

# FY2024 NDAA: Military Mental Health Strategy Development and Program Assessment Provisions

October 11, 2023

## 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 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 456,293 active duty servicemembers were diagnosed with at least one mental health disorder from 2016 through 2020. 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, [adjustment disorders](#), [anxiety disorders](#), and [depressive disorders](#) composed the majority (64%) of mental health diagnoses.

DOD has made numerous efforts to address mental health issues. The [Government Accountability Office](#) (GAO), [DOD Inspector General](#) (DODIG), and other [observers](#) of military health have highlighted potential opportunities for improvement. During ongoing deliberations on an FY2024 NDAA, Congress has expressed interest in understanding the current state of DOD's mental health programs available to servicemembers and their families through the Military Health System (MHS) and other resources.

**Table 1** lists the military mental health strategy development and program assessment-related provisions included in the House-passed (H.R. 2670) and Senate-passed (S. 2226) versions of an FY2024 NDAA.

**Table 1. FY2024 NDAA Selected Legislative Proposals**

House-passed H.R. 2670	Senate-passed S. 2226
<i>Mental Health Strategy Development Provisions</i>	

Congressional Research Service

<https://crsreports.congress.gov>

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House-passed H.R. 2670	Senate-passed S. 2226
Section 729 would require the Secretary of Defense to establish a task force, not later than 90 days after enactment, to examine the mental health of servicemembers, provide Congress a report on findings and recommendations to improve mental health services, and develop an implementation plan based on the task force's recommendations.	No similar provision.
Section 742 would require the Secretary of Defense to submit a comprehensive strategy on force resilience to the armed services committees not later than 270 days after enactment.	No similar provision.
<i>Mental Health Program Assessment Provisions</i>	
Section 743 would require the Secretary of Defense, in coordination with the service secretaries, to conduct a study and provide a report to Congress, not later than June 1, 2024, on DOD nonclinical mental health programs, including how they are administered, how they differ from clinical mental health services, program effectiveness and outcomes, and recommendations for future programs.	No similar provision.
Section 746 would establish a five-year annual congressional reporting requirement on the number of servicemember overdoses, demographics, comorbidities, naloxone usage, and other details.	Section 713 would require the Secretary of Defense to submit an annual report to the armed services committees on the number of annual drug overdoses among servicemembers and other demographic and health care utilization data. The provision would also require the Secretary of Defense to establish standards for distributing and providing training on naloxone, medications for overdose reversal, and other topics relating to substance use and misuse.
Section 752 would direct the Comptroller General to conduct a study on TRICARE payments to network behavioral health professionals. Study results would be reported to the armed services committees.	No similar provision.
Section 754 would require the Secretary of Defense to conduct a study and provide a report to the armed services committees on the accessibility of mental health providers and services for members of the Armed Forces.	No similar provision.
Section 755 would require the Secretary of Defense and Secretary of Health and Human Services to collaborate on a study of barriers to mental health care for military pilots and aviators. The provision would also require a report to Congress on the study's results no later than one year after enactment.	No similar provision.
No similar provision.	Section 723 would require the Comptroller General to conduct a study on perinatal mental health conditions among servicemembers and their dependents. The provision would require a report to the armed services committees no later than one year after enactment.

House-passed H.R. 2670	Senate-passed S. 2226
No similar provision.	Section 724 would require the Defense Health Agency (DHA) Director to provide a report to the armed services committees on servicemembers' wait times to access mental health care in the TRICARE program, an assessment of mental health providers needed to meet access standards, and an explanation of DOD credentialing standards for mental health providers.
No similar provision.	Section 725 would require the Secretary of Defense to provide a report to the armed services committees on activities to address the mental health of pregnant and postpartum servicemembers and dependents.
No similar provision.	Section 5721 would require the Secretary of Defense to submit a report to the congressional defense committees on the mental health care referral process for servicemembers and the potential impact of removing primary care referral requirements for outpatient mental health care. The report would also include recommendations to improve military readiness, access to and uptake of outpatient mental health care, and suicide prevention.
No similar provision.	Section 5723 would require the Secretary of Defense to submit a report, not later than March 31, 2024, to the armed services committees on applicable federal and state laws and policies governing DOD's provision of mental health services via telehealth to servicemembers and their families. The report would also provide a description of challenges and opportunities to improve continuity of mental health care after changing duty stations.

**Source:** CRS analysis of legislation on Congress.gov.

## Discussion

### Mental Health Strategy Development

In 2006, [Congress established a task force](#) to assess and develop recommendations to improve mental health services for servicemembers after [reported challenges](#) with “inadequate” mental health assessments and poor access to care and support. The task force found that DOD lacked “fiscal resources and fully-trained personnel to fulfill its mission to support psychological health in peacetime or fulfill the requirements imposed during times of conflict.” To address these findings, the [task force published 95 recommendations](#), many of which DOD implemented through subsequent program changes or integration into strategy documents (e.g., [Integrated Mental Health Strategy](#), [DOD Strategy for Suicide Prevention](#), [military services' psychological health strategic plan](#)).

In June 2023, a [Defense Health Board \(DHB\) report](#) asserted that DOD continues to be challenged by the existing national “mental health crisis” and that the MHS “lacks the resources it needs, in terms of providers and treatment options” to meet the needs of the military. How DOD intends to enhance servicemember resiliency and the provision of mental health services remains to be seen.

Section 729 of the House-passed bill would require the Secretary of Defense to establish a task force, not later than 90 days after enactment, to examine the mental health of servicemembers, provide Congress a report on findings and recommendations to improve mental health services, and develop an implementation plan based on the task force’s recommendations. Section 742 of the House-passed bill

would require the Secretary of Defense to submit a comprehensive strategy on force resilience to the armed services committees not later than 270 days after enactment.

## Mental Health Program Assessments

Since at least 2001, Congress has expressed interest in understanding how DOD implements mental health programs and the effect of these programs on servicemember wellbeing. Congress has inserted briefing or reporting requirements in annual defense-related legislation (e.g., NDAA or defense appropriations acts) or accompanying committee reports or explanatory statements. [DOD](#) and [GAO](#) often make these reports to Congress available online. The House- and Senate-passed bills of an FY2024 NDAA include provisions that would require certain reports to Congress on the following military mental health-related topics:

- access to mental health care,
- substance use and misuse,
- mental health and pregnancy, and
- mental health & aviators.

For more on military mental health topics, see [CRS Insight 12242](#), *FY2024 NDAA: Mental Health Care and Research Provisions*; [CRS Insight 11801](#), *FY2022 NDAA: Mental Health Care*; [CRS In Focus 10876](#), *Military Suicide Prevention and Response*; and [CRS In Focus 10951](#), *Substance Abuse Prevention, Treatment, and Research Efforts in the Military*.

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