continue to answer items 5c-5m (located at the end of this form), **otherwise go to question #6.**

6. In the **past 4 weeks**, have any other emotional problems made it **very difficult** for you to do your work, take care of things at home, or get along with other people?
 Yes ___ No ___ NA (don't have any of above problems)

Please list _____

7. Over the past month, have you experienced any major life stressors that continue to cause you significant worry or concern (for example, serious conflicts with your spouse, family members, close friends, or at work; or legal, disciplinary, or financial problems)?

Yes ___ No ___ Unsure ___

8. Do you have any questions or concerns about your current mental health?
 Yes ___ No ___

ADDITIONAL SERVICE MEMBER QUESTIONS:

NOTE: If **two or more** items are marked 'Yes' on items 4a-4d, continue to answer items 4e-4x.

Below is a list of problems and complaints that persons sometimes have in response to stressful life experiences. Please read each question carefully and circle the number in the box which indicates how much you have been bothered by that problem in the last month. Please answer all items.

Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
4e. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	1	2	3	4	5
4f. Repeated, disturbing dreams of a stressful experience from the past?	1	2	3	4	5
4g. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4h. Feeling very upset when something reminded you of a stressful experience from the past?	1	2	3	4	5
4i. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
4j. Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?	1	2	3	4	5
4k. Avoid activities or situations because they remind you of a stressful experience from the past?	1	2	3	4	5
4l. Trouble remembering important parts of a stressful experience from the past?	1	2	3	4	5
4m. Loss of interest in things that you used to enjoy?	1	2	3	4	5
4n. Feeling distant or cut off from other people?	1	2	3	4	5

Below is a list of problems and complaints that persons sometimes have in response to stressful life experiences. Please read each question carefully and circle the number in the box which indicates how much you have been bothered by that problem in the last month. Please answer all items.

Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
4o. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
4p. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
4q. Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5
4r. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
4s. Having <i>difficulty concentrating</i> ?	1	2	3	4	5
4t. Being " <i>super alert</i> " or watchful on guard?	1	2	3	4	5
4u. Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

If you checked off any of the above items, how difficult have these problems made it for you to ...	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
4v. Do your work?				
4w. Take care of things at home?				
4x. Get along with other people?				

NOTE: If one or both items are marked "More than half the days" or "Nearly every day" on items 5a-5b, continue to answer items 5c-5m.

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0)	Few or Several days (1)	More than half the days (2)	Nearly every day (3)
5c. Trouble falling/staying asleep, sleep too much?	0	1	2	3
5d. Feeling tired or having little energy?	0	1	2	3
5e. Poor appetite or overeating?	0	1	2	3

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0)	Few or Several days (1)	More than half the days (2)	Nearly every day (3)
5f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down?	0	1	2	3
5g. Trouble concentrating on things, such as reading the newspaper or watching television?	0	1	2	3
5h. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual?	0	1	2	3

If you checked off any of the above items, how difficult have these problems made it for you to ...	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
5i. Do your work?				
5j. Take care of things at home?				
5k. Get along with other people?				

Health Care Provider Section:

- 1-2. For "Yes" answers to Service member questions # 1-2, document details (frequency, duration, additional symptoms, etc.).
3. Guidelines for probable risky drinking and alcohol dependence and considerations for specialty referral are available at <http://www.pdhealth.mil/dcs/default.asp>.
4. Guidelines for low, medium, or high levels of post-traumatic stress disorder symptoms and considerations for referral are available at <http://www.pdhealth.mil/dcs/default.asp>.
5. Guidelines for low, medium, or high levels of depressive symptoms and considerations for referral are available at <http://www.pdhealth.mil/dcs/default.asp>.
6. Document details and consider referral if **significant** distress or **significant** impairment in work, home, and social functioning.
7. For "Yes" or "Unsure" answers to question #7 of the Service member section, document details, conduct risk assessment, and consider referral if **significant** distress or **significant** impairment in work, home, and social functioning.
8. For "Yes" answers to question #8 of the Service member section, document details, and consider referral if **significant** distress or **significant** impairment in work, home, and social functioning.
9. Ask "Over the **past month**, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?"
Yes ___ No ___
-If "Yes," ask "How often have you been bothered by these thoughts?"
Very few days ___ More than half of the time ___ Nearly every day ___
10. Ask "Over the **past month**, have you had thoughts or concerns that you might hurt or lose control with someone?"
Yes ___ No ___
11. Does member pose a current risk for harm to self or others?
___ Yes, poses a current risk ___ No, not a current risk

NOTE: Additional follow-up questions for "Yes" answers to questions #9 and #10 including guidance for conducting risk assessments are available at <http://www.pdhealth.mil/dcs/default.asp>.

Health Provider Evaluation:

12. Determine if symptoms warrant referral for additional assessment or care:
_____ no referral _____ immediate referral _____ routine referral

NOTE: Follow-up evaluation must be scheduled to occur before the Service member's deployment.

NOTE: Document/record results and outcome of mental health assessment.