

Frequently Asked Questions: Military Readiness and Behavioral Health

Service members can receive referrals to network providers for a variety of medical care including behavioral health services. When we use the term Service members, we mean Active Duty members (Army, Navy, Air Force, Marines, Space Force), Reserve Units, and National Guard members. Receiving care in the civilian network adds complexity not typically seen in civilian medical treatment. Due to the unique demands of military service—including strict physical standards, operational responsibilities, and access to weapons and high-value equipment—Service members must consistently demonstrate fitness for duty. As a result, they undergo regular readiness evaluations. These assessments may occur as standalone evaluations, but more commonly are incorporated into routine medical appointments.

When care is provided outside a military treatment facility, periodic check-ins are required to assess the Service member's ability to meet retention standards. These evaluations determine whether an individual can continue full duties, requires temporary duty limitations, or may need permanent duty restrictions, potentially leading to medical retirement.

This process differs significantly from civilian practice, despite some parallels to evaluations for pilots or law enforcement officers. It can be unfamiliar to community providers. To clarify expectations and requirements, we have developed this Frequently Asked Questions outlining this process for behavioral health readiness evaluations, sometimes referred to as fitness for duty evaluations.

1. What is readiness?

Generally speaking, readiness refers to the military's capability to do its job, whether that's during training, combat operations, or humanitarian missions. In order to ensure that the military can meet its shifting demands at any time, commanders need to know constantly if their Service members are able to deploy or work in ***an austere environment*** for an extended period of time. For example, work in an austere environment might look like a unit getting a critical task to respond to the wildfires on Maui. The commander for the unit would need to know, in a timely manner, who is available to deploy and who may not be available due to medical or behavioral health reasons.

To maintain visibility of personnel who are ready and able to work in austere environments, readiness assessments are conducted by military providers, including behavioral health providers, at routine appointments. An example of this can be seen when a Service member meets with their physician for symptoms of a cold; the physician treats the Service member and also conducts a routine readiness assessment. Readiness assessments can also be done systematically to prepare for upcoming missions. Prior to deployment, the members of an entire unit undergo a medical screen or examination. During these assessments, providers will evaluate if there are any medical or behavioral health reasons that a person cannot currently perform their job deployed and also at home, oftentimes referred to in the military as in garrison.

2. If a Service member is not deploying or going to an austere environment, do they need to be assessed for readiness?

A person's readiness status can also be applied to a Service member's ability to do their job at home. If a Service member has extensive, current medical needs, they may require some duty limitations. One example of this could be, a Service member who has broken their leg, requiring multiple surgeries. They will need time away from work for their surgeries and follow-on appointments. Simultaneously, they will need relief, temporarily, from their military tasks of running, completing physical fitness tests, field training, while the Service member is on bed rest or using crutches and/or during their physical therapy. Another example of the need for readiness assessments while at home, is a Service member's need for medical appointments. Someone could be attending behavioral health appointments and require multiple appointments a week. This may impact their ability to complete some of their job tasks and would necessitate duty limitations. For example, insomnia is a common condition among Service members, and evidence-based treatment often requires structured behavioral changes. When a Service member begins treatment, such as Cognitive Behavioral Therapy for Insomnia (CBT-I), their provider may recommend a consistent sleep schedule, reduced shift variability, and protected time for sleep. These recommendations can temporarily affect their ability to work irregular hours, complete overnight duties, or respond to early-morning formations; therefore a temporary duty limitation may be given to the Service member in order to facilitate their treatment.

3. What are duty limitations?

Duty limitations give Service members a reprieve from certain job tasks. In some branches of the military, the Army and Air Force, this is called being put on a profile. For other branches, the Navy and Marines, this is called LIMDU, or limited duty.

Now these could be temporary reprieves from duty or permanent duty limitations. Temporary duty limitations can be anywhere from a week to 90 days, with an option to renew one or two more times. Typically, anything under a week would be called being "put on quarters" or "sick in quarters", like sick leave. Now, if it is decided that some duty limitations need to be permanent, then it is most likely that the Service member will be referred for a medical retirement.

4. If someone is attempting to determine my patient's readiness, what kind of communication should I expect?

There are multiple ways that someone may reach out to you about your Service member patient. If you accept TRICARE insurance, they may have some requirements for submitting updated treatment plans, that are separate from this process of readiness evaluations.

Communication about readiness usually occurs in one of three ways:

- Through the Service member: Most often, the Service member will request documentation from you (e.g., treatment summaries, appointment frequency,

functional limitations). They then provide this information to their unit or military medical team.

- Through a signed release of information for direct communication: If the military needs clarification, they may ask the Service member to sign a release allowing a military provider to contact you directly. Without a release, you cannot share information.
- Through a signed release of information indicating the need to fill out standardized forms: Some branches use specific forms requesting functional information (e.g., ability to perform physical tasks, need for modified schedules, expected duration of limitations). (Not dissimilar from social security and disability reviews in civilian practices)

And best practice always compels us to get our patient to sign a release of information before we release any information.

5. Will I be asked to determine my own patient's readiness?

Civilian providers are not responsible for determining a Service member's readiness for duty, but your clinical documentation and treatment recommendations may be reviewed as part of that process. You may be asked to opine on your patient's ability to complete certain tasks, such as carry and maintain a weapon, or travel/work away from home with limited access to behavioral health appointments. Your input is incredibly helpful in determining a Service member's readiness status, and the final decision will be determined by a military medical provider who will either be reviewing the patient's files or independently assessing the Service member in conjunction with your information. Beside the patient, you are the expert on your patient, and your understanding of their diagnosis and presentation is key information in helping the military determine the best course of action for your patient in terms of care and work status.

6. What if I do not want to disclose information? I don't feel comfortable giving my input when I do not know the full implications of my patient's readiness status.

That's okay. The military providers understand that this is a nebulous process. They were once new to the military medical system too! This process is not a review of your work or their treatment process, but more an assessment of how the Service member is functioning now, and if they need duty limitations. If you do not feel comfortable giving your input, releasing your notes and/or a treatment summary that includes the person's diagnosis, prognosis, risk level (risk of harm to self and others), and any psychotropic medications, goes a long way in helping determine what the needs are for your patient. And remember getting the patient's consent to release is important. If they do not consent to release, that's ok too, it just may complicate the decision process for them, requiring further evaluations. Most likely, they will need to go through an extended evaluation from a military provider and have potential limited duty until their behavioral health picture is clearer.

7. What is needed from me? What information is typically requested when ascertaining my patient's behavioral health readiness status?

It's important to reiterate that civilian clinicians in the network are not asked to determine "fitness for duty." Instead, they may be asked for brief, factual information that supports the military's functional assessment. Typically there are three categories of information that is needed in order to determine a Service member's readiness. The categories of requested information usually fall within: safety or risk level (in terms of harm to self and others), diagnosis (including substance use disorders) and prognosis, symptom severity, and psychotropic medication. Now these are complex assessments with multiple factors to be considered, and we only cover a brief overview below. Please visit our website for additional resources on the topic of readiness.

What Civilian Providers May be Asked to Provide:

- Safety: Service members are often placed in high-stress, dangerous, and complex situations, therefore, safety is paramount. The evaluation of safety includes two important facets: safety for the individual service member and safety of others, boiling it down to: risk for suicide and risk for homicide or injury to others.
- Diagnosis, Prognosis and Symptom Severity:
 - Functional impacts, such as impaired concentration, disrupted sleep, difficulty managing stress, or reduced ability to perform high-risk tasks.
 - Treatment needs, including appointment frequency, expected duration of stabilization, or whether medication changes may temporarily affect alertness, sleep, or cognitive functioning.
- Psychotropic medications: due to Service members need to deploy at a moments notice, medication usage and availability is a consideration for fitness for duty evaluations or readiness evaluations, as well as side effects from medications impacting one's job performance

This information is used alongside military standards to determine whether duty limitations are needed. The focus of the review for the Service member is on function, stability, and risk, not on diagnosing or judging the provider's clinical decisions.

8. Am I required to share treatment information with the military or a Service member's chain of command?

Great question, no you are not. In order to be covered under TRICARE services, you will need to comply with their contract obligations, which may require treatment plan updates or a release of records. However, in any other case, and outside of legal obligations, you are not required to release your patient information. If someone is looking for a readiness update on your Service member patient, you can choose not to participate or not give your opinion. However, it will mean that your patient will get evaluated by a military provider, and this may slow down the Service member's ability to participate in work related activities. Talk to your patient, get their understanding, and get their permission. The Service member may really want your transparency on the treatment process in order to clear them for duty or to help them get duty limitations that will help facilitate treatment. Either way, you as a provider have options when it comes to giving a readiness determination.