

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

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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 proposed and enacted military mental health strategy development and program assessment-related provisions included in the House-passed (H.R. 2670), Senate-passed (S. 2226), and enacted (P.L. 118-31) versions of the FY2024 NDAA.

Table 1. FY2024 NDAA Selected Legislative Proposals

House-passed H.R. 2670	Senate-passed S. 2226	Enacted Legislation (P.L. 118-31)
<i>Mental Health Strategy Development Provisions</i>		

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IN12263

House-passed H.R. 2670	Senate-passed S. 2226	Enacted Legislation (P.L. 118-31)
Section 729 proposed to 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.	Not adopted.
Section 742 proposed to 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.	Not adopted.
<i>Mental Health Program Assessment Provisions</i>		
Section 743 proposed to 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.	Not adopted.
Section 746 proposed to establish a five-year annual congressional reporting requirement on the number of servicemember overdoses, demographics, comorbidities, naloxone usage, and other details.	Section 713 proposed to 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 also proposed to 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 724 adopts the Senate provision with an amendment that requires the annual report to begin no later one year after enactment. The amendment also omitted the standards for distributing and providing training on naloxone that was included in the Senate provision.
Section 752 proposed to 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.	Not adopted.

House-passed H.R. 2670	Senate-passed S. 2226	Enacted Legislation (P.L. 118-31)
Section 754 proposed to 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.	Not adopted.
Section 755 proposed to 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 also proposed to require a report to Congress on the study's results no later than one year after enactment.	No similar provision.	Not adopted.
No similar provision.	Section 723 proposed to require the Comptroller General to conduct a study and provide a report to the armed services committees, no later than one year after enactment, on perinatal mental health conditions among servicemembers and their dependents.	Not adopted.
No similar provision.	Section 724 proposed to 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.	Not adopted.
No similar provision.	Section 725 proposed to 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.	Not adopted.
No similar provision.	Section 5721 proposed to 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 have included recommendations to improve military readiness, access to and uptake of outpatient mental health care, and suicide prevention.	Not adopted.

House-passed H.R. 2670	Senate-passed S. 2226	Enacted Legislation (P.L. 118-31)
No similar provision.	Section 5723 proposed to 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 have provided a description of challenges and opportunities to improve continuity of mental health care after changing duty stations.	Not adopted.

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.

House Section 729, which was not adopted, would have required 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. In the conference report, the [conferees noted](#) that DOD “already has established at least two bodies in support of [military] mental health: the Suicide Prevention and Response Independent Review Committee and, in conjunction with the Departments of Veterans Affairs and Health and Human Services, the Interagency Task Force on Military and Veterans Mental Health.”

House Section 742, which was not adopted, would have required the Secretary of Defense to submit a comprehensive strategy on force resilience to the armed services committees not later than 270 days after enactment. The [conferees directed](#) the Secretary of Defense to submit a report to the armed services committees, not later than one year after enactment, on force resilience. The report is to include a proposal for a comprehensive strategy on force resilience and assessments of current resilience models, among other items.

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.

Section 724 of the enacted bill adopted Senate Section 713, with an amendment that requires 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 conferees also directed the following briefing or reporting requirements to the armed services committees:

Secretary of Defense

- A [briefing](#) on non-clinical mental health programs and the Military and Family Life Counseling Program (not later than December 1, 2024).
- A [briefing](#) on mental health care referral process for servicemembers and recommendations for relevant legislative changes (not later than 180 days after enactment).
- A [briefing](#) on DOD's provision of mental health services via telehealth (not later than March 31, 2024).

Comptroller General

- A [briefing](#) (not later than 180 days after enactment) and a report on a study of TRICARE payments to TRICARE network behavioral health professionals.

For more on military mental health topics, see

- CRS Insight IN12242, *FY2024 NDAA: Military Mental Health Care and Research Provisions*
- CRS Insight IN12268, *FY2024 NDAA: Military Mental Health Workforce Provisions*
- CRS In Focus IF10876, *Military Suicide Prevention and Response*
- CRS In Focus IF10951, *Substance Abuse Prevention, Treatment, and Research Efforts in the Military*

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