DATE: December 5, 2019

TO: Department of Defense Military Family Readiness Council

FROM: Katrina Velasquez, J.D., M.A., Residential Eating Disorders Consortium

RE: Military Family Readiness Council Federal Advisory Committee Meeting

My name is Katrina Velasquez, and I represent the eating disorders community, including the Residential Eating Disorders Consortium, a trade association of eating disorder treatment providers, and the Eating Disorders Coalition, a coalition of researchers, treatment providers, advocacy organizations, as well as families and individuals affected by eating disorders. I'd like to first take the opportunity to thank the Department of Defense Military Family Readiness Council for their continued work to improve the lives of our servicemembers and their families.

Issue: Despite high rates of the severe mental illnesses associated with eating disorders amongst military families, there is a lack of early identification, intervention and access to treatment for eating disorders available to military families.

Discussion: Eating disorders affect 30 million Americans during their lifetimes, and studies show that military members and their families are affected at a higher rate than the civilian population.[1] One study showed that 21% of adolescent military dependents met eating disorder screening criteria via the Eating Attitudes Test-26, a proportion nearly three times greater than their civilian peers at 7-9%.[2] Additionally, the combination of a greater frequency of servicemember parental deployments and higher parental distress are associated with higher disordered eating in military children.[3]

Eating disorders are a severe mental illness, having the second highest mortality rate out of any psychiatric illness, only 2nd to opioid use, and those suffering experience a significantly high rate of suicide- 23x higher than the general population. However, early identification, intervention, and treatment of eating disorders for military families is limited, often leaving military families with significant emotional and financial hardship, and at times the loss of their loved one.

We'd like to address three issues as they relate to access to residential treatment for military families' eating disorders under TRICARE and early identification/intervention training for health professionals as follows:

I. Age Limitation for Psychiatric Residential Treatment: For individuals affected by eating disorders, an estimated 5% will need the higher level of care of residential treatment in order to fully recover. Residential treatment for eating disorders is an intensive group-based and individual intervention, with 24-hour monitoring and 12+ active hours of treatment daily, including group therapy, individual therapy, nutrition counseling, regularly occurring supervised meals and snacks, emotional and behavioral skill development, medical, nursing, and psychiatric care, and recovery management skill building for acute eating disorders. This care is evidence-based, effective, and accredited by the same independent organizations accrediting hospitals- the Joint Commission and CARF. Additionally, the care is cost-effective, especially in comparison to higher levels of care in the inpatient setting, later co-morbid conditions, and potential risk of Emergency Room visits which regularly occur when a patient relapse from an acute eating disorder.

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[1] Bodell, L.P., Forney, K.J., Keel, P.K., Gutierrez, P.M., & Joiner, T.E., Jr. (2014). Consequences of making weight: a review of eating disorder symptoms and diagnoses in the United States military. Clinical Psychology: Science and Practice, 21(4), 398-409.

[2] Waasdorp, C. E., Caboot, J. B., Robinson, C. A., Abraham, A. A., & Adelman, W. P. (2007). Screening military dependent adolescent females for disordered eating. Military Medicine, 172(9), 962–967. https://doi.org/10.7205/MILMED.172.9.962

[3] Higgins Neyland MK, Shank LM, Burke NL, et al. Parental deployment and distress, and adolescent disordered eating in prevention-seeking military dependents. Int J Eat Disord. 2019;1–9. https://doi.org/10.1002/eat.231806.

Of concern is the TRICARE age restrictions on psychiatric residential treatment for military families, limiting access to care to up to 20 years old.[4] However, this age limitation for residential treatment does not exist for substance use disorder. In turn, our TRICARE-contracted centers serving military families cannot treat military families when they reach the age of 21. Given that the onset of eating disorders may begin at any time in life, including during significant life events such as parental deployment, entering college, pregnancy, and menopause, it is important that this care be available to military families of all ages.

II. TRICARE Restrictions on Freestanding Eating Disorders Residential Treatment: Another concern is the limited TRICARE contracting associated with residential eating disorder treatment centers. With over 100 accredited residential eating disorder treatment centers in 27 states across the country, TRICARE currently only contracts with four residential treatment centers in the nation. Administrative barriers exist heavily in TRICARE contracting for eating disorders residential treatment, including Policy Manual restrictions on contracting/becoming TRICARE-authorized with freestanding facilities, which does not exist for substance use disorder[5], and bureaucratic hurdles in contracting with TRICARE East and West. In turn, due to the limited access to care, military families must travel across the nation to receive needed care or utilize a level of care that is inappropriate for their level of illness. Given the new DHA T5 contracting and scaling down of on-base providers and specialists, it is necessary that DOD ensure there is a significant increase in access to care actively available for military families.

III. Lack of Training for Health Professionals: According to the American Academy of Pediatrics, "Pediatricians should screen patients for disordered eating and related behaviors and be prepared to intervene when necessary."[6] However, medical professionals do not receive much if any eating disorder training in school, with many medical schools reporting only having one paragraph within textbooks on eating disorders. One survey of 637 medical residency programs showed that only 20% of medical graduate programs offered elective rotations on eating disorders.[7] Consequently, the lack of detection and intervention leads to further co-occurring medical problems, significant health costs and financial burdens, and an impairment on childhood healthy development, social functioning, and interpersonal relationships.[8] Medical professionals serving within the Department of Defense system also lack this training to help them early identify the warning signs and refer military families for treatment before the disorder reaches a severe or fatal state. This issue has become so pervasive? in veterans, that the Veterans Administration recently started a program to train their medical professionals within the VA system on how to early identify, assess, and refer veterans showing warning signs of eating disorders.

Recommendations:

(1) Lift the age limit for military families to receive psychiatric residential treatment;
(2) Remove administrative barriers, and actively open access to care for residential eating disorders treatment to the same level as substance use disorder; and
(3) Invest in training military medical professionals to early identify, assess and refer for eating disorders.

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[4] https://www.tricare.mil/CoveredServices/IsItCovered/ResidentialTreatmentCenters.aspx
[5] https://tricare.mil/~/media/Files/TRICARE/Publications/FactSheets/Mental_Health_FS.pdf
[6] Rosen, D. S., The Committee on Adolescence. (2010). Clinical Report—Identification and Management of Eating Disorders in Children and Adolescents. *Pediatrics*, *126*(6), pp. 1249-1250.
[7] Mahr, F., Farahmand, P., Bixler, E. O., Domen, R. E., Moser, E. M., Nadeem, T., . . . Halmi, K. A. (2015). A national survey of eating disorder training. International Journal of Eating Disorders, 48(4), 443-445.
[8] Schaumberg, K., Welch, E., Breithaupt, L. E., Hubel, C., Baker, J. H., Munn-Chernoff, M. A., . . . Bulik, C. M. (2017). The science behind the Academy for Eating Disorders' Nine Truths About Eating Disorders. *Eur Eat Disord Rev*. E-pub ahead of print.