Fitness for Duty from a Mental Health Perspective: Comparison of Standards and Instructions

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Abstract

The standards for fitness for duty from a mental health perspective are delineated in several United States (US) government and Department of Defense (DoD) instructions. This paper's purpose is to collate, summarize, and discuss the specific instructions that set forth the standards for fitness for duty from a mental health perspective. This paper's goal is to serve as a reference for US military mental health providers to assist in their decision making on if their patients are fit for duty from a mental health perspective.

Public significance statement: This paper's goal is to provide a quick reference to mental health providers within the DoD to use to determine fitness, suitability, and deployability from a mental health perspective. This information will enable US military mental health providers to easier use the instructions and ultimately make more informed clinical decisions about fitness for duty.

Introduction

"Fit for duty" is a phrase used by the US military to convey that a service member is mentally and physically ready for battle and deployment. From a mental health perspective, two variables were taught to this writer that encapsulate the fitness for duty concept: fitness and suitability.

Fitness is defined as having *no* medical or psychiatric conditions severe enough to require a referral to the integrated disability evaluation system (IDES). IDES consists of the administrative medical processes of a physical evaluation board (PEB) and medical evaluation board (MEB) that lead to a medical separation from the military.

Suitability is defined as *not* having a medical or psychiatric condition so severe that the service member requires a recommendation for administrative separation for a condition not disability (i.e., AdSep CnD).

Deployability is often synonymous with fitness for duty but has a more specific temporal definition. Deployability means a service member is currently ready to deploy worldwide from a medical or psychiatric perspective. Deployability from a medical perspective is important because commanders need to know how many forces are immediately available for overseas contingency operations.

A circumstance that deserves mentioning but is not within the scope of this paper is that fitness for duty can be precluded on a time-limited basis through placement on limited duty or a temporary profile (which is a period that is 6 months or shorter where deployment and other sensitive duties such as firearms handling are limited or curtailed completely due to a medical or psychiatric illness; these restrictions could be extended for an additional 6 months before medical board or administrative separation is pursued).

There are several Department of Defense (DoD) instructions and regulations that maintain standards for fitness, suitability, and deployability (see Table 1). This article will elaborate on each of these standards in regards to specific mental health conditions (see Table 2). This paper is novel in being the first publication to the author's knowledge to collate these instructions together to be discussed and compared.

Findings

The primary DoD/US government documents that provide guidance on determination for fitness and suitability are:

- Department of Defense Instruction Number 6130.03, Volume 2: Medical Standards for Military Service: Retention, Section 5.28
- 38 CFR 4.130 Schedule of ratings - Mental disorders
- Department of Defense Instruction Number 1332.14, section 8: Enlisted Administrative Septations

For deployability, the following documents set forth specific guidance on deployment limiting mental health conditions:

- The Assistant Secretary of Defense for Health Affairs Memorandum: Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications
- Department of Defense Instruction Number 6490.07 Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees, Section h
- Combatant Command Standards for Deployment
  - MOD16-TAB A: Amplification of the Minimal Standards of Fitness for Deployment to the CENTCOM AOR
  - United States European Command Instruction ECJ4-MR ECI 4202.01 3 July 2019 Health Service Support United States European Command (USEUCOM) Theater Medical Entry Requirements

An overall summary of the guidance from each instruction is provided with a commentary on how the guidance is typically followed based on the writer's experience.

DoD Instruction 6130.03, Volume 2 Medical Standards for Military Service: Retention, Section 5.28

Summary: This instruction lists several specific psychotic disorders and Bipolar I disorder as conditions that definitively preclude fitness and require immediate referral to IDES. The instruction then lists other bipolar related disorders, anxiety, depressive disorders, eating disorders, and other behavioral health conditions that on a "case-by-case" basis may preclude fitness. The specific conditions for the "case-by-case" mental health conditions that preclude fitness are: 1) persistent duty modifications and 2) impaired function.

Commentary: This instruction ends with guidance that the decision to refer to IDES or administrative separation is determined by the type of behavioral health condition. If the disorder that causes the duty modifications and/or impairment is listed in 38 CFR 4.130 Schedule of ratings - Mental disorders, then IDES/medical board is appropriate. If the condition is not listed in 38 CFR 4.130 Schedule of ratings - Mental disorders, then Adsep CnD is appropriate.

38 CFR 4.130 Schedule of ratings - Mental disorders

Summary: The conditions that may lead to lack of fitness per this regulation are psychotic disorders, bipolar spectrum disorders, depressive disorders, anxiety disorders, eating disorders, neurocognitive disorders, somatic disorders, dissociative disorders, and chronic adjustment disorder.

Commentary: This US government code provides a specific list of what mental health conditions that could result in disability payments by the Department of Veteran Affairs (VA). The military has adopted this list as the conditions that preclude fitness for duty if impairment or persistent duty modifications are required. This list serves a guide for clinicians of whether to initiate a medical board or an AdSep CnD if a patient is having impairment and/or persistent duty modifications. If a patient has a mental disorder not on this list that is causing impairment and persistent duty restrictions, then that mental health condition would be precluding suitability.

Example: A service member with posttraumatic stress disorder (PTSD) with chronic suicidal ideations has a persistent inability to carry a weapon. This service member would likely not have fitness and be referred to a medical board. However, a majority of service members with PTSD have no need for duty restrictions and are considered to have fitness (e.g., a service member with PTSD who does not have suicidal ideations or other severe symptoms causing impairment).

Department of Defense Instruction Number 1332.14, sections 3.8c

Summary: This DoD instruction sets forth standards for when Adsep CnD is appropriate. The focus of the instruction is personality disorders and "other mental health disorder not constituting a physical disability". In sum, suitability is not present when a mental health disorder causes significant occupational impairment and the condition is not considered a disability by the government. Suitability is also absent when a personality disorder causes inability to adapt to the military environment.

Commentary: Impairment is often difficult to assess but could be determined by the clinical severity of the disorder, self-report of the patient of their impairment, and collateral information from command on the service member's performance.

Example: A service member who had a suicide attempt due to adjustment disorder with depressed mood would likely qualify as being unsuitable for service. Adjustment disorder with depressed mood is not a physical disability and the suicide attempt is an indicator of high clinical severity of this condition. A vast majority of AdSep CnD cases are for adjustment disorder in this author's experience. However, most cases in which an individual is diagnosed with an adjustment disorder do not require AdSep CnD. Thus, the clinical severity of the adjustment disorder often determines suitability rather than the diagnosis alone. Of note, that the presence of chronic adjustment disorder with occupational impairment would require processing through a medical board vice an Adsep CnD.

The Assistant Secretary of Defense for Health Affairs Memorandum: Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications

Summary: This instruction states that history of psychotic or bipolar symptoms precludes deployability and is not eligible for a waiver. Any service member with a mental disorder requires 3 months of stability to be deployable. Patients who are currently in alcohol or substance use treatment are not deployable. Patients at risk for suicide or harm to others are not deployable. Patients on antipsychotic, anticonvulsants, lithium, barbiturates, or on medication with special storage requirements are not deployable.

Commentary: Similar to the other instructions, bipolar and psychotic disorders are generally disqualifying conditions that preclude fitness and deployability. This instruction is more stringent in adding that all bipolar spectrum disorders are not deployable. For all other mental health conditions, the only requirement for deployment is three months of stability. Stability can be challenging to precisely measure in a mental health context.

Example: A service member has been experiencing moderate PTSD symptoms for 10 years, with no duty modifications or impairment, who only marginally improves with PTSD-oriented psychotherapy may still be deemed to have stable symptoms since the symptoms have been stable for 10 years with no impairment. A more conservative definition of stability may be that treatment has resulted in a clinically significant amount of improvement in symptoms and this improvement has been sustained for 3 months post-treatment (DoDI 6490.07). Risk for suicide and harm to others also exists on a spectrum and would need to be determined by a provider's clinical judgement since most psychiatric conditions inherently increase the risk for suicide (i.e., depression). The VA/DoD Clinical Practice Guideline for Assessment and

Management of Patients at Risk for Suicide (2019) specify that acute and chronic risk for suicide is best described as low, moderate, or high, meaning that there is at least low risk for suicide for all patients.

Department of Defense Instruction Number 6490.07 Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees, Section h

Summary: This guidance lists psychotic and bipolar disorders as conditions that preclude deployment. All other mental health conditions must have 3 months of stability in order to be deployable. In addition, a service member would lack deployability if they have a mental health condition with residual impairment and the possibility to deteriorate significantly in a deployed environment. Antipsychotics, lithium, and anticonvulsant treatment preclude deployment.

Commentary: This instruction largely mirrors the Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications but adds that mental health conditions that are residually impairing and are at risk for deterioration preclude deployability. The challenge for providers is that it is difficult to predict how a mental health condition will relapse or worsen in a deployed environment. It is difficult to imagine any mental health condition improving in a deployed environment.

Example: Many patients with combat PTSD thrive in a deployed environment because of their past experience and because the symptoms of hypervigilance can be adaptive in a threat-rich environment of a combat zone. In addition, many service members with psychiatric symptoms related to marital distress may receive a reprieve from relationship turbulence and experience a relief in symptoms. On the other hand, a deployment may exacerbate or relapse a patient with depression if one of their colleagues on deployment is killed or wounded.

Combatant Command Standards for Deployment

MOD16-TAB A: Amplification of the Minimal Standards of Fitness for Deployment to the CENTCOM AOR)

Summary: This instruction precludes deployability strictly for the following conditions: psychotic disorders and bipolar-spectrum disorders. In addition, any mental health condition with impairment or risk of deterioration, any mental health condition that requires psychotherapy more than once every three months, and has less than three months of stability of symptoms precludes deployability to US Central Command (CENTCOM). Several specific disorders with specific treatment types preclude deployability in regards to psychotropic medications. This instruction also lists other symptoms and past mental health treatments that preclude deployability: any mental health related hospitalization in the past 12 months, suicidal ideation or a suicide attempt in the past 12 months, any morbid or homicidal ideations within the past 3 months.

Commentary: This instruction is more specific in terms of diagnoses and treatments that preclude deployability. This instruction functionally precludes deployment of patients with suicidal ideations within the past 12 months.

Example: A service member who experienced brief suicidal ideation that was documented by their mental health provider. This service member would be nondeployable to CENTCOM for 12 months, but at the same time has fitness and suitability if neither duty restrictions nor impairment is present. The conundrum would be that this service member has fitness, suitability, but lacks deployability unless a waiver is pursued and approved.

United States European Instruction 4202.01 Health Service Support United States European Command (USEUCOM) Theater Medical Entry Requirements

Summary: This instruction lists several specific mental health diagnoses and corresponding treatments (mostly certain psychotropic medications) that preclude deployability unless a waiver is obtained. In general, lack of stability or mental health treatment within the past 6 months precludes deployability. Suicidal ideation, a suicide attempt, and psychiatric hospitalization preclude deployability for 12 months unless the hospitalization was only a one-night stay for observation.

Commentary: The EUCOM medical guidance generally states that treatment within the last 6 months for many common mental health disorders precludes deployability as opposed to CENTCOM's guidance of "quarterly treatment". Service members can apply for waivers to the standard for both instructions. Due to psychiatric hospitalizations being the leading cause of hospitalization across the DoD (20,053 in 2021; Medical Surveillance Month Report, 2022), and suicidal ideation being the most common cause for psychiatric admission, this would preclude deployability of a specific segment of the US military.

Summary

Based on the instructions presented here, a service member has fitness for duty from a mental health perspective if they have: 1) fitness—i.e., no federally designated disabling mental health condition that causes duty modifications for 12 months or any impairment in their military duties, and 2) suitability—i.e., they have no other mental health condition that causes an inability to function in or adapt to the military environment (see Table 1). A service member is deployable from a mental health perspective if the service member's symptoms have been stable for 3 months, their symptoms do not cause duty impairment, and would likely not deteriorate on deployment.

In terms of conditions that consistently preclude fitness and deployability, psychotic and bipolar spectrum disorders do with some case-by-case examples of less severe forms of these disorders still able to deploy and be retained (see Table 2). Suicide ideations, suicide attempts, and psychiatric hospitalizations within the past 12 months commonly limit deployability.

Deployability is a concept that is separate but related to fitness for duty. Deployability instructions have more

Table 1. Defining characteristics precluding fitness, suitability, and deployability for mental disorders

Fitness (from DoDI 6130.03)	Suitability (from DoDI 1332.14)	Deployability (from DoDI 6490.07)*
• "require persistent duty modifications to reduce psychological stressors or impair function satisfactory performance"	• "member's ability to function effectively in the military environment is significantly impaired" • "inability to adapt to the military environment as opposed to an inability to perform the requirements of specific jobs or tasks or both" (for personality disorders)	• "under treatment with fewer than 3 months of demonstrated stability" • "residual symptoms that impair duty performance" • "substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment"

*List of deployment limiting conditions will vary by combatant command, see example list in MOD16-TAB A & ECI 4202.01

Table 2. List of conditions precluding fitness, suitability, and deployability according to DoDIs

Fitness (derived from DoDI 6130.03)	Suitability (derived from DoDI 1332.14)	Deployability (derived from DoDI 6490.07)*
• Schizophrenia • Delusional disorder • Schizophreniform disorder • Schizoaffective disorder • Brief psychotic disorder • Bipolar I disorder • Case-by-case basis: • Substance- or medication–induced psychotic disorder • Psychotic disorder due to another medical condition • Bipolar II disorder • Cyclothymic disorder • Substance- or medication–induced bipolar disorder • Other behavioral health conditions listed in 38 CFR 4.130 that "require persistent duty modifications to reduce psychological stressors or impair function satisfactory performance"	• Other mental health condition not listed in 38 CFR 4.130 "that is so severe that the member's ability to function effectively in the military environment is significantly impaired." • "Personality disorder present in early adult years and results in inability to adapt to the military environment as opposed to an inability to perform the requirements of specific jobs or tasks or both"	• Psychotic disorders • Bipolar disorders • Psychiatric disorders "under treatment with fewer than 3 months of demonstrated stability" • "Clinical psychiatric disorders with residual symptoms that impair duty performance" • "Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment" • "Chronic medical conditions that require ongoing treatment with antipsychotics, lithium, or anticonvulsants"

*List of deployment limiting conditions will vary by combatant command, see example lists in MOD16-TAB A & ECI 4202.01

specific parameters than fitness and suitability instructions (e.g., DoDI 6490.07 specifying months of stability required for deployment and MOD16-TAB A precluding service members with psychiatric hospitalizations within the past 12 months). Deployability has specific temporal requirements but is location specific as well (e.g., CENTCOM vs. EUCOM). It is important to consider the specific combatant command when commenting on deployability in regular outpatient mental health encounters and whether the condition appears eligible for a waiver.

This article has summarized the US DoD standards on fitness, suitability, and deployability from a mental health perspective. This should serve as a quick reference for all DoD providers to help determine their medical status based on the criteria from the instructions. Challenges remain in defining occupational impairment in the military, determining psychiatric stability, and

ability to predict the course of mental health conditions while on deployment.

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The views expressed in this article are of the author and do not necessarily reflect the official policy or position of the 2nd Medical Battalion, 2nd Marine Logistics Group, United States Marine Corps, Department of Navy, Department of Defense, or the U.S. Government.

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