Behavioral Health Support for Active-Duty Service Members on Temporary Duty in Remote Locations: Ensuring Access to Care in Austere Environments

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Background

The Known Landscape
Existing research on healthcare access for military personnel on permanent duty assignments in remote, austere settings has focused principally on the challenges faced by service members and beneficiaries stationed in geographically remote stateside settings (Cantor & Tong, 2023; Brown et al., 2015).

The Temporary Duty (TDY) Vulnerability
A recent Department of War (DoW) Office of Inspector General (DoW OIG, 2025) report has addressed this overseas gap by documenting access barriers for personnel permanently assigned to military medical treatment facilities (MTFs) abroad. However, a significant operational gap remains: there is a paucity of guidance for active-duty personnel *temporarily* assigned to remote, austere, overseas environments without access to a local military medical treatment facility (MTF).

The Clinical Solution
This gap was highlighted through a real-world consultation request to our Team that highlighted the opportunity for development of a clear behavioral health referral pathway for personnel on temporary duty (TDY) assignment to an austere, remote U.S. Pacific Command (USPACOM) locale. To address this, our Team developed a progressive 3-step behavioral health support algorithm. This framework establishes an actionable clinical pipeline tailored to unique theater logistical constraints, balancing confidential self-referral to non-medical resources with formal clinical escalation when medically indicated.

Objectives

1. Describe the multi-tiered framework for providing behavioral health support to service members on remote TDY assignments.
2. Identify key behavioral health resources available to ADSMs in austere environments, including telehealth options and local resources.
3. Analyze the proposed algorithm for accessing care and discuss the action items required to implement the support system.

Method — Algorithm Development

Protocol Evaluation and Subject Matter Expert (SME) Consensus
The 3-Step Mental Health Support Algorithm was developed jointly by the Medical Readiness Command, Pacific (MRC-P) Behavioral Health Director and the Defense Health Network Indo-Pacific (DHN-IP) Mental Health Lead. The evaluation protocol was constructed through active consultation with operational command elements and resource Subject Matter Experts (SMEs).

Inclusion Parameters and Evaluation Context
The algorithm was specifically developed at the request of an operational unit to address the logistical constraints of Active-Duty Service Members (ADSMs) deploying on Temporary Duty (TDY) to a remote USPACOM location.

Inclusion Criteria: The protocol parameters and transition logic are strictly limited to ADSMs operating under TRICARE / International SOS (ISOS) coverage.

Exclusion Criteria: DoW civilian personnel and contractors are excluded from this specific workflow.

Triage and Decision-Matrix Construction: A progressive decision-matrix was constructed based on two primary variables: patient acuity and resource availability. The workflow is stratified into escalating tiers, governed by sequential "YES/NO" transition logic.
Note: All resources utilized incorporate crisis intervention protocols for acute needs.

- **Step A: Confidential Self-Referral (Low Acuity)**
  - Baseline triage directing low-acuity cases to the following confidential, non-medical counseling resources to maximize early intervention and bypass career-impact stigma:
    - **inTransition:** A free, confidential program offering specialized coaching and assistance to ADSMs seeking mental health care or assistance during transitions in their military career.
    - **Military OneSource:** A free, confidential counseling program for short-term, non-medical concerns (e.g., stress, anxiety, or relationship challenges) in person or via phone, video, or text messaging.
- **Step B: Clinical Care Escalation (Moderate Acuity)**
  - Decision logic for moderate acuity. This tier establishes two possible options for care:
    - On-Ground Medical Assets coordinating care for the Defense Health Agency (DHA) Behavioral Health Resources And Virtual Experience (BRAVE) Program, a supplemental DHA virtual mental health resource.
    - Credentialed Mental Health (MH) Providers: Utilizing local network providers through ISOS, the commercial contractor for the TRICARE Overseas Program.
- **Step C: Specialized Intervention (High Acuity / Complex Cases)**
  - Advanced Triage Pathway for BRAVE patients
    - BRAVE Care Transition: When a patient's condition exceeds low-to-moderate acuity thresholds, the BRAVE program initiates a transition of care back to the patient's home Military Medical Treatment Facility (MTF).
    - MTF & DHA Global Teleconsultation Portal (GTP) Coordination: The on ground medical asset and the home MTF collaborate with the GTP to coordinate transport, continuous care, and evacuation to the home MTF or another higher echelon of care.
      - The GTP Platform: Operating as a secure, asynchronous, web-based platform, the GTP connects remote providers with global specialists to deliver expert clinical consults, critical care coordination, and essential pre-evacuation or Medical Evacuation decision support.
  - ISOS / TRICARE Coordination: Execution of either:
    - Medical Evacuation (MedEvac): To execute an overseas MedEvac, ISOS assesses clinical requirements, determines transport needs, and escalates recommendations to the Transportation Command (TRANSCOM) Patient Movement Requirements Center-West (TPMRC-West) for final military asset validation and destination coordination.
    - Out-of-Country Medical Referral (OCMR): A simplified, non-emergent pathway requiring TRICARE Area Office-Pacific (TAO-P) approval. Once ISOS issues the official authorization letter, the beneficiary uses it to secure command funding and independently arrange their travel for specialized care.

Remote Algorithm & Decision Support Tool

Figure 1. *The 3-Step Framework for Mental Health Support*

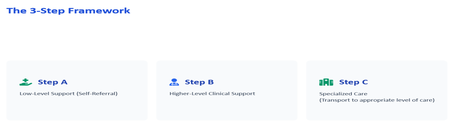


Figure 2. *Step A: Immediate Low-Level Support Resources*

Figure 3. *Decision Logic for Step A*

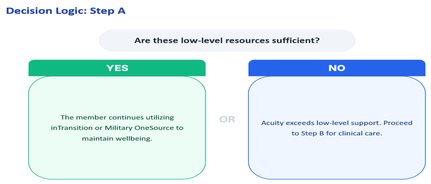


Figure 4. *Step B: Higher-Level Clinical Support Options*

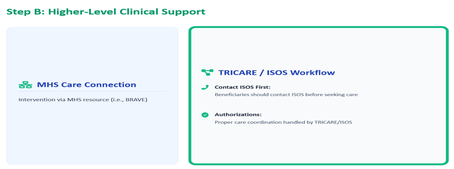


Figure 5. *Transition Logic for Step B*

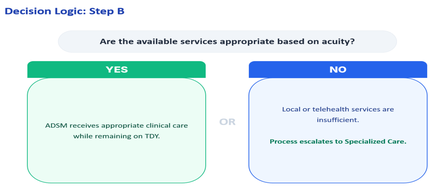


Figure 6. *Step C: Specialized Care Pathways within the Military Health System*

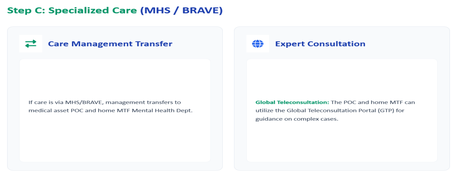
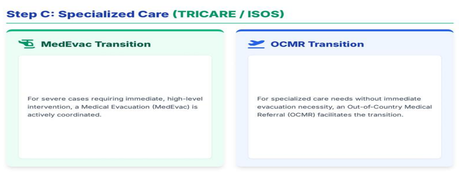


Figure 7. *Step C: Specialized Care Pathways via TRICARE/ISOS*



Results/Discussion

Operational Acceptance & Implementation
The 3-Step Mental Health Support Algorithm successfully bridged the gap between medical doctrine and austere operational realities.

- **Leadership Endorsement:** Regional leadership approved the framework, validating its alignment with the clinical, operational, and logistical needs of a remote Indo-Pacific deployment.
- **Integration:** The framework was formally incorporated into TDY pre-deployment briefings, equipping all Service Members (SMs) with a clear, actionable support plan.

Resource Constraints & Decision-Making
During the pilot, the algorithm's structured design proved critical for navigating the local resource footprint:

- **BRAVE Program Coordinating Conditions:** While the BRAVE pathway is preferred, it requires an on-ground medical asset to coordinate services. Because this condition was not met, Step B clinical care was restricted.
- **TRICARE/ISOS Delivery Pathway:** With no virtual health resources available in this setting, care was limited exclusively to local, face-to-face TRICARE/ISOS networks.

Conclusion: These logistical realities underscore the necessity of this structured decision-making tool to maximize the utilization of limited resources in austere environments.

Limitations

Operational Considerations for Broader Application
While the 3-Step Mental Health Support Algorithm successfully navigated this TDY's parameters, scaling the framework requires addressing key systemic factors:

- **Theater Resource Scopes:** Algorithmic pathways must adapt to local infrastructure (e.g., accounting for the absence of virtual TRICARE/ISOS options or a lack of local U.S. embassy MH care options).
- **Care Coordination Gaps:** Specialized remote pathways (like the BRAVE program) require an on-ground military or line provider to coordinate care—an asset that may not always be present.
- **Embassy Coordination Limitations:** Where embassy clinics do exist, coordinating care for ADSMs within State Department facilities may present unique administrative and operational hurdles.
- **Regulatory & Licensure Boundaries:** International legal frameworks and medical licensure requirements dictate when and where virtual provider support can cross Indo-Pacific borders.
- **Clinical Screening Realities:** Pre-deployment health assessments cannot fully predict or entirely mitigate acute, emerging mental health crises in theater.

The Core Takeaway: While specific local medical assets will always vary by location, the systematic, 3-Step decision-making framework remains a universally applicable mission-planning tool.

Implications & Future Directions

Future Strategic Recommendations
This pilot identifies key opportunities to refine remote behavioral health support. Future efforts should focus on:

Pre-Deployment Optimization
- **Advances in Screening:** Extrapolating from recent research by McConnon (2025), future protocols may be able to leverage artificial intelligence and technological advances in pre-deployment screening to identify at-risk personnel earlier in the TDY cycle.
- **Offline Resiliency: E**xtrapolating from recent research by Hoyt (2025) regarding critical capability for communications-denied environments, pre-TDY preparation may be maximized by incorporating elements, such as pre-departure Master Resilience Training (MRT) refreshers or Armed Forces Wellness Center biofeedback training.
- **Peer Support:** Extrapolating from Hoyt's (2025) research on decentralized interventions, consider implementing evidence-based peer-support training so Service Members on TDY can effectively triage and support one another in remote, austere locales.

Algorithm Expansion & Digital Innovation
- **Proactive Outreach:** Consider utilizing the DHA Virtual Education Center (VEC), a web-based platform that provides Military Health System patients and providers with access to vetted health and wellness resources across numerous medical topics, to push prevention messaging (e.g., sleep hygiene) via SMS/text to deployed personnel.
- **COSC Integration:** Investigate the viability of virtual Combat Operational Stress Control (COSC) consults for low-bandwidth environments, and of rotating COSC teams in-theater for routine battle-rhythm care touchpoints.
- **Digital Therapeutics:** Continuously adapt the algorithmic framework to seamlessly integrate emerging mental health technologies.
- **Systemic Adaptability:** Expand algorithmic options as international telehealth policies, licensing laws, and TRICARE/ISOS capabilities evolve.

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