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

HEALTH AFFAIRS

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

AUG 10 2007

Dear Mr. Chairman:

This letter is in response to Sections 721 and 722 of the National Defense Authorization Act for Fiscal Year 2006 that requests the Department to report on pilot projects to evaluate internet-based early diagnosis and treatment of posttraumatic stress and other mental health disorders.

The Department welcomes the opportunity to report on these activities. The two pilot projects described in the report (*www.afterdeployment.org* and Re-engineering Systems of the Primary Care Treatment in the Military (RESPECT-MIL)) together will form a complementary and powerful approach towards early diagnosis and treatment of posttraumatic stress disorder and other mental health conditions in our Service members. They also provide an avenue for education about psychological health, self-care, and resiliency-building techniques for our Service members and their families. Finally, in combination, these projects work effectively in reaching out to Service members and their families in a non-stigmatizing way intended to identify present and potential mental health problems and ensure safe and effective treatment.

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

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

Department of Defense Traumatic Stress and Mental Health Pilot Projects

A report to Congress on pilot projects to evaluate internet-based early diagnosis and treatment of post traumatic stress and other mental health disorders

Pilot Projects to Evaluate Internet-Based Early Diagnosis and Treatment of Post Traumatic Stress and Other Mental Health Disorders in the Department of Defense

The requirement for this report is outlined in Sections 721(b) and 722 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2006 as follows:

Section 721(b): ...the Secretary shall submit to the congressional defense committees a report on the pilot project. The report shall include a description of the pilot project, including the location of the pilot project and the scope and objectives of the pilot project.

Section 722(c): ..., the Secretary shall submit to the congressional defense committees a report on the progress toward identifying pilot projects to be carried out under this section. To the extent possible the report shall include a description of each such pilot project, including the location of the pilot projects under paragraphs (1) and (2) of subsection (b), and the scope and objectives of each such pilot project.

The following has been prepared as the final report as required by Sections 721 and 722 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2006.

Reflecting concerns about service members (SM) who may suffer symptoms of post traumatic stress disorder (PTSD), the NDAA for FY 06 requires the Secretary of Defense carry out a pilot project to evaluate the efficacy of various internet-based approaches to improving the capability of military and civilian health care systems to provide early diagnosis and treatment of PTSD and other mental health conditions. It also requires internet tools be made available to family members to assist them to identify the emergence of PTSD. Developing these internet resources will contribute to reduced stigma and increased confidentiality utilizing modalities with a high potential for effectiveness, and will be in addition to resources of the medical system.

For this pilot project, tentatively titled *"Afterdeployment.org"*, we will deploy state-of-the-art internet-based education, assessment, skill-building and treatment tools that can be used by service members alone; used in conjunction with primary care manager support; and in conjunction with mental health care providers. A variety of treatment methods will be employed for several mental health conditions and disorders, including PTSD. Multi-format internet-based

early interventions will be linked with prevention and education initiatives, pre-existing DoD online prevention and education services, as well as post deployment health assessments and re-assessments. They will include the ability to track symptoms and progress across time.

The psycho-educational materials and workshops contained within the *Afterdeployment.org* website will be available to military and civilian health care providers both as models for treatment and as complementary referral options to their treatment of individual patients. If desired, and with the patient's permission, the assessment tools on the website can be reported to the physician by the patient as a tracking mechanism. In addition, a primary care provider or manager (PCP/M), when reviewing pre and post deployment health questionnaires will be able to refer service members to the website who endorse symptoms of emotional distress, but who, at the time of their visit do not require or want a more comprehensive psycho-social evaluation by the PCP/M. SMs can be encouraged to try *Afterdeployment.org* for more information about how their situation may be related to a potential emotional disorder and use any of the educational and self-help modalities available on the site. Furthermore, we could expect some who use the resources available on *Afterdeployment.org* will present to their PCP/M for additional information and formal evaluation.

Objectives include reducing posttraumatic stress reactions; increasing the ability to identify those at risk (family, provider and member); enhancing the ability to track counselees or patients; increasing accessibility of evidenced-based care; decreasing barriers: including stigma, transportation to and from a location, provider availability and access; increasing member and family member satisfaction; increasing provider competence (for military and civilian); expanding deployment related mental health system capacity; and increasing motivation to seek appropriate care.

The scope of *Afterdeployment.org* will include Reserve, National Guard and Active Duty SMs and their family members, primarily within the TRICARE West Region and will be employed at large active duty and reserve mobility sites, as outlined in my earlier report. Coordination of these projects will be based in this region leveraging existing programs and project champions in place at Ft. Lewis-McChord AFB, the Portland VA (reservist support), the National Centers for PTSD (at Boston, Palo Alto, and Pacific Islands), Camp Pendleton, and the medical facilities in Hawaii.

In further fulfillment of requirements outlined in the NDAA for FY 2006 Section 722(b)(1) (as well as the NDAA for FY 2007 Section 741(c)(1)), the Department of Defense is implementing a primary care mental health program known as RESPECT-MIL (Reengineering Systems of Primary Care Treatment in

the Military) that aims to improve the detection and treatment of PTSD and depression among SMs in Army primary care. The program was coordinated through the Army Office of the Surgeon General and tested as a pilot for primary care diagnosis and treatment of depression at Ft. Bragg in 2005-2006. RESPECT-MIL has been expanded to include the early diagnosis and treatment of PTSD and is currently being implemented at fifteen sites, comprising 51 clinics, in the US and overseas. The report to Congress required by NDAA FY 2007 Section 741 on the evaluation of these programs will be submitted as required in December 2008.

The mission goals of this ambitious RESPECT-MIL implementation program are to increase primary care detection, management, and continuity of care for PTSD and depression among Army SMs. An additional element of the program focuses on universal primary care provider training in the diagnosis and treatment of PTSD and depression. In short, the program routinely screens SMs for PTSD and depression at the same point in the primary care visit as when his blood pressure and pulse are checked. SMs who screen positive on this initial screening complete further tests allowing the primary care provider to make rapid preliminary assessments for these disorders and initiate treatment for them as appropriate. SMs with presumed PTSD or depression are informed of treatment options and are referred to a RESPECT-MIL care facilitator (RMF). The RMF (a nurse) serves as a liaison between the affected SM, primary care provider, and consulting mental health specialist (usually a psychiatrist). The RMF monitors

treatment adherence, side effects, and treatment response via regular in-person or phone contacts with enrolled SMs and then communicates findings to the appropriate PCP/M and consulting mental health specialist for adjustment of PTSD/depression treatment plans as appropriate. During weekly review sessions, the consulting mental health specialist reviews the SMs followed in RESPECT-MIL and conveys recommendations to SMs' primary care providers, recommendations that are routinely reinforced by the RMF. These program elements are completed using a combination of in-person, telephonic, and medical record communications.

The pilot project, *Afterdeployment.org,* and RESPECT-MIL together form a complementary and powerful approach towards early diagnosis and treatment of PTSD and other mental health conditions in our SMs. They also provide an avenue for psycho-education and teaching self-care and resiliency-building techniques for our SMs and their families. Finally, in combination, these projects work effectively in reaching out to SMs, Reservists and Guardsmen and their families in a non-stigmatizing way intended to identify present and potential mental health problems and ensure safe and effective treatment.