New GAO Report Shines Light on DOD's Lack of Screening and Early Identification for Eating Disorders and Insufficient Access to Care

WASHINGTON, D.C. (October 22, 2020) – On Friday, August 7, the Government Accountability Office (GAO) released a report entitled, "Department of Defense: Eating Disorders in the Military," which examines how the Department of Defense (DOD) screens, prevents, and provides treatment for eating disorders under the TRICARE health insurance program, which serves approximately 9.5 million military members and their beneficiaries. The Eating Disorders Coalition for Research, Policy & Action (EDC) advocated for the creation of this report in 2018, culminating with a bipartisan letter from Rep. Seth Moulton (D-MA) and the late Rep. Walter Jones (R-NC) along with 30 bipartisan signatories. The GAO interviewed representatives from the EDC, Uniformed Services University of Health Sciences, the University of Kansas, as well as DOD and Defense Health Agency (DHA) officials and TRICARE contractors during the creation of the report. As an important note, the GAO did not request input from the EDC on the final report before it was published. A summary of the report can be found here, and a full copy of the report can be found here.

The EDC applauds this effort to examine screening, prevention, and treatment access for eating disorders for military members and their families. However, the EDC finds some of the report's findings concerning, particularly a lack of screening for servicemembers and training for armed services medical officials, inadequate access to eating disorders care in comparison to nationwide availability, and an underlying culture of silence amongst servicemembers affected by the serious mental illness.

Screening and Identification

The DOD engages in limited eating disorders screening for prospective servicemembers. Prior to enlisting, the DOD assesses applicants during the Military Entrance Processing Station (MEPS) to determine if they meet DOD's medical qualification standards. This process includes a prescreening report with questions on a history of mental illness including eating disorders. This information helps the MEPS physician determine if the applicant has any disqualifying conditions for entrance into the military, including a history or current diagnosis of an eating disorder as a qualifying event.[1] After joining the military, servicemembers receive Pre-Deployment Health Assessments, Post-Deployment Health Assessments, Post-Deployment Health Re-Assessments, and an annual health screening called the Periodic Health Assessment (PHA), which includes a mental health screening for post-traumatic stress, but does not include questions about eating disorders.[2] Particularly with research showing post-traumatic stress disorder and military sexual trauma are associated with the development of an eating disorder, it is even more important for servicemembers to be screened for eating disorders given their exposure to traumatic events during deployment.[3]

Additionally, while the DOD states that their medical professionals are trained to identify the warning signs of eating disorders, the signs the DOD medical officials point to in the GAO report, such as "changes in vital signs over time, emaciated appearance, ruptured blood vessels in the whites of the eye, low body mass index, loss of periods in females, or abrasions on the backs of hands or fingers that are signs of an individual inducing vomiting,"[4] are only physical signs often for the most acute cases of eating disorders and don't include signs for binge eating disorder. Medical standards of care for health practitioner identification of eating disorders are more robust, and include a combination of physical and neuropsychiatric signs, according to the Academy for Eating Disorders' (AED) Medical Care Standards Guide.[5] However, AED highlights that "a life-threatening eating disorder may occur without obvious

[1] Department of Defense, *Qualification Standards for Enlistment, Appointment, and Induction,* Instruction 1304.26 (March 23, 2015) (incorporating change 3, Oct. 26, 2018).
[2] Department of Defense, *Individual Medical Readiness,* Instruction 6025.19 (June 9, 2014).
[3] Forman-Hoffman, V. L., Mengeling, M., Booth, B. M., Torner, J., & Sadler, A. G. (2012). *Eating disorders, post-traumatic stress, and sexual trauma in women veterans*. Military Medicine, 177(10), 1161-1168.
[4] Government Accountability Office. (2020). *Department of Defense: Eating Disorders in the Military* (p. 6). Retrieved from https://www.gao.gov/assets/710/708697.pdf
[5] Medical Care Standards Guide - The Purple Book. (2020). Retrieved 8 October 2020, from https://www.aedweb.org/resources/online-library/publications/medical-care-standards

physical signs or symptoms," highlighting the importance of screening personnel with validated tools such as the five-question SCOFF[6] or Eating Disorders Examinations Questionnaire (EDE-Q).[7]

Treatment Availability

After careful due diligence, the EDC is concerned that the list of treatment facilities available for servicemembers and their families within the GAO report is incorrect and inadequate in comparison to nationally available care. The report lists 166 in-network and out-of-network facilities in 32 states where eating disorders treatment is available. The EDC appreciates the effort to produce a comprehensive list of TRICARE-contracted eating disorders treatment centers at all levels of care outside of outpatient care, including Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP), Residential Treatment (RT), and Inpatient care.

However, after careful research and analysis, the EDC found that out of the list of 166 facilities for eating disorders care, **40 facilities (24%) listed were incorrect and not available for eating disorders care,** and three facilities were not listed as available for care.[8] Consequentially, there are only **129 facilities in 26 states available to treat eating disorders,** of which only **79 facilities in 20 states are in-network with TRICARE** and **only 58 (45%) in-network facilities treat adults**.[9,10] In comparison to the overall available care in the United States, TRICARE only contracts with **35% of the 365 available treatment facilities in the nation,** with only **21% of the nationwide available care being in-network.**[11] This highlights both a lack of access to care for our servicemembers and their families in comparison to the civilian population, as well as inaccurate provider directories that can deter servicemembers and their families from seeking treatment.

"My eating disorder went undiagnosed for two years, and after self-diagnosing and self-reporting, I still struggle to find care," says **Captain Katrina Meehan, Servicemember, Active Duty U.S. Army** (Fort Jackson, SC). "Not only did I have to pay hundreds of dollars out of pocket, I was eventually told that there were no treatment options available in my state."

Additionally, the report failed to note that under current TRICARE policy, servicemembers and their families are not permitted to receive medical nutrition therapy (dietitian services) for their eating disorders, and the family members of servicemembers over the age of 20 are not permitted to access residential eating disorders treatment through TRICARE. This is especially relevant when one considers that children of servicemembers are 3x more likely to screen as at-risk for an eating disorder than their civilian peers.[12] Further, according to DOD data, 19,468 dependents of servicemembers received an eating disorders diagnosis between 2014 and 2018.[13] Proposed legislation, the Supporting Eating Disorders Recovery Through Vital Expansion (SERVE) Act (H.R. 2767/S. 2673) , would remove that age restriction for the 9.5 million eligible beneficiaries currently under TRICARE.

Lastly, DHA notes that there is not an issue with access to care, however, the DOD's Inspector General recently released a report showing numerous access to care issues for mental health as a whole. The report states that 53% of active duty servicemembers and their families who were referred to TRICARE for mental health care never received care, and that DOD did not know why.[14]

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[6] Morgan, J. F., Reid, F., & Lacey, J. H. (2000). The SCOFF questionnaire: a new screening tool for eating disorders. *The Western journal of medicine*, *172*(3), 164–165. https://doi.org/10.1136/ewjm.172.3.164.

[7] Fairburn, C. G. and Beglin, S. J. (2008). In Fairburn, C. G. (2008). *Cognitive Behavior Therapy and Eating Disorders.* Guilford Press, New York.

[8] 19.3% or 32 centers did not actually provide eating disorders care, 3% or five centers did not exist, and 1.8% or three centers were duplicates on the reported list.

[9] EDC's research and analysis found that of the 131 facilities available for care, the following was available based on level of care: 83 IOPs, 81 PHPs, 34 RTCs, and 28 inpatient facilities.

[10] A total of 79 facilities treating eating disorders were in-network with TRICARE, including 47 IOP, 63 PHP, 24 RTCs, and 11 inpatient. Additionally, only 97 of the 129 facilities that are TRICARE contracted both in-network and out-of-network treat adults, with 71 IOPs, 79 PHPs, 19 RTCs, and 18 inpatient.

[11] Of the 365 facilities nationwide, eating disorder specialized care was available in 248 IOPs, 222 PHPs, 112 RTCs, and 55 inpatient facilities. In turn, TRICARE contracts with 33% of IOPs, 36% of PHPs, 30% of RTCs, and 55% of inpatient facilities.

[12] 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.

[13] Government Accountability Office. (2020). *Department of Defense: Eating Disorders in the Military* (p. 3). Retrieved from https://www.gao.gov/assets/710/708697.pdf

[14] Inspector General, U.S. Department of Defense. (2020). Evaluation of Access to Mental Health Care in the Department of Defense. Retrieved from https://media.defense.gov/2020/Aug/12/2002475605/-1/-1/1/DODIG-2020-112_REDACTED.PDF

Conclusion

Within the GAO report, a 2018 DOD study found that 1,788 servicemembers, or 0.13% of the active duty servicemember population, received an eating disorder diagnosis for anorexia, bulimia, or other/unspecified eating disorder between 2013 and 2017.[15] The EDC is concerned that this data point is a gross underestimate of actual cases of eating disorders among servicemembers, as the opposite has been shown to be true according to numerous evidence-based research studies. Rigorous research demonstrates that servicemembers experience eating disorders at higher rates than civilians: approximately 9% of active duty servicemembers will have an eating disorder during their lifetime.[16] When one considers that 4% of male veterans exhibit clinically significant disordered eating[17] and 10.6% of female veterans meet the criteria for an eating disorder,[18] in tandem with the fact that the typical onset of an eating disorder occurs by age 24,[19] it becomes even more evident that the rate of eating disorders in the military is vastly underreported.

The report highlights an underlying culture of silence around eating disorders during both recruitment and service. First, if a person applying for the service reveals they have been affected by an eating disorder in the past or are currently battling an eating disorder, the military will prevent them from joining the service. This dissuades many applicants from ever revealing their eating disorder. Second, servicemembers are not screened for eating disorders during service, nor are medical staff provided the proper training tools to recognize eating disorders, leading directly to the underreporting of eating disorders. Last, if a servicemember is diagnosed with an eating disorder, the military can discharge them from the service if they are "unresponsive to treatment, or for whom eating disorders have interfered with the satisfactory performance of their military duties."[20] Out of fear of being discharged and losing their source of income and stability, many servicemembers may choose not to report their eating disorder. Together, these three factors contribute to a culture of silence and substantial underreporting of eating disorders in the military.

"Unfortunately, there exists a culture of silence in the United States Armed Forces that oftentimes leads servicemembers to conceal their eating disorders," says **EDC Board President Chase Bannister, MDiv, MSW, LCSW, CEDS**. "The Eating Disorders Coalition for Research, Policy & Action and the eating disorders community at large stands by servicemembers and their families affected by eating disorders presently forced into the shadows by unjust policies and practices."

The EDC is exploring next steps to address some of the discrepancies identified in the report. Advocacy is never a straight path. While we are pleased the issue of eating disorders in the military is being brought to light, we want to ensure those involved in the policy process are fully informed. We will continue to update the eating disorders community as we make decisions on how to best address the report findings.

The Eating Disorders Coalition for Research, Policy & Action (EDC) *is a Washington, DC-based, federal advocacy organization comprised of advocacy organizations, academics, treatment providers, family/loved ones of children with eating disorders and people experiencing eating disorders nationwide. The EDC advances the recognition of eating disorders as a public health priority throughout the United States. Additional resources can also be found at eatingdisorderscoalition.org.*

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[15] Armed Forces Health Surveillance Branch, *Diagnoses of Eating Disorders, Active Component Service Members, U.S. Armed Forces, 2013-2017*, Medical Surveillance Monthly Report, (Silver Spring, MD: June 2018), p. 18.
[16] 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.
[17] Mitchell KS, Wolf EJ. PTSD, food addiction, and disordered eating: The mediating role of emotion regulation. *Psychiatry Res.* 2016;243 23-29.
[18] Arditte Hall KA, Bartlett B, Iverson KM, Mitchell KS. Eating disorder symptoms in female veterans: The role of childhood, adult, and military trauma exposure *Psychological Trauma: Theory, Research, Practice, and Policy.* 2018;10:345-351.
[19] Volpe, U., Tortorella, A., Manchia, M., Monteleone, A. M., Albert, U., & Monteleone, P. (2016). Eating disorders: What age at onset? *Psychiatry Research,* 238, 225-227.
[20] Government Accountability Office. (2020). *Department of Defense: Eating Disorders in the Military* (p. 6). Retrieved from https://www.gao.gov/assets/710/708697.pdf