

FY2022 NDAA: Mental Health Care

Updated January 13, 2022

Background

Congress authorizes, through the annual National Defense Authorization Act (NDAA), Department of Defense (DOD) [mental health programs and services](#) that support servicemembers, military retirees, and their families. DOD administers many mental health programs that offer education; awareness; crisis prevention resources; clinical treatment; nonclinical support and counseling services; and research and development.

DOD has [estimated](#) that, from 2016 through 2020, 456,293 active duty servicemembers were diagnosed with at least one mental health disorder. Mental health disorders also accounted for the highest number of hospital bed days and were the second most common reason for outpatient visits among servicemembers. During the same time period, the majority (64%) of mental health diagnoses were attributed to [adjustment disorders](#), [anxiety disorders](#), and [depressive disorders](#).

DOD has made numerous efforts to address the wide range of mental health issues, and potential opportunities for improvement have been highlighted by the [Government Accountability Office \(GAO\)](#), [DOD Inspector General \(DODIG\)](#), and other [observers](#) of military health. **Table 1** lists the proposed and enacted mental health-related provisions included in the FY2022 NDAA (P.L. 117-81).

Table 1. FY2022 NDAA Legislative Proposals

House-Passed H.R. 4350	Senate Armed Services Committee-Reported S. 2792	Enacted Legislation (P.L. 117-81)
Section 702 would require the TRICARE program to cover certain inpatient and outpatient health care services to treat eating disorders among servicemembers or their dependents. The provision would also require DOD to periodically screen servicemembers for eating disorders.	No related provisions.	Section 701 adopts the House provision with an amendment that authorizes medically indicated treatment of a servicemember with an eating disorder when listed as a primary diagnosis.

Congressional Research Service

<https://crsreports.congress.gov>

IN11801

House-Passed H.R. 4350	Senate Armed Services Committee-Reported S. 2792	Enacted Legislation (P.L. 117-81)
<p>Section 714 would amend 10 U.S.C. §1090a to establish an additional process using a trigger phrase, by which a commanding officer or supervisor confidentially refers a servicemember for a mental health evaluation.</p>		<p>Section 704 adopts the House provision with an amendment that assigns referral responsibilities to a commanding officer or supervisor in the grade of E-5 or above.</p>
<p>Section 731 would require DOD, in collaboration with the Department of State, to award grants to certain entities for collaborative research with Israeli institutions on post-traumatic stress disorder.</p>		<p>Not adopted.</p>
<p>Section 734 would require DOD to conduct a one-year pilot program that provides “direct assistance” with scheduling mental health appointments at certain military treatment facilities (MTFs).</p>		<p>Section 734 adopts the House provision with an amendment that requires DOD to expand the scope of the pilot program to include private sector care and to brief the Armed Services Committees within 90 days after the program concludes.</p>
<p>Section 736 would authorize DOD to conduct a pilot program, by September 1, 2023, that surveys certain active duty servicemembers on perceptions of access to mental health care and related stigma.</p>		<p>Not adopted.</p>
<p>Section 739 would require the Secretary of Defense (SECDEF) to establish a committee to conduct an independent review of DOD’s suicide prevention and response programs.</p>		<p>Section 738 adopts the House provision with an amendment that requires the SECDEF to select at least one installation of each military department for independent review by the committee.</p>
<p>Section 6480 would require the Military Services to submit a report to Congress on substance abuse disorder treatment concerns among servicemembers and their dependents. The provision would also require a report to Congress on the use of substance abuse disorder treatment programs on or near military installations.</p>		<p>Section 745 adopts the House provision with an amendment that requires the Under Secretary of Defense for Personnel and Readiness to brief the Armed Services Committees on DOD’s substance abuse policy, programs, and strategy.</p>

Source: CRS analysis of legislation.

Discussion

Mental Health Screening and Treatment

In August 2020, [GAO found](#) that while DOD does not generally screen servicemembers for eating disorders during the [annual periodic health assessment](#), “DOD is examining ways to improve its screening of eating disorders in the military as well as identify possible ways to prevent such conditions in the

military.” Section 701 of the enacted bill adopts House Section 702, which requires DOD to periodically screen for, and treat, eating disorders among servicemembers. The provision also requires TRICARE to cover certain medically-indicated outpatient and inpatient treatment services (e.g., residential services or partial-hospitalization programs) for eating disorders, when listed as a primary diagnosis, for servicemembers and their dependents.

[DOD policy](#) allows servicemembers to obtain a mental health evaluation on a voluntary (i.e., self-referral) or involuntarily (i.e., command-directed) basis. Section 704 of the enacted bill adopts House Section 714, requiring DOD to establish a new process that triggers a [command-directed mental health evaluation](#). The new process would allow a servicemember to disclose a certain phrase to a commanding officer or supervisor (in the [rank of E-5 or above](#)) that then initiates an automatic, confidential referral for a mental health evaluation.

A 2020 [DOD Inspector General report](#) found that the Department “did not consistently meet outpatient mental health access to care standards for active duty service members and their families, in accordance with law and applicable [DOD] policies.” Section 734 of the enacted bill adopts House Section 734. The provision requires DOD to conduct a one-year pilot program that provides “direct assistance” to beneficiaries scheduling mental health appointments at certain military treatment facilities or with certain [TRICARE providers](#). The provision also requires DOD to assess the program and provide an interim briefing (180 days after enactment) and a final briefing (90 days after the program concludes) to the Armed Services Committees on the program’s effectiveness and barriers to accessing mental health appointments.

Mental Health Research

House Section 731, which was not adopted, would have directed the Secretary of Defense, in coordination with the Secretary of State, to award grants for a period of no more than seven years to academic or nonprofit entities for collaborative research between the United States and Israel on [post-traumatic stress disorder](#). In the [Joint Explanatory Statement](#) accompanying the FY2022 NDAA, the conferees stated that a DOD briefing, received in March 2021, highlighted the “extensive military medical research collaboration between Israel and the United States.” The conferees also noted that “this long-standing, strong relationship is exemplified by the [Shores Meeting](#), a biennial research conference led by the U.S. Army and the Israel Defense Force (IDF) held since 1978.”

Program Assessments

Section 738 of the enacted bill adopts House Section 739. The provision requires the Secretary of Defense to: (1) establish an independent committee to conduct a review of [DOD’s suicide prevention and response programs](#) and (2) select at least one installation of each military department for review by the committee. The committee is required to assess factors that contribute to military suicides and provide an initial (270 days after the committee is established) and final report (330 days after the committee is established) to Congress on their findings.

Section 745 of the enacted bill adopts House Section 6480 with an amendment that requires the Under Secretary of Defense for Personnel and Readiness to brief the Armed Services Committees on DOD’s [substance abuse](#) policy, programs, and strategy.

House Section 736, which was not adopted, would have provided DOD an authority, through September 1, 2023, to survey servicemember perceptions of access and stigma related to mental health care in the Military Health System. Servicemembers’ input would have been collected through the [Defense Organizational Climate Survey](#). The [Joint Explanatory Statement](#) stated that the conferees were “concerned about the availability and access to mental health care services and the stigma associated

seeking mental health care within the Department of Defense.” However, the conferees also noted that the survey “already includes certain questions about access to mental health care and stigma, and a requirement for additional questions for purposes other than measurement of command climate may be problematic.”

Author Information

Bryce H. P. Mendez
Analyst in Defense Health Care Policy

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS’s institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.