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INSIGHT

FY2024 NDAA: Military Mental Health Workforce 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, 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 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 workforce and resources available to servicemembers and their families through the Military Health System (MHS), the military departments, and Military OneSource.

Table 1 lists the proposed and enacted military mental health workforce-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)
DOD Mental Health Workforce Provisions		

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House-passed H.R. 2670	Senate-passed S. 2226	Enacted Legislation (P.L. 118-31)
Section 741 proposed to amend the requirements for a DOD behavioral health workforce report, directed by Section 737(c) of the James M. Inhofe National Defense Authorization Act for Fiscal Year 2023 (P.L. 117-263), to include additional data points and analysis of the workforce.	No similar provision.	Not adopted.
Section 747 proposed to require the Secretary of Defense to submit a report to the House and Senate, not later than September 30, 2024, on the feasibility of revising Defense Health Agency (DHA) policies to align with Veterans Health Administration policies on clinical supervision requirements of certain mental health providers.	No similar provision.	Not adopted.
No similar provision.	Section 503 proposed to amend 10 U.S.C. §523(b) to exclude military commissioned officers who are licensed behavioral health providers (e.g., clinical psychologists, social workers, and mental health nurse practitioners) from counting toward the authorized strength of certain officers on active duty.	Not adopted.
Mental Health Training Provisions		
Section 714 proposed to direct the Secretary of Defense to conduct a study on TRICARE provider training gaps in screening and treating maternal mental health conditions.	No similar provision.	Not adopted.
Section 753 proposed to require the Secretary of Defense to update the mental health provider readiness designation registry required by Section 717 of the FY2016 NDAA (P.L. 114-92) and provide a report to Congress on the number of TRICARE providers with this designation.	No similar provision.	Not adopted.
Military and Family Life Counseling Provisions		
Section 704 proposed to amend 10 U.S.C. §1781 to allow licensure portability for mental health professionals providing nonmedical counseling under the Military and Family Life Counseling program (MFLC).	Section 532 proposed to amend 10 U.S.C. §1781 to allow licensure portability for mental health professionals providing nonmedical counseling under the MFLC program. The authority to allow licensure portability would have terminated three years after the date of enactment.	Section 581 adopted the Senate provision.

Source: CRS analysis of legislation on Congress.gov.

Discussion

DOD Mental Health Workforce

According to the Department of Health and Human Services, by 2025, the demand for mental health services across the United States is expected to exceed the supply of "behavioral health providers, including psychiatrists, mental health and substance abuse social workers, mental health and substance use disorder counselors, and marriage and family therapists." In a 2020 report to Congress, DOD stated that mental health provider shortages "may affect the ability to adequately meet the [mental health] care needs of [active duty servicemembers]; specifically affecting access to care, quality of care, and/or timeliness of care." DOD also reported that certain compensation and non-compensation factors can be "barriers to recruitment, retention, promotion, and attrition" of mental health providers, including

- budgetary and statutory limitations that hinder DOD's ability to adjust special and incentive pays,
- a nationwide shortage of mental health providers,
- public and private sector competition for talent, and
- limited awareness of DOD health professions programs and scholarships.

Congress considered, but did not adopt, the following provisions.

- House Section 741 proposed to amend the requirements for a DOD behavioral health workforce report, directed by Section 737(c) of the James M. Inhofe National Defense Authorization Act for FY2023 (P.L. 117-263), to include the number of military behavioral health providers assigned to certain nonclinical positions (e.g., command, recruitment, training, or staff assignments), the effect of collateral duties and other factors on the ability of military and civilian behavioral health providers to provide care, and information on how DOD calculates full-time equivalent providers.
- House Section 747 proposed to require the Secretary of Defense to submit a report to the House and Senate on the feasibility of revising Defense Health Agency (DHA) policies to align with Veterans Health Administration (VHA) Directive 1027 on clinical supervision requirements for certain mental health providers who are not yet licensed to practice independently. In the conference report, the conferees directed the Secretary of Defense, not later than September 30, 2024, to brief the House and Senate on the "feasibility of revising DHA policies" on the clinical supervision requirements of certain mental health providers to align with VHA Directive 1027.
- Senate Section 503 proposed to amend 10 U.S.C. §523(b) to exclude commissioned officers who are licensed behavioral health providers (e.g., clinical psychologists, social workers, and mental health nurse practitioners) from counting toward the authorized strength of certain officers on active duty.

Mental Health Training for TRICARE Providers

Some researchers have found that "military cultural competence is a critical part of providing care to military patients." In the FY2016 NDAA (P.L. 114-92 §717), Congress established requirements for DOD to develop a civilian mental health provider readiness designation system that enhances knowledge on military culture and care for the military population. The Uniformed Services University of the Health Sciences' Center for Deployment Psychology also administers an online-based training and registry to "enhance behavioral health providers' scope of knowledge and skills" for treating servicemembers, veterans, and their families with "reintegration- and deployment-related concerns."

Congress considered, but did not adopt, the following provisions.

- House Section 714 proposed to direct the Secretary of Defense to conduct a study on TRICARE provider training gaps in screening and treating maternal mental health conditions.
- House Section 753 proposed to require the Secretary of Defense to update the mental health provider readiness designation registry required by Section 717 of the FY2016 NDAA (P.L. 114-92) and provide a report to Congress on the number of TRICARE providers with this designation.

Military and Family Life Counseling

Military OneSource offers support services, including confidential, nonmedical counseling through its Military and Family Life Counseling (MFLC) program. DOD policy requires certain MFLC mental health professionals to maintain a "valid unrestricted counseling license or certification" from a U.S. state or territory in order to provide counseling services. MFLC staff who move to another state that does not offer licensure reciprocity may be required to obtain a new counseling license from the new state of residence. Currently, 10 U.S.C. §1094 (under Title 10, Chapter 55, of the *U.S. Code*) provides licensure portability for DOD health care providers who operate under the MHS or a military department only. This statute does not apply to MFLC mental health professionals, who operate under distinct military family program statutes (under Title 10, Chapter 88, of *U.S. Code*).

Section 581 adopted Senate Section 532 and amends 10 U.S.C. §1781 to allow licensure portability for mental health professionals providing nonmedical counseling under the MFLC program. The authority to allow licensure portability expires three years after enactment. House Section 704, which was not adopted, was a similar provision that proposed to permanently allow licensure portability for mental health professionals under the MFLC program.

For more on military mental health care, see the folllwing.

- CRS Insight IN12242, *FY2024 NDAA: Military Mental Health Care and Research Provisions*
- CRS Insight IN12263, *FY2024 NDAA: Military Mental Health Strategy Development and Program Assessment 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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