

## **FEDERAL AGENCY WATCH: Veterans and Traumatic Brain Injury**

Federal Agency Watch: Veterans and Traumatic Brain Injury is a synthesis of Federal agency news and activities related to veterans and traumatic brain injury. It is compiled to keep those involved with brain injury up-to-date on Federal activities related specifically with Veterans.

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## **Department of Defense (DoD) – Defense Health Board Traumatic Brain Injury Family Caregivers Panel**

The Traumatic Brain Injury Family Caregiver Panel, a Defense Health Board subcommittee held a public meeting in Silver Spring, MD on June 17 and 18, 2008. The Panel deliberated and voted on matters needed to continue dissemination of the Traumatic Brain Injury Family Caregiver curriculum and heard from the public regarding this issue.

Congress directed that the Traumatic Brain Injury Family Caregiver Panel provide independent advice and recommendations on the development of training curricula to be used by family members of servicemembers and former servicemembers of the Armed

Forces. These training curricula address techniques, strategies, and skills for care and assistance for servicemembers and former servicemembers with traumatic brain injury.

The Panel formulated and approved a definition for the term "Family Caregiver." Additionally, the Panel held a town hall meeting on June 17<sup>th</sup>. At this town hall meeting the Panel sought public input for the content of the training curriculum outline. The approved outline will be used by a team of health education writers to produce the curriculum.

The Defense Health Board is a Federal Advisory Committee and a continuing independent scientific advisory body to the Secretary of Defense via the Assistant Secretary of Defense for Health Affairs and the Surgeons General of the Military Services and serves as the parent committee to the Family Caregiver Panel.

The Department of Defense established the Defense Health Board October 1, 2006, merging the Armed Forces Epidemiological Board, the Amputee Patient Care Program Board of Governors, and the Armed Forces Institute of Pathology Scientific Advisory Board. The Defense Health Board was formed to provide the Secretary of Defense with independent advice and to perform a broad health-related mission that will enhance effectiveness and reduce administrative costs and requirements.

More information on the Defense Health Board and the Traumatic Brain Injury Caregiver Panel may be found on the Board's web site, <http://www.ha.osd.mil/dhb>.

### **Department of Defense (DoD) – Military Health System Web Portal Provides Stigma-Free Mental Health Tools**

In an effort to focus on post-deployment problems and meet the mental and behavioral health needs of servicemembers, the Military Health System launched its behavioral health Web portal August 5, 2008.

The Web site, [afterdeployment.org](http://afterdeployment.org) (AD), is the Department of Defense (DoD) response to a congressional mandate to develop a behavioral health Web portal focused on post-deployment problems.

The Web site's project office, directed by Dr. Robert Ciulla, is located at the Madigan Army Medical Center (MAMC) in Ft. Lewis, Washington. AD is a core Defense Centers of Excellence (DCoE) project led by the Telehealth and Technology Center (T2), also located at MAMC.

In a recent interview, Ciulla noted that over 1.5 million troops have deployed to Iraq and Afghanistan since 2001, and that up to 15-20 percent of returning troops have problems after returning home. Ciulla stated that irritability, depression, increased stress, and relationship difficulties are the typical concerns faced by service members and their families following a deployment.

Ciulla emphasized that the need for Web-based behavioral health tools has been highlighted by reports stating that many service members do not seek out face-to-face

care. There may be barriers to care, such as scheduling appointments or getting time off from work, or transportation costs.

In recent months, DoD has taken its own steps to combat the stigma associated with getting necessary mental health treatment. In May 2008 DoD officials announced that applicants for government security clearances would not have to report mental health treatment for their combat-related injuries on their applications.

AD's twelve programs focus on: Adjusting to War Memories; Dealing with Depression; Handling Stress; Improving Relationships; Succeeding at Work; Overcoming Anger; Sleeping Better; Controlling Alcohol and Drugs; Helping Kids Deal with Deployment; Seeking Spiritual Fitness; Living with Physical Injuries; and Balancing Your Life. Self-assessments provide tailored feedback and recommendations.

AD's intended outreach includes active duty servicemembers, veterans, and their families. The site has particular advantages for National Guard and Reserve units, who may be distant from a Military Treatment Facility or otherwise located in areas lacking providers who are knowledgeable concerning military-related adjustment concerns.

In addition to AD's initial public release on August 5, 2008, the fully-functional site is expected to be released late-September 2008. Phase 3 project development will commence in October 2008.

For further information, contact the AD Project Office at (253) 968-2492 or visit [afterdeployment.org](http://afterdeployment.org).

### **Department of Defense (DoD) – Mental Health Self-Assessment Program® (MHSAP)**

The Mental Health Self-Assessment Program® (MHSAP) offers service personnel and their families the opportunity to take anonymous, mental health and alcohol use self-assessments online, via the phone, and through special events held at installations. The self-assessments are a brief series of questions that, when linked together, help create a picture of how an individual is feeling.

The program is designed to help individuals identify their own symptoms and access assistance before a problem becomes serious. The self-assessments address posttraumatic stress disorder (PTSD), depression, generalized anxiety disorder, alcohol use, and bipolar disorder. After completing a self-assessment, individuals receive referral information including services provided by TRICARE, Military OneSource and Vet Centers.

The program, part of the Department of Defense continuum of care, is fully funded by Force Health Protection and Readiness, Office of the Assistant Secretary of Defense, Health Affairs.

For more information, go to: <http://www.pdhealth.mil/mhsa.asp>.

### **Department of Defense (DoD) – DoD Awards \$35 Million to Support Local Brain Injury Research**

Of the more than 1.5 million people who suffer a traumatic brain injury each year in the United States, as many as 75 percent sustain a concussion, a brain injury that is classified as mild yet can lead to long-term or permanent impairments and disabilities. A consortium of physicians and scientists in the Houston region is now undertaking a research initiative to improve diagnosis of mild traumatic brain injury (MTBI) and develop innovative treatment strategies.

The Department of Defense Post-Traumatic Stress Disorder and Traumatic Brain Injury Research Program of the Office of Congressionally Directed Medical Research Programs recently awarded the Mission Connect Mild TBI Translational Research Consortium a grant totaling approximately \$35 million to support the five-year research program. The consortium includes research teams from The University of Texas Health Science Center at Houston, The University of Texas Medical Branch at Galveston (UTMB), Baylor College of Medicine, Rice University and the Transitional Learning Center in Galveston. The work will be done within the existing framework of Mission Connect, a consortium established by the TIRR Foundation in 1997 to facilitate collaborative research to improve outcomes for patients with brain and spinal cord injuries and neurological disorders.

“Our goal is to make discoveries that will ultimately allow us to intervene with the most effective early therapy before a mild traumatic brain injury results in a chronic problem,” said Alex Valadka, M.D., the consortium’s principal investigator, vice chairman of the Department of Neurosurgery at The University of Texas Medical School at Houston and director of neurotrauma services at Memorial Hermann – Texas Medical Center (TMC). “There is a high prevalence of mild traumatic brain injury in soldiers, and the consortium’s work is driven by that. We believe the conclusions of our research also will benefit civilians, including athletes, who have suffered concussions.”

The consortium’s members will collaborate on basic and clinical research to develop new diagnostic methods, including sophisticated imaging techniques, and evaluate new therapeutic interventions. For clinical trials, the researchers plan to recruit patients with mild TBI who are receiving care at Memorial Hermann –TMC, Ben Taub General Hospital and Michael E. DeBakey VA Medical Center.

### **Department of Defense (DoD) – Getting Beyond the PTSD Stigma --- Army Begins Post Traumatic Stress Disorder, Traumatic Brain Injury Chain Teaching**

Every soldier should gain an understanding of Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) over the next three months, as a program of "chain teaching" will be carried out by unit leaders throughout the Army. Commanders will use a standardized script and supporting audio-visual products describing signs and symptoms of these conditions and reinforcing what soldiers know about taking care of each other. There also will be a companion video oriented towards family members.

All soldiers in combat suffer stress, but most recover quickly. Those whose symptoms persist may have Post Traumatic Stress Disorder.

PTSD is a condition that often follows a terrifying physical or emotional event, causing the person who survived the event to have persistent, frightening thoughts and memories, or flashbacks, of the ordeal. People with PTSD often feel chronically, emotionally numb.

Soldiers with PTSD may have three kinds of symptoms for weeks or months after the event is over and the individual is in a safe environment. These symptoms are re-experiencing the event over and over again; avoiding people, places or feelings that remind them of the event; and feeling keyed up or on-edge all the time. These symptoms may interfere with the ability to live their normal lives or do their jobs.

PTSD is treatable, especially if treatment begins early. Treatment options include medication and talking therapy. Most soldiers diagnosed with PTSD are treated successfully and remain on active duty.

Mild Traumatic Brain Injuries (mTBI) may be commonly referred to as concussions or "getting your bell rung." Unlike severe TBI in which there may be a penetrating head injury with an obvious wound, a mild TBI or concussion may have no physical signs. It may result from a hard blow or jolt to the head, or a blast exposure that causes the brain to be shaken within the skull. TBI may involve confusion, disorientation, or impaired consciousness, dysfunction of memory (amnesia), or loss of consciousness.

Most people with mild TBI recover fully, but recovery can take time. One purpose of the chain-teaching program is to equip Soldiers to recognize symptoms of these conditions in themselves or others so they can obtain treatment.

Soldiers and leaders must understand that seeking mental-health assistance is not a sign of weakness, and that a Soldier's career is endangered not by treatment, but by allowing a mental-health condition to worsen without proper care.

The Army provides many resources to help Soldiers suffering from PTSD, TBI or other behavioral-health problems. These include chaplains, deployable stress-control teams, medical and behavioral-health clinics and the Military One-Source hotline (1-800-342-9647), through which up to six free, confidential counseling sessions per issue can be scheduled.

Information about PTSD is available at [www.behavioralhealth.army.mil](http://www.behavioralhealth.army.mil) and information about TBI is at [www.DVBIC.org](http://www.DVBIC.org).

To learn more about the PTSD, mTBI Chain Teaching Program go to:  
<http://www.behavioralhealth.army.mil/chainteaching/index.html>.

**Department of Defense (DoD) – Army Issues New Guidelines for TBI Care**

All soldiers involved in a blast, fall, vehicle crash, or direct impact incident who lose consciousness or become dizzy afterward must be seen by a licensed medical provider as soon as possible, according to an Army All Activities Alert dated July 8.

“Concussion may severely impair soldier combat effectiveness leading to poor marksmanship, delayed reaction time and decreased concentration,” the alert states.

The alert also addresses the tendency of soldiers to memorize traumatic brain injury tests so they can deny having a concussion, and thus remain in the field.

Research at the U.S. Military Academy shows that immediately going back out and being injured again, even if the second concussion is only minor, can prove fatal. And even a mild concussion, otherwise known as a mild traumatic brain injury, can cause visual disturbances, headaches, and problems concentrating, which are not helpful in a battle.

In the long run, soldiers may develop post-concussive syndrome, which means their symptoms, if not treated, don't go away. That can include dizziness, headaches, irritability, short-term memory loss, and inability to sleep. Army research has shown that thousands of soldiers who should have been diagnosed with mild traumatic brain injury have not been.

Medics use the Military Acute Concussion Evaluation to determine if a soldier has a mild traumatic brain injury.

The next level of care has been laid out in the “Primary Care Management of Concussion in a Deployed Setting” clinical guideline, which will be available soon in Iraq and Afghanistan.

If a soldier's symptoms persist for more than seven days, he should be referred to a level 2 or level 3 health care facility for examination with Automated Neuropsychological Assessment Metrics, or ANAM.

The alert also states that as of July 28, all soldiers deploying must have pre-deployment baseline cognitive testing with ANAM within 12 months of deployment. Testing will be expanded over the next two months and is available by contacting the Army Surgeon General's office.

**Department of Health and Human Services (HHS) – Substance Abuse and Mental Health Services Administration (SAMHSA) – Veterans Suicide Prevention Hotline (1-800-273-TALK) Provides Vital Help to More Than 55,000 Callers in Its First Year**

The Veterans Suicide Prevention Hotline, 1-800-273-TALK (8255), has provided immediate, often life-saving, help to tens of thousands of veterans and their loved ones during the year since its inception. Over 22,000 calls have come directly from veterans, with the remainder coming from others seeking help for veterans who are family members or friends.

The hotline was launched last summer as a collaborative effort by the U.S. Department of Veterans Affairs and the Substance Abuse and Mental Health Services Administration to meet the special needs of veterans who are in personal crisis.

The hotline has proven to be a particularly valuable resource not only for veterans at risk of suicide, but also for family members and friends who are trying to help them. Indeed, many of the calls into the Veterans Suicide Prevention Hotline over the past year have been from family members and friends who are concerned about the welfare of a veteran they love.

The Veterans Suicide Prevention hotline service provides national, around-the-clock access to crisis counseling and behavioral health services for all veterans and their families in emotional distress or suicidal crisis. Veterans seeking help, or family members or other loved ones concerned about a veteran in distress, can access immediate help by calling 1-800-273-TALK. They will hear a voice prompt saying, "If you are a U.S. military veteran or if you are calling about a veteran, please press '1' now."

By selecting this option, the caller is automatically connected to a VA-operated call center in Canandaigua, NY, staffed by specially trained professional crisis workers. Among the specialized services provided by the veterans hotline is the capability of connecting the veteran to his or her local VA Suicide Prevention Coordinator for priority follow-up and monitoring to assure that the veteran receives ongoing care at the local VA Medical Center.

In some cases, when the call volume exceeds the capacity of the Canandaigua center, calls are automatically routed to one of five back-up crisis centers within SAMHSA's National Suicide Prevention Lifeline. This lifeline currently provides help to more than 42,000 calls each month through a network of more than 130 certified crisis centers. Depending on their needs, callers are linked to local emergency, mental health, or social services. All calls are free and confidential.

Further information about SAMHSA's National Suicide Prevention Lifeline and its Veterans Suicide Prevention Hotline can be accessed at:

<http://www.suicidepreventionlifeline.org/>.

**Department of Health and Human Services (HHS) – Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Defense (DoD), and Department of Veterans Affairs (VA) - Paving the Road Home: The National Behavioral Health Conference and Policy Academy on Returning Veterans and Their Families**

On August 11, over 500 service providers from Federal, State, and local agencies; military and veterans service organizations; primary care and community health and prevention providers; educators; advocacy groups; and those interested in issues facing returning veterans and their families attended the National Conference Day.

This national conference and policy academy was held to help Federal, State, and local partners improve and enhance mental health and substance abuse services for returning veterans and their families. The conference/policy academy facilitated nationwide sharing of information on mental health and substance abuse services and supports across multiple health care delivery systems. Attendees were provided science-based information to assist veterans and their families in building resiliency and preventing

and/or treating complex conditions, including mental disorders (e.g., TBI, PTSD) substance use disorders, suicide, homelessness, domestic violence, and co-occurring disorders.

**Department of Labor (DOL) - Department of Labor Initiative Aids Employment of Veterans with Traumatic Brain Injury and Post-traumatic Stress Disorder**

The Department of Labor announced a new online resource to help employers in their employment of veterans with traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD), two increasingly common battlefield conditions. The new America's Heroes at Work Web site ([www.AmericasHeroesAtWork.gov](http://www.AmericasHeroesAtWork.gov)) provides information about TBI and PTSD as well as tools and guidance on how to implement workplace accommodations and other services that benefit affected individuals. In addition, the Web site includes the toll-free phone number of the Job Accommodation Network, which employers can call to receive personal assistance relating to job accommodations for veterans with disabilities.

Secretary of Labor Elaine L. Chao unveiled the initiative at the National Press Club, along with a number of Federal and private partners including: representatives from the Department of Defense, Department of Veterans Affairs, and the Society for Human Resource Management.

Although their injuries may not be visible, people with TBI or PTSD may face some difficulties — especially with respect to employment. In many cases, a few reasonable workplace supports can help resolve these issues. Through America's Heroes at Work, employers can leverage a variety of promising practices, such as job coaching and mentoring programs to create a positive, successful workplace experience for disabled veterans and non-veteran employees, such as first responders, who have experienced traumatic events.

To view Secretary Chao's announcement of America's Heroes at Work on You Tube go to <http://www.youtube.com/watch?v=-a94iez74oc>.

America's Heroes at Work is managed jointly by the Department of Labor's Office of Disability Employment Policy and Veterans' Employment and Training Service, in collaboration with other Federal agencies engaged in TBI and PTSD programs, including the Department of Defense, the Department of Veterans Affairs, the Department of Health and Human Services, the Department of Education, and the Social Security Administration.

**Department of Veterans Affairs (VA) – Rehabilitation Research and Development Service – Journal of Rehabilitation Research & Development**

The Department of Veterans Affairs' (VA) Rehabilitation Research and Development Services' quarterly journal, "Journal of Rehabilitation Research and Development," contained a guest editorial entitled, "Overlap of mild TBI and mental health conditions in returning OIF/OEF service members and veterans." The editorial writers included Henry L. Lew, MD, PhD; Rodney D. Vanderploeg, PhD; David F. Moore, MD, PhD; Karen

Schwab, PhD; Leah Friedman, PhD; Jerome Yesavage, MD; Terence M. Keane, PhD; Deborah L. Warden, MD; Barbara J. Sigford, MD, PhD.

The editorial discusses mild TBI, PTSD, and the ability of the VA system to respond. The writers concluded that the breadth of TBI and deployment mental health questions call for a vigorous and interdisciplinary research effort. They state that important efforts have begun in the VA, Department of Defense, National Institutes of Health, and Defense Veterans Brain Injury Center, and continued efforts are needed.

The editorial can be viewed at:

[http://www.research.va.gov/programs/JRRD/45\\_3/lew.pdf](http://www.research.va.gov/programs/JRRD/45_3/lew.pdf).

The Rehabilitation Research and Development (Rehab R&D) Service, an intramural program for improving the quality of life of impaired and disabled veterans, is dedicated to the well-being of America's veterans through a full spectrum of research: from approved rehabilitation research projects, through evaluation and technology transfer to final clinical application.

#### **Department of Veterans Affairs (VA) – VA Opening Rural Health Resource Centers**

The Department of Veterans Affairs (VA) will open three Veterans Rural Health Resource Centers on October 1<sup>st</sup> to better understand rural health issues for veterans and develop special practices and products to implement across the country.

The centers will serve as satellite offices for VA's Office of Rural Health. The eastern center will be located in Vermont at the White River Junction VA Medical Center, the central region in Iowa at the Iowa City VA Medical Center and the western region at the Salt Lake City VA Medical Center.

Each resource center will be staffed with administrative, clinical and research staff who will identify disparities in health care for rural veterans and formulate practices or programs to enhance the delivery of care.

#### **Department of Veterans Affairs (VA) – VA Announces New Sports Clinic for Newly Injured Veterans**

One hundred recently injured veterans from around the country will participate in a unique rehabilitative sports experience this September in San Diego at the National Veterans Summer Sports Clinic, sponsored by the Department of Veterans Affairs (VA).

The event is open to recently injured veterans who have spinal cord injuries, traumatic brain injuries, certain neurological conditions, amputations, other mobility impairments, or post-traumatic stress disorder. For many injured veterans, this event will provide their first exposure to recreational sports and other activities after being injured.

The National Veterans Summer Sports Clinic will take place September 28<sup>th</sup> through October 3<sup>rd</sup> at several venues in the San Diego area. Events include sailing, cycling, surfing, kayaking, and track and field events. Admission for the public is free.

The event will become the fifth national rehabilitation event offered by VA to promote the healing of body, mind and spirit, joining the National Disabled Veterans Winter Sports Clinic, the National Veterans Wheelchair Games, the National Veterans Golden Age Games and the National Veterans Creative Arts Festival.

For more information about the National Veterans Summer Sports Clinic or to volunteer during the week, visit the clinic Web site at [www.summersportsclinic.va.gov](http://www.summersportsclinic.va.gov).

### **Department of Veterans Affairs (VA) – VA Launches Expansion in Veterans Health Facilities**

Secretary of Veterans Affairs Dr. James B. Peake announced plans to create 44 new community-based outpatient clinics to bring health care closer to home for veterans in 21 States.

The new clinics, scheduled to be activated over the next 15 months, will increase VA's network of independent and community-based clinics to 782, an increase of more than 100 in five years.

In addition to on-site primary care staff, today's modern outpatient clinics frequently feature state-of-the-art telehealth systems permitting veterans to maintain regular contact with doctors in specialties from cardiac care to mental health at regional VA hospitals linked for video consultations, coupled with telemetry of health data or images.

A highly acclaimed national health records system allows practitioners at even remote clinics to review patient records stored at VA facilities anywhere in the country.

VA's 21 regional networks develop applications for new clinics in consideration of reducing the distance veterans' travel to their nearest VA hospital or clinic, as well as local demand, existing hospital, clinic workload and other factors.

The planned sites for VA's new outpatient clinics are:

Alabama (2) -- Marshall County, Wiregrass  
Alaska -- Matanuska-Susitna Borough area  
Arkansas (2) -- Ozark, White County  
California -- East Bay-Alameda County area  
Florida -- Summerfield  
Georgia (4) -- Baldwin County, Coweta County, Glynn County, Liberty County  
Indiana (2) -- Miami County, Morgan County  
Iowa -- Wapello County  
Louisiana (5) -- Lake Charles, Leesville, Natchitoches, St. Mary Parish, Washington Parish  
Maine -- Lewiston-Auburn area  
Minnesota (2) -- Douglas County, Northwest Metro  
Missouri -- Franklin County  
New Mexico -- Rio Rancho  
North Carolina (2) -- Robeson County, Rutherford County  
North Dakota -- Grand Forks County  
Ohio -- Gallia County

Oklahoma (4) -- Altus, Craig County, Enid, Jay  
Tennessee (3) -- Giles County, Maury County, McMinn County  
Texas (5) -- Katy, Lake Jackson, Richmond, Tomball, El Paso County  
Virginia (3) -- Augusta County, Emporia, Wytheville  
West Virginia -- Greenbrier County

**Department of Veterans Affairs (VA) – VA Rolling Out Suicide Hotline Ads in DC**  
Veterans and other residents of metropolitan Washington, D.C., have begun seeing outreach information on buses and inside subway cars about the suicide prevention hotline of the Department of Veterans Affairs (VA).

The red-white-and-blue displays, the centerpiece of a new three-month outreach campaign, will highlight VA's suicide prevention hotline -- 1-800-273-TALK. If the campaign is successful in raising awareness, VA officials plan to extend the promotional campaign to other parts of the country.

In D.C., 80 buses, 220 subway cars, and 10 subway stations will carry the displays until mid October. VA officials will measure the effectiveness of the outreach campaign by tracking any increase in calls to its suicide prevention hotline from telephone numbers in the metro D.C. area. VA's newest outreach to veterans and their families about suicide prevention includes soon-to-be-released public service ads featuring actor Gary Sinise.

The ads are the latest outreach tool in a suicide prevention program that includes creation of a toll-free, round-the-clock hotline, which began operation last summer; the expansion of hours at VA's 153 medical facilities to care for veterans with mental health problems; the hiring of suicide prevention counselors at each VA medical center; and special training programs for all VA employees in medical centers and clinics to alert them to warning signs in veterans for suicide and other emotional problems.

**Government Accountability Office (GAO) – Availability of Veterans-related Report**  
The Government Accountability Office (GAO) has announced the release of a recent report related to the military and veteran's health care - "DoD Health Care: Mental Health and Traumatic Brain Injury Screening Efforts Implemented, but Consistent Pre-Deployment Medical Record Review Policies Needed."

In this report GAO discusses (1) DOD efforts to implement pre-deployment mental health screening; (2) how post-deployment mental health referrals are tracked; and (3) screening requirements for mild TBI. GAO selected the Army, Marine Corps, and Army National Guard for the review. GAO reviewed documents and interviewed DOD officials and conducted site visits to three military installations where the pre-deployment health assessment was being conducted.

GAO is recommending that DOD address the inconsistency in its policies by revising its Instruction on Deployment Health to require a review of medical records as part of the pre-deployment health assessment. DOD concurred with GAO's recommendation and said it will update its Instruction to require a medical record review at the time of the pre-deployment health assessment for servicemembers with a significant change in health

status since their most recent annual health assessment. GAO believes that DOD's proposed action does not fully address the recommendation, and DOD should require a medical record review as part of the pre-deployment health assessment for all servicemembers.

The full report can be viewed at: <http://www.gao.gov/new.items/d08615.pdf>

If you have any questions about the above information, please contact Kenneth Currier at 301-656-3145 or [khcurrier@tbitac.nashia.org](mailto:khcurrier@tbitac.nashia.org).

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