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Qualified Mental Health Professional Shortage

By Chief Warrant Officer Two Jessica M. Jackson

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Problem

The shortage of qualified mental health professionals in the Army is ongoing. This has resulted in an overuse of existing personnel and created a gap in the capacity to meet a climbing demand for mental health services. This shortage compromises Soldier accessibility and quality of care.

Mental health disorders are a recurring issue within the armed forces. Soldiers combat a wide range of mental disorders. Between 2016 and 2020, a study conducted by the Armed Forces Health Surveillance Division concluded that 456,293 active component Service members were diagnosed with at least one mental health disorder, as seen in Figure 1.[1] Currently, mental health professionals are unable to manage the workload. There is only one provider for every 462 Service members on active duty.[2] Given these challenges, the Army must implement targeted solutions to expand its mental health workforce and improve accessibility.

Solution

The Army can address gaps in active-duty mental health providers through the doctrine, organization, training, materiel, leadership, personnel, and facilities (DOTMILPF) framework, managing solutions through training, leadership, and education. A structured approach ensures that improvements in accessibility and cost-effectiveness will be sustainable. A key solution is leveraging existing personnel through career-bridging programs that fast-track medics (68W), behavioral health specialists (68X), and chaplains into licensed mental health roles. Granting credit for military training and eliminating redundant education will streamline certification and licensing.

For improved accessibility, mental health professionals must be embedded at the company and battalion levels, ensuring that Soldiers have immediate support within their units. To eliminate stigma and encourage early intervention, the Army must integrate mental health first aid (MHFA) training into basic combat training (BCT), all professional military education (PME), and officer development programs. Normalizing mental health discussions from the start of a Soldier's career fosters a culture of resilience and proactive care. These solutions address provider shortages and strengthen the Army's mental health system.



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Benefits

Career-bridging programs increase the Army's mental health workforce and retention while leveraging military expertise. Embedding providers at the company and battalion levels provides immediate, relevant, and practical solutions to Soldiers in crisis from a familiar, qualified professional. This fosters early intervention and unit readiness. Implementing MHFA courses normalizes discussion, equipping Soldiers and leaders to address mental health concerns early.

Implementation

A phased, structured approach within DOTMILPF will ensure sustainable integration.

- **Phase 1 (0–12 months):** Planning and foundation development, including funding allocation and policy discussions.
- **Phase 2 (12–24 months):** Pilot programs and training rollout at select units.
- **Phase 3 (24–36 months):** Expansion of programs and refinement based on feedback.
- **Phase 4 (36+ months):** Full implementation and continuous evaluation for improvements.

Successful implementation will depend on resource allocation, leadership support, policy adjustments, and training development. Resources include personnel, infrastructure, logistics, and technology. Training development will involve refining career-bridging programs and integrating MHFA into military education. A phased 3–5-year approach can ensure sustainable and practical application. Policy endorsements are needed to adjust Department of War (DoW) regulations to create incentives for mental health professional retention. The Army must address potential risks to ensure success.

Risk and Mitigation

Expanding and improving mental health services presents several potential risks:

- Inadequate funding and resource allocation: Prevent financial strain by allocating funds in a phased rollout over several fiscal years.
- Policy barriers and administrative delays: Collaborate with DoW policymakers to establish commissioning programs. Develop reciprocity agreements with civilian licensing boards.
- Difficulty measuring effectiveness: Clear key performance indicators (KPIs) such as reductions in wait times, early intervention cases, decreases in separation, and improvements in mental health literacy require time.

Conclusion

Fighting in a large-scale combat operations (LSCO) environment places enormous psychological stress on Soldiers.[3] The shortage of mental health professionals affects access to critical care, readiness, and unit cohesion. A multifaceted approach can address these challenges by expanding career-bridging programs, embedding mental health professionals at the company and battalion levels, and integrating MHFA across all education programs. A phased 3–5-year approach can ensure sustainable improvements, requiring leadership commitment and resource allocation to build a mentally strong force.

Call to Action

The Army must act now—mental health is mission readiness. To maintain readiness and mission effectiveness in LSCO, military leadership must start implementing these mental health initiatives. I call on health programs and leaders to initiate policy discussions, allocate resources, and launch pilot programs. The Army must invest in mental health for a stronger, more lethal, mission-ready force.

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Endnotes

1. Defense Health Agency, "Mental and Behavioral Health Issue," Medical Surveillance Monthly Report 28, no. 08. (August 2021): https://health.mil/Reference-Center/Reports/2021/08/01/Medical-Surveillance-Monthly-Report-Volume-28-Number-08.
2. Patricia Kime, "Why the U.S. military can't recruit more mental health professionals," Military Times. December 2, 2019. https://www.militarytimes.com/pay-benefits/2019/12/02/why-the-us-military-cant-recruit-more-mental-health-professionals/.
3. U.S. Department of the Army, "The Operational Environment 2024-2034," TRADOC Pamphlet no. 525-92. (December 2024): https://oe.tradoc.army.mil/product/the-operational-environment-2024-2034-large-scale-combat-operations/.