

## Executive Policy Summary

### Background

Overwhelming evidence proves (1) that military service and exposure to war produce stress injuries as well as physical injuries, and (2) that appropriate mental health interventions can prevent or diminish the negative consequences of stress injuries.

IOM and RAND commissioned studies have found that mental health care in the Department of Defense (DoD) is ineffective and inefficient, as a result of *duplication, fragmentation, and waste*. The key problems are (1) the unorganized structure of military mental health care and 2) the failure to learn from the past about the importance of mental health in the uniformed services.

Mental health care in DoD is now split into three independent and uncoordinated entities: military medicine, community counseling centers, and mental health consultants. These are further subdivided by military branch. Key mental health services (such as assessment and diagnosis, substance abuse, traumatic brain injury, suicide prevention, military sexual trauma, complicated bereavement, and social reintegration) are provided across multiple agencies, none of which are integrated. There is no central agency responsible for ensuring standards or communication.

As a result of this disorganization, service members fail to receive necessary mental health services, and often fall through the cracks. Failures happen at critical junctures, especially upon leaving active duty and trying to re-integrate into civilian society.

### Why Do We Need a Behavioral Health Corps?

Mental health is central to military readiness, and directly impacts the military's capacity to fight and win wars. Mental stress and mental illness have enormous financial and personal costs. Improving care for mental health requires integration, organization, and commitment. The only way to accomplish these aims is by consolidating and integrating functions across branches and divisions.

Corps status ensures sustained resources and attention, fosters communication across branches and divisions, and signifies the importance of mental health for DoD. Corps exist for other essential services, including medical, dental, nursing, veterinary, chaplaincy, supply, legal, and civil engineering.

### How Would a Behavioral Health Corps (BHC) Work?

Mission: To promote military readiness and beneficiary well-being by providing world class comprehensive, multidisciplinary, and integrated behavioral health services.

- Non-combat specialty branch corps of the uniformed service
- Composed of neurological and mental-health specialists, with support from enlisted specialty technicians
- Chief of the BHC is a Flag/General Officer
- Assistant Chiefs for seven BHC sections: Reconditioning Education & Training, Public Health, Research, Transition and Social Reintegration, Educational & Developmental Integration Services, and Operational

### Anticipated Benefits to DoD, VA, and America

- Addresses the core problems of duplication, fragmentation, and waste.
- Reduces attrition by ensuring that service members can cope with stressors during their tour of duty.
- Improves military readiness by keeping soldiers focused on the mission rather than mental stress.
- Saves costs by reducing attribution and replacement costs, eliminating redundancies, and reducing administrative overhead.
- Repositions the U.S. military as a prepared world leader in having the best and healthiest soldiers.
- Fulfills the military and societal moral obligation to give every soldier, Veteran, and family member the highest quality of care, and to reduce mental health stigma.
- Allows for vastly more accurate accounting and reporting of the costs associated with stress
- Creates leadership accountability and responsibility for ensuring that we learn from the war stresses of previous conflicts
- Ends the cycle of preventable wartime behavioral health crises, in particular suicide