APA Resource Document

Resource Document on Psychiatry and Military Service

How every psychiatrist can help

Approved by the Joint Reference Committee, February 2024

This resource is in reference to active-duty, Reserve, and National Guard members of the military. It does not apply to veterans. For simplicity, the terms "in the military" or "military members" will be used to refer to active-duty, Reserve, and National Guard members.

This resource document was prepared as part of an APA Action Paper to improve the awareness of all APA members regarding military implications of psychiatric diagnoses and treatments (APA, 2022). It has been reviewed by psychiatrists from each branch of the U.S. Military:

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The content has also been reviewed by each branch's respective department of public affairs. Additionally, it has been reviewed by the Defense Health Agency department of public affairs. As stated, this resource does NOT replace military policy nor is it an official statement on behalf of the Department of Defense or TRICARE*.

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Overview:

The following is intended to serve as a resource on some relevant military policies for civilian psychiatrists who work with military members. Diagnostic and treatment decisions may have significant implications for those in the military. While we have consulted with military psychiatrists in preparing this document, it does NOT replace military or TRICARE policy, nor is it an official statement on behalf of the Department of Defense (DoD). Any specific questions or concerns should be routed to the military provider who referred a member to you for care.

The American Psychiatric Association (APA)'s Ethics Resource on this topic:

See APA Commentary on Ethics in Practice, Topic 3.1.3 for guidance from the APA Ethics Committee regarding dual agency and overlapping roles. The Opinions of the APA Ethics Committee includes, as Chapter J, a section devoted to the military and other government agencies. These materials, as well as a service for APA members to submit questions about ethical dilemmas not addressed in the existing resource, are available at psychiatry.org/ethics.

As a civilian psychiatrist, it is important to know whether your patient is in the military.

Why? The military relies on health care providers to support the well-being and mental health of the military force, which is fundamental to the success of the military mission. Optimal patient-centered treatment of the military service member requires consideration of their military role in order to both adequately consider the impact of military-specific stressors on the patient's mental health, and the impact of treatment on the patient's career and military mission. Some aspects of the military are shared with other high-performance professions (pilots, divers, elite athletes, etc.), but many other aspects are unique and occur only within military service. For example, in order to ensure accommodations for mental and physical impairment, there are times when disclosure of limited protected health information is important and allowed by law to protect the well-being of the service member, other military members, or the military mission. Further, the military has physical and mental health standards that must be met to (1) join the military, (2) remain in the military, (3) do specific jobs in the military, and (4) deploy to potentially austere environments [Reference: Department of Defense instruction (DoDi) 6130.03, pronounced "dough dee"].

What are the implications of these standards? As a result of military physical and mental health standards, a diagnosis or treatment can impact a military member's career, their family, their mission – and their identity. Given these implications, it is critical that all psychiatrists are aware of the standards related to psychiatric diagnoses and treatments. Psychiatrists can enhance the care provided to military patients by improving their understanding of military culture, using the military cultural formulation interview, *and* being aware of specific military policies that relate to mental health diagnosis and treatment.

It is important that civilian psychiatrists share documentation with their military patient's referring military clinician.

Why? Sharing medical records allows your patient's military clinicians to coordinate their care of your patient. It also makes it possible for the patient's referring military clinician or readiness office to determine if your military patient's diagnosis/es or treatment(s) might impact their "readiness" (a military term used to describe one's ability to fully perform one's job duties, including the ability to deploy).

Military members may perform duties that are associated with operating or carrying weapons, using or neutralizing explosives, managing machinery, driving tanks, piloting aircraft, or working in extreme environments. Sometimes, they will be far from clinical care, especially specialty care like mental health. Military clinicians carefully monitor their patients to ensure that their conditions do not impair their ability to carry out assigned duties, their duties will not worsen their conditions, and their treatments do not jeopardize mission effectiveness.

Because of the global mission of our military, a military member can be sent to a location that is difficult to travel to and equally challenging to transport for needed care. In extreme cases, a military aircraft or an entire ship could be pulled away from its primary mission to transport one patient from an austere environment to a site that has the necessary assets to provide specialty care (such as psychiatry). This military member most likely will not be able to go back to that site and will need to be replaced by another individual. Often, these efforts would have been unnecessary *if* the military member's mental health condition and needs had been disclosed to the referring military clinician.

What can I do? Contact your patient's referring provider (available on the referral document) to determine how to share mental health care documentation. The referring clinician may pre-emptively contact you as well.

> **Won't this violate the Health Insurance Portability and Accountability Act Privacy Rule?** Sharing information related to military readiness is considered a permitted use or disclosure for specialized government functions (for which specific patient authorization is not required) [Reference: 45 CFR § 164.512(k)(1)]. That said, it is still important to inform your military patients that you will be sharing this information as part of your discussion of limits of confidentiality. If your military patient's diagnosis or treatment does impact their ability to serve, the assigned military clinician or officer who oversees medical readiness will need to share the impact of the diagnosis/treatment with the patient's commander. While this provision of CFR § 164.512 may allow you to communicate directly with commanders, it is *highly* recommended that you communicate with command via the referring military clinician.

What is the policy related to this requirement? Military members are supposed to obtain civilian health care only via a referral from their military mental health clinician or primary care manager. These military clinicians can only refer a military patient to civilian mental health care when military mental health care is not available at the military medical treatment facility (MTF) within 28 days. Civilian care is typically paid for by TRICARE. Members will occasionally pay out of pocket – see below for details. TRICARE referrals require that "clear and legible reports" be submitted to the MTF (referring provider). For routine care within the United States paid for by TRICARE, civilian clinicians have seven days to submit these reports. For urgent care, the requirement is two days. [Reference: TRICARE Consultations Reports]

Does this policy apply to all civilian psychiatrists? No. Here are the details:

- Civilian psychiatrists who accept military referrals and accept TRICARE as a payer source have agreed to provide records to the MTF as part of the approval process to become a TRICARE provider and are therefore required to release treatment records to the referring military clinician. [Reference: TRICARE Consultations Reports]

- Civilian psychiatrists who accept TRICARE referrals but are not credentialed as network providers ("out-of-network providers") are encouraged to share their documentation with the referring provider as part of routine care coordination/collaboration, but it is NOT a policy requirement to share this documentation as it is for network TRICARE providers.

- VA providers routinely coordinate care with the Department of Defense (DoD) through electronic information exchange. VA health information regarding military patients, reservists, and National Guard members is automatically available to DoD clinicians with whom they have a treatment relationship via integrated tools in their electronic medical records. The VA does not have the ability to restrict the DoD's access to information in this database, even if asked by the patient to do so.

- Civilian psychiatrists providing care without a referral are under no obligation to share documentation. Military members have a duty to "report medical issues (including physical, dental, and mental/behavioral health) that may affect their readiness to deploy, ability to perform their assigned mission, or fitness for retention in military service to their chain of command" [Reference: DoDi 6025.19]. This duty is to help protect them and their mission. Certain illnesses or medications may not only jeopardize your patient's safety in a military environment, but may also increase risk to other personnel as well as the security of military missions, which could potentially impact national security.

This reporting is also what enables their command's ability to support them – by stopping deployments, changing duties, or ensuring members have the time and opportunity to get the care they need.

A helpful conversation civilian psychiatrists can have with their military patients seeking care without a referral is to discuss the patient's concerns regarding sharing their situation with their command. Ultimately, it is the patient's responsibility to keep their command appropriately apprised of their medical issues, and there is nothing that obligates you, as a civilian provider receiving cash payment from the patient, to demand or require they work through the military health care system – that is your military patient's duty.

Civilian clinicians receiving TRICARE payment should notify the referring military clinician or a proxy at a military treatment facility in a timely manner when their military patients have evidence of serious risk to self, others, or their military mission.

Why? In these circumstances, it is important for your patient's military commanders to know what is happening with their service members (your patient) so they can support them psychosocially and occupationally. The military commander is responsible for the life and welfare of your patient and of those whose lives and mission may depend on your patient [Reference: DoDi 6040.45]. Alerting the referring military clinicians or their MTF will ensure the patient's commander is alerted so they can support their service members (your patient).

What is a "serious" risk to self, others, or their military mission? If someone is suicidal or homicidal, requires psychiatric inpatient hospitalization, or requires substance abuse treatment, you should contact the referring military clinician once the immediate clinical actions have been taken to ensure the patient is safe. Determining "serious risk to their military mission" is challenging. If in doubt, consult with the referring military provider.

**Note this document is limited to providing information about military policy. It does not cover potential duty to warn or report which may exist under relevant state law. Psychiatrists should contact their malpractice carrier or legal counsel regarding whether they may have any duty to warn or report regarding a particular patient circumstance.*

What is the policy related to this requirement? In addition to the routine sharing of medical records (see above), TRICARE providers are required to contact their patient's referring provider (contact info available from TRICARE referral) or their MTF. [Reference: TRICARE Policy Manual 6010.60-M, April 1, 2015, Chapter 7 – Medicine, Section 3.11]

Any mental health diagnosis or treatment has the potential to impact a military member's career.

Why? It may not be safe for a military member with certain mental health diagnoses or treatments to continue their job; use a weapon; have access to dangerous equipment, munitions, and classified information; fly an aircraft; move to a new location; or deploy.

Some jobs in the military are considered hazardous. If a patient is suffering from mental health symptoms that impair their ability to function or cause significant distress (which is a diagnostic criterion for any DSM disorder), it could impact their ability to do their job. This could put them and others at risk. It could also compromise the mission and, potentially, national security. Additionally, the military generally does not want to deploy or move someone in the middle of treatment. The military uses "profiles" or "duty limitations" as administrative means of recommending occupational or mobility restrictions on personnel (e.g., restricting deployments or permanent changes in location) in order to (1) help military members complete their treatment and achieve remission and (2) protect the mission.

It's also important to know that if a military patient can't do their job (is on a "profile") for a year or has a mental health disorder that is unlikely to improve in a year, the military is obligated to consider whether the member can stay in the military.

What can I do? As above, share documentation of the care you provide to these military patients with their referring military clinician. It can also be helpful to share these considerations with your military patients as part of an informed consent conversation.

Neurodevelopmental and personality disorders have the potential to end a military member's career.

Why? These are considered to have existed prior to joining the military and are not caused or exacerbated by military service. If the military member is having persistent (> 12 months) difficulties at work that can't be resolved with simple medication and/or psychotherapy, they may no longer meet the military medical readiness standards to remain in service. [Reference: DoDi 1332.30 and DoDi 1332.14]

Even for attention-deficit hyperactivity disorder (ADHD)? Yes. While this is not typical (only a handful of cases have been separated from the military in the past decade), it is an important and nuanced concern. Class II medications are very difficult to get into theater (i.e., areas of overseas military operations). They cannot simply be shipped to combat zones. As such, if a military patient loses or runs out of their Class II medications while in theater, they might not be able to get a replacement. Since this medication is needed for sustaining adequate attention, such a gap could compromise the mission. As such, patients requiring Class II medications often

have more difficulty being approved for deployments. If they can't deploy for more than a year, they can be separated from the military.

What can I do? As above, share documentation for the care you provide to these military patients with their referring military clinician. It can also be helpful to share these considerations with your military patients as part of an informed consent conversation.

Bipolar- and psychotic-related diagnoses will likely end a military member's career.

Why? These are chronic mental conditions that require daily medications. Missing a dose could result in a recurrence of manic or psychotic symptoms. This is dangerous in a patient population that may have access to weapons, is responsible for dangerous equipment, or holds a secret clearance. Furthermore, if patients were in an austere or deployed setting and lost their medications, they would not be able to restart them quickly – putting themselves and the mission at risk and most likely resulting in aeromedical evacuation of the patient. [Reference: DoDi 6130.0.-V2: 5.28 a-b.]

What can I do? If a patient is determined to have a bipolar or psychotic diagnosis, please initiate appropriate treatment and promptly inform the patient's referring military clinician.

The use of antipsychotics, mood stabilizers (anticonvulsants for psychiatric indications), or lithium is likely to end a military member's career.

Why? Off-label use of antipsychotics for non-psychotic symptoms or even on-label use of antipsychotics for antidepressant augmentation has retention implications in the military. In the military, these medications are generally only prescribed to patients with psychotic spectrum and bipolar disorders, which pose an unacceptable risk to the mission. The concern is that if someone needs an antipsychotic or mood stabilizer, they might decompensate without those medications in a way that would not be safe for them or their mission. As such, their ability to remain in the military needs to be reviewed.

What can I do? Exhaust all other reasonable options for the treatment of non-psychotic and non-bipolar symptoms before recommending these medications for military members. If you must use them for stability of the patient, please promptly inform the patient's referring military clinician. Additionally, once the patient has been treated to remission, consider if a gradual dose reduction followed by discontinuation of the augmenting antipsychotic or mood stabilizer would be appropriate. If these medications are only used for a brief period of time, there is an improved likelihood that the military member can be retained.

Commonly asked questions

Where can I learn more? Go here for a collection of free online resources for civilian providers.

What kind of occupational or military history should I take on intake/interview? You may need additional details from your military patient to best treat them, assist military clinicians, and better interface with the patient's commanders. Details you may consider assessing and including in your documentation include the following:

Military history:

- **Current job:** *There are many different jobs in the military – meteorologist, basic scientist, physician, etc. – beyond what are portrayed in the media.*
- **Special duty status:** *There are many special jobs and responsibilities in the military that not everyone in the military has, such as armed use of force (requirement to carry a firearm), jump status (requirement to jump out of an aircraft), flight status (requirement to fly an aircraft), and air traffic controller. Treatments may have special occupational ramifications for individuals with these special duty statuses.*
- **Security clearance(s):** *Specific diagnoses and treatments can have ramifications related to higher security clearances, especially top secret (TS) and sensitive compartmented information (SCI) clearances.*
- **Deployments:** *How many? Where? Combat related? Possible exposure to diseases or other environmental exposures during deployment? Have special vaccinations or medications been given prophylactically?*
- **Combat exposure:** *Types of combat exposure? Duration? Frequency?*
- **Time in service:** *How many years? Do they want to reach retirement?*
- **Traumatic brain injury history:** *Has the patient ever felt stunned or confused or have they lost consciousness after being hit in the head or exposed to an explosive blast? How many times? Related to military service (including training)?*
- **Reason(s) for joining the military:** *For example, financial, sense of duty, desire to explore the world?*
- **Overall experience in the military:** *What has serving in the military been like for the patient? (This may help explain a patient's motivations and treatment goals.)*
- **Disciplinary actions:** *For example, letters of reprimand, Article 15s (nonjudicial military punishment), UCMJ violations, loss of rank.*
- **Military sexual trauma (MST):** *When? Was it reported? Was the report restricted or unrestricted (i.e., focused only on health care/support services rather than investigation/law enforcement/prosecution)? Did the patient receive treatment?*

What is a profile or a duty limitation? A profile is an administrative tool military providers use to recommend occupational and duty-related restrictions to commanding officers. Profiles are created for patients who are undergoing medical treatment to include care for mental health

diagnoses. There are different types of profiles, which may depend on a patient's diagnosis and their treatment type. There are also different profile types depending on branch of service (e.g., in the Navy, they are referred to as a LIMDU, short for limited duty) entered in different electronic records systems (MedPros for Army, Aeromedical Services Information Management System "ASIMS" for Air Force, etc.). Profiles are important for conveying needed occupational and duty-related restrictions for personnel to their commanding officers. As a civilian clinician treating a military member, you need to communicate your findings and treatment with your patient's MTF. As an example, a military patient in your care undergoing an antidepressant trial may have a profile created by a military clinician at their assigned MTF for mobility restriction, limiting them in such activities as deploying, moving permanently to a new station, or even doing short-term travel training in order to facilitate them completing their treatment (achieving remission) before moving.

What is a medical evaluation board? A medical evaluation board (MEB) evaluates (rather than makes a final decision about) a military member's medical status. If a member is not likely to meet retention standards or has not met retention standards for 12 months, their case is reviewed to determine whether they will be able to return to duty with a little more treatment/time or if they should be reviewed for medical separation. If separation for medical reasons might be indicated, a more thorough Narrative Summary of their care (called a "NARSUM") is required to detail the key aspects of the patient's case, such as symptoms, severity, treatments tried, response to treatments, and social/occupational impact of the condition. The NARSUM may also convey the author's *recommendation* regarding retention or separation. This document helps a board of clinicians make a separation or retention *decision*. Of note, the MEB process is long; every military patient's situation is carefully reviewed, and the patient is allowed to appeal the decision.

What is an administrative separation or "Admin Sep"? Members can be separated from the military for many nonmedical reasons (breaking the law, poor work performance, etc.), and with varying degrees of service characterization (with Honorable or General characterizations being most common and preserving all or most benefits from the VA after separation). If an MEB determines that a member should be separated from service for a mental health condition that preexisted service, this can result in an administrative separation. The diagnostic categories this applies to are typically neurodevelopmental disorders and personality disorders. These conditions are considered "unsuiting." If a member has another mental health disorder that does require a medical separation (called an "unfitting" condition), they will be medically separated. There are some cases where a member has been diagnosed with adjustment disorder, but because their reaction is not transient (as required by the definition of the diagnosis), it becomes apparent that the member is unable to adapt to military service. In such cases, the member may be separated administratively. These are all complex cases that must be reviewed by senior military mental health clinicians before any recommendation is made to commanders.

What is a waiver? As the name suggests, waivers permit military patients to continue serving or to deploy when they don't meet a standard. Not all medications or treatments require a waiver, and the indication for a waiver can vary widely depending on the branch of service, deployment location, treatment/medication type, or occupation of your patient. When in doubt, consider contacting your patient's MTF to clarify whether your patient would need a waiver related to a proposed treatment currently or in the future. It would be helpful to develop a good understanding of what occupational ramifications may be in store for your patient in the future, even when they are stable or in remission on your proposed treatment. As an example, a military patient in the Air Force may be diagnosed with ADHD and respond well to a trial of a stimulant. That person, when tasked with deployment in the future, may require a waiver allowing continued use of their medication. *Some waivers are more likely to be approved than others depending on the diagnosis and/or medication, as well as the location to which the patient will be assigned.*

What are security clearances, and why do they matter? Military patients have background checks and investigations conducted by the DoD prior to being granted a security clearance befitting their specific role and military occupation. TS/SCI, special access programs, and Yankee White (access to the United States president and vice president) are regarded as the highest, most closely protected levels of classified material access granted to federal employees and military personnel.

When working with a military patient, it is recommended that you ask during their intake visit what their security clearance is. When corresponding with your patient's military commanders, it is further recommended that you inquire whether the member would have any security clearance ramifications resulting from any particular form of treatment you may deliver. Actions regarding the military patient's security clearance may need to be taken by members of their command, and the patient's engagement in treatment (and any refusal of treatment) may influence the member's continued holding of said security clearance.

Your patient may not be able to disclose certain details about their occupation based on their security clearance, which has ramifications for their treatment and your interface with their military commanders. As a realistic example, a military patient may exhibit trauma-related symptoms appropriate for psychotherapeutic intervention but with index trauma/details they cannot discuss with civilian clinicians because the details or trauma are classified/protected information. Even military clinicians may not be able to discuss certain details/events with their patients if they themselves do not have adequate security clearance. The patient may need to be referred to a clinician with appropriate security clearance if civilian clinicians (or even military clinicians) are unable to adequately conduct their patient's indicated treatment because the patient's security clearance limits what can be discussed in sessions.

Do I need to consider military formularies or other concerns in choosing a medication? While the military can provide a wide range of prescription medications, a civilian psychiatrist may

want to consult with MTF clinicians in choosing among psychotropic agents. This may be especially important in working with military members who may deploy or be stationed overseas. For example, given that medication refills may not be reliably available in another country or during deployment to a combat area, it would be wise to consider treatment with medications with a longer half-life because it would decrease the risk associated with acute withdrawal problems.

How can a civilian psychiatrist access information about non-clinical and supportive services and supports that may be available to a military patient or dependent? In addition to consulting with MTF personnel, a civilian psychiatrist could connect with MilitaryOneSource, which is a DoD-funded 24/7 support program for military members and their dependents that can connect them with a wide range of support and counseling services. Civilian clinicians may wish to consult the website at https://www.militaryonesource.mil or call 1-800-342-9647 to explore or access a wide range of resources and benefits that may be of significant value to military patients.