



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

SERVICES, INC.

October 16, 2020

The Honorable Mark T. Esper
Secretary
U.S. Department of Defense
1000 Defense Pentagon
Washington, DC 20301

Dear Secretary Esper:

On behalf of the American Psychological Association (APA), the leading scientific and professional organization representing psychology in the country, I write to you with concern regarding the Department of Defense (DoD) Office of Inspector General (OIG) report¹ “Evaluation of Access to Mental Health Care in the Department of Defense,” which found that DoD did not consistently meet outpatient mental health access to care standards for active duty service members and their families. APA urges DoD to take the following steps highlighted below to help ensure that our service members and their families receive the mental health care they need.

The August report found that 53 percent of active duty service members and their families who were identified as needing a referral to mental health care did not receive that care, and the Military Health System (MHS) does not know why. It is also unacceptable that DoD does not know why military members and their families were not able to receive the care they needed. It is the duty of MHS and DoD to care for our service members and their families and ensure that our nation’s active duty members are both mentally and physically ready to serve. It is part of DoD’s core mission to ensure force readiness, and timely access to mental health care is a key component of readiness.

Additionally, OIG found that 7 of 13 Military Treatment Facilities (MTFs) or their associated TRICARE networks did not meet the access standard set forth for specialty care – at most a 28-day wait time – over the 6-month review process; 5 of the remaining 6 MTFs or associated TRICARE networks only met access standards during 1 month of the 6-month review process. These figures are shocking. A 28-day wait time is not an acceptable standard; not being able to meet such a lax standard makes it even more objectionable. It is unthinkable that DoD would continue to allow so many to fall through the cracks, especially as DoD’s Annual Suicide Report for Calendar Year 2018 found that active duty service members died by suicide at a rate of 24.8

¹ Department of Defense Office of the Inspector General. (2020). Evaluation of Access to Mental Health Care in the Department of Defense. Retrieved from https://media.defense.gov/2020/Aug/12/2002475605/-1/-1/1/DODIG-2020-112_REDACTED.PDF



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per 100,000², twice the national suicide rate then of 14.2 per 100,000.³ In fact, the OIG report quotes a provider at one MTF who stated: “delayed access to outpatient mental health treatment may have contributed to patient safety issues, specifically suicide attempts and hospitalization.”⁴

In light of these findings, **APA strongly encourages the Department to take steps towards addressing OIG’s recommendations**, including creating a system-wide staffing plan for MHS for the Behavioral Health System of Care and requiring TRICARE to adhere to the same standardized psychotherapy follow-up assessments currently in place in the Defense Health Agency (DHA). Implementing these, as well as OIG’s other recommendations, would be a step in the right direction towards guaranteeing access to quality mental health care for our service members and their families.

But this cannot be the only action. The availability of in-house medical care at DoD is under attack from all angles. The Uniformed Services University, which produces duty-ready psychologists, doctors, nurses, and other allied health professionals, has been threatened with devastating budget cuts.⁵ The potential reduction of 18,000 medical billets has only been put on hold because the world is in the grips of a catastrophic pandemic.⁶ **APA strongly recommends maintaining a strong in-house MHS by continuing to fund the Uniformed Services University and maintaining medical billets to ensure service members and their families receive timely, culturally competent care.**

Furthermore, the current unsustainably low reimbursement rate for mental health providers, including psychologists, through the TRICARE network is limiting the number of outside providers who would be able to serve our men and women in uniform. APA contacted DHA back in 2017 with our concerns⁷ – yet we are unaware of any action taken to rectify this issue.

Additionally, the current pandemic has highlighted the disparity in reimbursement rates for telehealth compared to in-person care. Studies have shown that telehealth interventions are just as successful as face-to-face interventions,^{8,9} and during the pandemic and beyond, the telehealth reimbursement rate should be equal to the reimbursement rate for face-to-face visits. **APA recommends appropriately reimbursing psychologists in the TRICARE network and bringing parity to reimbursements for telehealth services to align with in-person care.**

² Department of Defense, Under Secretary of Defense for Personnel and Readiness. (2029). Annual Suicide Report: Calendar Year 2018. Retrieved from https://www.dsps.mil/Portals/113/2018%20DoD%20Annual%20Suicide%20Report_FINAL_25%20SEP%2019_508c.pdf

³ National Institute on Mental Health. (2020). Suicide. Retrieved from [https://www.nimh.nih.gov/health/statistics/suicide.shtml#:~:text=During%20that%2020%2Dyear%20period,females%20\(6.2%20per%20100%2C000\).](https://www.nimh.nih.gov/health/statistics/suicide.shtml#:~:text=During%20that%2020%2Dyear%20period,females%20(6.2%20per%20100%2C000).)

⁴ Department of Defense Office of the Inspector General. (2020). Evaluation of Access to Mental Health Care in the Department of Defense. Retrieved from https://media.defense.gov/2020/Aug/12/2002475605/-1/-1/1/DODIG-2020-112_REDACTED.PDF

⁵ WTOP. (2019). Officials warn Pentagon cuts could force closing of Bethesda military medical university. Retrieved from <https://wtop.com/government/2019/11/officials-warn-pentagon-cuts-could-force-closing-of-bethesda-military-medical-university/>

⁶ Military.com. (2020). Military Plan to Cut 18,000 Medical Billets is on Hold During Pandemic. Retrieved from <https://www.military.com/daily-news/2020/04/09/militarys-plan-cut-18000-medical-billets-hold-during-pandemic.html#:~:text=Military's%20Plan%20to%20Cut%2018%2C000%20Medical%20Billets%20Is%20on%20Hold%20During%20Pandemic%2C%20Madigan%20Army%20Medical&text=Fighting%20the%20novel%20coronavirus%20pandemic,to%20the%20Defense%20Health%20Agency.>

⁷ APA Practice Organization. (2017) Letter to Adm. Bono, Defense Health Agency. Retrieved from <https://www.apaservices.org/practice/advocacy/humana-reimbursement-tricare.pdf>

⁸ Greenbaum, Z. (2020). How well is telepsychology working? Monitor on Psychology, 51(5), 46. Retrieved from <https://www.apa.org/monitor/2020/07/cover-telepsychology>.

⁹ Bashshur, R. L., Shannon, G. W., Bashshur, N., Yellowlees, P. M. (2016). The empirical evidence for telemedicine interventions in mental disorders. Telemed J E Health, 22(2), 87-113. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4744872/>.

Actions that erode access to mental health care for our service members and their families are not those of an Administration that is putting the needs of our military first, and I hope that the mental health of our service members and their families – who also serve – will be prioritized appropriately.

APA stands committed to ensuring that our service members, their families, and veterans have access to the mental health care they have earned through their service. For further information, please contact me or Sophie Friedl (SFriedl@apa.org) or Connie Galietti (CGalietti@apa.org) of my APA staff.

Sincerely,

A handwritten signature in black ink, appearing to read 'Arthur C. Evans, Jr.', with a long horizontal flourish extending to the right.

Arthur C. Evans, Jr., PhD
Chief Executive Officer

cc: Lt. Gen. Ronald J. Place, M.D., Director of Defense Health Agency