Provision of Mental Health Counseling Services under TRICARE

Serving in the military can have lingering effects on service members and the families that support them, sometimes resulting in physical and mental trauma. Service members report exposure to a wide range of traumatic events, with one study indicating that half of those deployed to Iraq or Afghanistan had a friend who was killed or seriously wounded. War fighters are vulnerable to a range of complex and sometimes difficult-to-diagnose conditions, such as posttraumatic stress disorder and traumatic brain injury that may not be recognized until months or years after the precipitating event.

The Department of Defense’s (DoD) health care benefits program, TRICARE, serves all of the uniformed services and their families—a population comprising more than nine million beneficiaries. The mental health care needs of this population are large and diverse, requiring a skilled group of professionals to diagnose and treat a variety of disorders. Such needs are met by a set of professionals with varied education, training, and expertise. They include mental health counselors, who—like clinical social workers, marriage and family therapists, and psychiatric nurse specialists—typically hold masters degrees and are obligated by state licensure and other requirements to have demonstrated clinical experience in order to practice. Under current TRICARE rules, mental health counselors are required to practice under a physician’s supervision, and their patients must be referred to them by a physician in order for their services to be eligible for reimbursement. This requirement distinguishes them from some other mental health professionals, who practice without such restrictions.

In the National Defense Authorization Act for Fiscal Year 2008, Congress requested that the Institute of Medicine (IOM) convene a committee to exam-
ine the credentials, preparation, and training of licensed mental health counselors. In this report, sponsored by DoD, the IOM committee makes recommendations for permitting counselors to practice independently under the TRICARE program. In addition, the committee recommends that TRICARE implement a comprehensive quality management system for all of its mental health professionals.

**Education, Licensing, and Clinical Experience Requirements**

Educational experience, licensure, and clinical experience are essential to establishing whether a professional is prepared to practice. In a 2006 report to Congress on mental health care in the military health system, DoD expressed concern that training programs, licensure, and clinical experience requirements for counselors varied among the states and educational institutions and that not all mental health counselors were adequately prepared to practice independently. However, the IOM committee found that the coursework required by mental health counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs also help prepare counselors to serve as independent practitioners. Similarly, the committee determined that the National Clinical Mental Health Counselor Examination, which is required to obtain some state practice licenses, tests for the experience and competencies needed by independent practitioners.

The committee could not identify any evidence that distinguishes mental health counselors from other classes of practitioners in ability to serve in an independent capacity or to provide high quality care consistent with their education, licensure, and clinical experience. Instead, its research pointed to the need for a quality management system that ensures that TRICARE beneficiaries who receive care from all mental health practitioners will receive the proper diagnosis of and treatment for disorders.

**Quality of Care Research**

According to DoD, the supervision and referral requirements for mental health counselors are designed to ensure that the quality of care delivered to TRICARE beneficiaries is not compromised by differences in scope of training and experience. However, in the 2006 report to Congress, DoD noted that physician oversight of counselors’ clinical work “occurs predominantly on paper” and “is difficult to ensure to any great degree.”

A previous IOM report, *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*, indicated that there are serious deficiencies in the health and behavioral health infrastructure that affect quality of care throughout the United States. The report highlighted the need for a well-functioning health care system that collects new knowledge and disseminates the clinical information required to deliver high quality patient care. Other IOM reports suggest that the best way for health care providers such as TRICARE to deliver high quality care is by setting appropriate standards of education and training for providers and then promoting evidence-based care standards and the monitoring of results.

**Recommendations**

In light of the information that it gathered and reviewed, the committee recommends that TRICARE replace its current quality management system for oversight of the practice of counselors through physician referral and supervision with a mental health quality monitoring and management system that incorporates the following two criteria:
1. Independent practice of mental health counselors in TRICARE in the circumstances in which their education, licensure, and clinical experience have helped prepare them to diagnose, and where appropriate, treat conditions in the beneficiary population. These circumstances comprise:

- A master’s or higher level degree in counseling from a program in mental health counseling or clinical mental health counseling that is accredited by the Council for Accreditation of Counseling and Related Educational Programs.
- A state license in mental health counseling at the “clinical” or the higher or highest level available in states that have tiered licensing schemes.
- Passage of the National Clinical Mental Health Counseling Examination.
- A well-defined scope of practice for practitioners.

The committee notes that counselors who do not meet these proposed requirements should still be allowed to practice within the system to maintain the continuity of care, and that TRICARE should consider conducting supervision of such professionals using a scheme that provides for successively greater levels of independent practice as experience and demonstrated competence increase.

2. A comprehensive quality management system for all mental health professionals. This system should include:

- Well-defined scopes of practice and clinical privileging of all TRICARE mental health providers consistent with their professional education, training, and experience.
- Promotion of evidence-based practices for treatment of conditions and monitoring of results.
- Focused training in the particular mental and related general medical conditions that are present in the TRICARE beneficiary population, and in military cultural competence.
- A systematic process for continued professional education and training to ensure continuing improvement in the clinical evidence base and accommodation of the changing needs of the TRICARE population.
- Development and application of quality measures to assess the performance of providers.
- Systematic monitoring of the process and outcomes of care at all levels of the health care system and application of effective quality improvement strategies.

Scopes of practice for all mental health providers should be based on an assessment of the competencies necessary to address the mental health needs of the TRICARE beneficiary population.
and should include the types of patients that can be seen, the settings in which they can be seen, and the interventions and populations (including pediatric, adolescent, and geriatric patients) in which the practitioner has demonstrated competency.

Conclusion
Our nation’s service members and their families have significant mental health services needs. In order to ensure that they receive the appropriate diagnosis and treatment, TRICARE should assure that all mental health providers, including counselors, are provided with a practice environment that facilitates high quality care through appropriate scopes of practice, education on the particular problems and needs of the patient population, promotion of evidence-based practices, monitoring of outcomes, and application of quality improvement strategies. As part of that quality management system, counselors should be allowed to practice independently when their education, training, and clinical experience have prepared them to meet the needs of the TRICARE beneficiary population.