



October 2023

MENTAL HEALTH SERVICES

State Should Collect Ongoing Feedback to Ensure Overseas Employees' Needs Are Being Met

Accessible Version

GAO Highlights

Highlights of [GAO-24-106082](#), a report to congressional requesters

Why GAO Did This Study

State and USAID employees based overseas often face high levels of stress due to heavy workloads and to instability or conflict in countries where they are based. As of June 2023, about 15,000 State and about 1,600 USAID personnel and family members were based overseas.

GAO was asked to review State's and USAID's mental health services for employees based overseas. This report examines, among other things, (1) reported factors affecting workloads of State and USAID mental health providers, (2) reported challenges associated with delivering or obtaining mental health services overseas and efforts to address these challenges, and (3) State's monitoring of its mental health services for employees and their family members overseas to help ensure it is meeting their needs.

GAO reviewed documents and interviewed officials from State and USAID. GAO surveyed 17 State overseas psychiatrists in December 2022, asking about their workload and any challenges, and received 16 responses. (State has 21 overseas psychiatrist positions, but four were vacant or recently filled.) GAO also conducted a nongeneralizable survey of Foreign Service members, asking about their experiences in obtaining mental health services, and received 437 responses.

What GAO Recommends

GAO recommends that State collect ongoing feedback from overseas recipients of all of State's mental health services to determine whether these services are meeting recipients' needs. State concurred.

View [GAO-24-106082](#). For more information, contact Nagla'a El-Hodiri at (202) 512-7279 or ElHodiriN@gao.gov.

October 2023

MENTAL HEALTH SERVICES

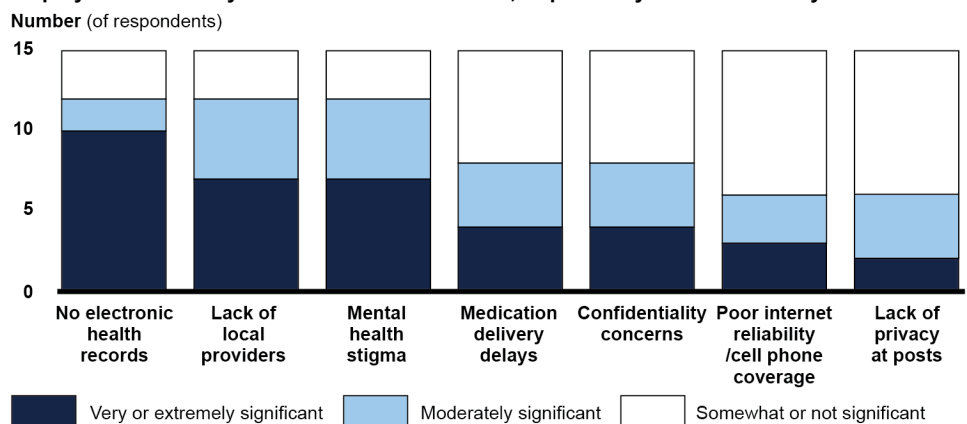
State Should Collect Ongoing Feedback to Ensure Overseas Employees' Needs Are Being Met

What GAO Found

The Department of State and the U.S. Agency for International Development (USAID) offer several mental health services to help sustain the well-being of employees and their eligible family members based overseas. For example, State employs overseas psychiatrists—each typically serving 12 to 15 posts—and both agencies offer counseling services. Of the 16 State overseas psychiatrists who responded to a GAO survey, 12 reported that their overseas workloads increased in 2022 because of factors such as a rise in demand for care and vacant psychiatrist positions. State officials told GAO that demand for its short-term counseling services had also risen, due to the war in Ukraine, the COVID-19 pandemic, and other stressors. In addition, USAID officials reported that demand for counseling had almost doubled since 2018 in response to those crises and other factors. To meet the increased demand, State is seeking funding for additional psychiatrists and social workers, and USAID plans to increase funding for its counseling services and for programs to build resilience.

Respondents to GAO's survey of psychiatrists identified several challenges related to delivery of, and access to, State's mental health services for overseas employees. (The figure shows 15 psychiatrists' ratings of such challenges.) Foreign Service members GAO surveyed reported some of the same challenges. State has undertaken efforts to address these challenges, such as conducting outreach to reduce stigma associated with mental health care.

Significance of Challenges in Providing Mental Health Services to State Department Employees and Family Members Based Overseas, Reported by 15 Overseas Psychiatrists



Source: GAO survey of Department of State regional medical officer/psychiatrists (RMOP). | GAO-24-106082

Accessible data for Significance of Challenges in Providing Mental Health Services to State Department Employees and Family Members Based Overseas, Reported by 15 Overseas Psychiatrists

	Electronic health records	Lack of local providers	Mental health stigma	Medication delivery delays	Confidentiality concerns	Internet reliability / cell phone coverage	Lack of privacy at posts
Very or Extremely Significant	10	7	7	4	4	3	2
Moderately Significant	2	5	5	4	4	3	4
Somewhat or Not Significant	3	3	3	7	7	9	9

Source: GAO survey of Department of State regional medical officer/psychiatrists (RMOP). | GAO-24-106082

State has obtained some feedback about its mental health services from employees and their family members based overseas. For example, in 2023, State conducted two one-time surveys to identify concerns about its mental health services. USAID also surveys clients to collect feedback about the mental health services it provides. However, State does not collect ongoing feedback about all of its services to help ensure they are meeting the needs of those who receive them. Ongoing feedback about its mental health services for employees and family members overseas would help State ensure that employees maintain their ability to protect and promote U.S. interests abroad.

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Abbreviations

CEFAR	Center for Excellence in Foreign Affairs Resilience
DS	Bureau of Diplomatic Security
ECS	Employee Consultation Services
HHS	Department of Health and Human Services
ICASS	International Cooperative Administrative Support Services
MED	Bureau of Medical Services
RMOP	regional medical officer/psychiatrist
USAID	U.S. Agency for International Development

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October 26, 2023

The Honorable Gregory Meeks
Ranking Member
Committee on Foreign Affairs
House of Representatives

The Honorable Jamie Raskin
Ranking Member
Committee on Oversight and Accountability
House of Representatives

The Honorable Stephen F. Lynch
House of Representatives

The Department of State and the U.S. Agency for International Development (USAID) maintain personnel¹ in some of the most dangerous places in the world, including high-risk, high-threat posts.² These personnel and their families may face high levels of stress while overseas because of factors such as heavy workloads; local instability or conflict; and trauma caused by crises such as pandemics, bombings, and natural disasters. According to State, access to mental health resources is needed to sustain personnel’s well-being and ability to achieve U.S. interests overseas.³

Both State and USAID offer mental health services to eligible employees and their family members who are based overseas. As of June 2023, nearly 15,000 State employees—based at 275 U.S. embassies and consulates in nearly 200 countries—and more than 1,600 USAID employees were eligible for these services, according to State.

¹State, as the lead executive branch agency for foreign affairs, uses diplomacy to help protect and promote U.S. security, prosperity, and democratic values. USAID conducts development work abroad not only to benefit recipient countries and to advance U.S. national security and economic prosperity.

²The term “high-risk, high-threat post” refers to a U.S. diplomatic or consular post or other U.S. mission abroad, as determined by the Secretary of State, that, among other factors, (1) is located in a country with high to critical levels of political violence and terrorism and whose government lacks the ability or willingness to provide adequate security and (2) has mission physical-security platforms that fall below State’s established standards. 22 U.S.C. § 4803(d)(2).

³Department of State, Bureau of Medical Services, *Functional Bureau Strategy*, approved Feb. 24, 2022, revised Mar. 16, 2023.

You asked us to review State's and USAID's provision of mental health services for overseas personnel. This report

- 1) describes processes that State uses to identify any relevant mental health concerns before assigning employees to overseas posts,
- 2) examines reported factors affecting workloads of State and USAID providers of mental health services for employees and eligible family members based overseas,
- 3) identifies reported challenges associated with delivering or obtaining these mental health services as well as efforts State has undertaken to address these challenges, and
- 4) evaluates State's monitoring of mental health services to help ensure that they are meeting the needs of employees and their eligible family members during overseas assignments.

To describe State's processes for identifying relevant mental health concerns, we reviewed State, USAID, and other U.S. government documents, such as the national security adjudicative guidelines⁴ and the questionnaire for national security positions.⁵

To examine reported factors affecting workloads, as well as reported challenges associated with delivering and obtaining care and State's efforts to address the challenges, we conducted two surveys, of overseas psychiatrists and Foreign Service members, respectively, and interviewed agency officials. We surveyed 17 State overseas psychiatrists and received 16 responses.⁶ The survey included open-ended questions about changes in workload, time constraints, and service delivery. We also asked the overseas psychiatrists to rate the significance of various challenges they might have encountered in delivering services. We surveyed Foreign Service members to obtain the views of those who had received mental health care while based overseas, and we received 437

⁴Office of the Director of National Intelligence, *Security Executive Agent Directive 4: National Security Adjudicative Guidelines*, effective June 8, 2017.

⁵Office of Personnel Management, *Standard Form 86: Questionnaire for National Security Positions*, OMB No. 3206 005, revised Nov. 2016.

⁶State refers to the overseas psychiatrist position as "regional medical officer/psychiatrist" (RMOP). In December 2022, when we sent our survey, State had 21 RMOP positions based overseas; of these, two positions were vacant and two had been recently filled. We sent the survey to the psychiatrists in the remaining 17 positions.

responses.⁷ This nongeneralizable survey primarily asked open-ended questions about what had or had not worked well in obtaining mental health services while based overseas. We analyzed the results of both surveys to identify insights and challenges related to providing and accessing mental health services overseas and to provider workloads. Through the surveys as well as interviews with agency officials, we also obtained information about how State was addressing challenges.

To evaluate State's monitoring of its mental health services for overseas personnel, we reviewed State surveys of employees regarding its mental health services, State's analysis of employee survey responses, and a platform where employees can offer feedback on their experiences. We compared State's efforts to monitor its provision of mental health services to standards outlined in Principle 16, "Perform Monitoring Activities," of *Standards for Internal Control in the Federal Government*.⁸

In addition, we interviewed officials from State and USAID, members of the American Foreign Service Association, and representatives of USAID's mental health services contractor.⁹ See appendix I for further details of our scope and methodology.

We conducted this performance audit from June 2022 to October 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁷We conducted our survey of Foreign Service members in May 2023. We asked for responses from all Foreign Service members who had sought, considered seeking, or obtained mental health services or whose eligible family members had done so while based overseas during calendar years 2021 or 2022. Although we received 437 responses, the total number of potential respondents is unknown. The survey consisted primarily of open-ended questions about what did or did not work well in respondents' or their family members' experience of obtaining mental health services while based overseas. Findings from this survey are not generalizable but provide illustrative examples of these individuals' experiences.

⁸GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: September 2014). According to Attribute 16.04, "Management monitors the internal control system through ongoing monitoring and separate evaluations. Ongoing monitoring is built into the entity's operations, performed continually, and responsive to change."

⁹The American Foreign Service Association is both a professional association and an exclusive representative for the U.S. Foreign Service, according to the organization's website.

Background

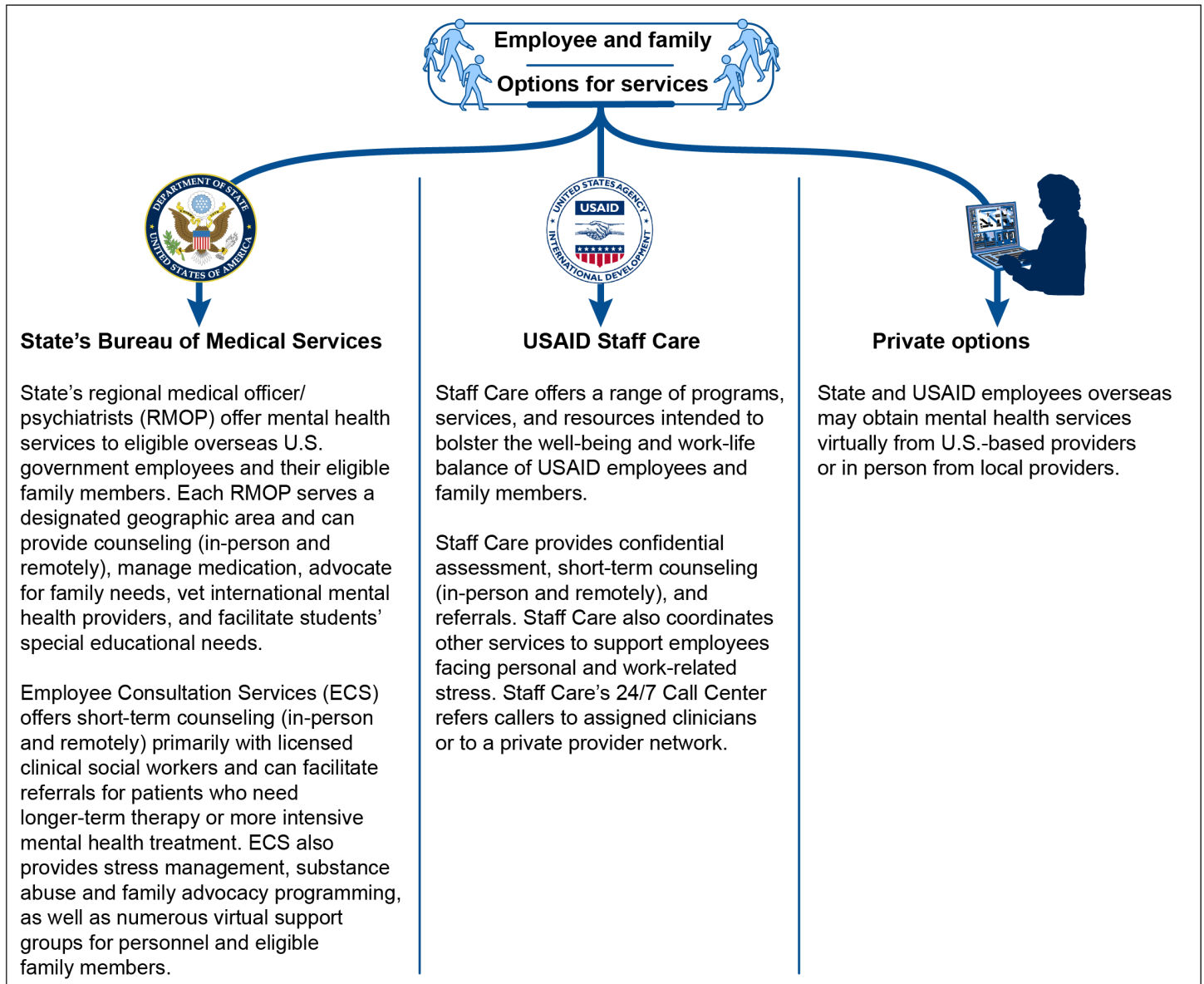
State's Bureau of Medical Services (MED) and USAID's Staff Care offer mental health patient care and counseling to eligible U.S. government employees and their eligible family members.¹⁰ Employees and their families can also seek care from private providers in the U.S. or abroad.¹¹ (See fig. 1.) Patient care services and counseling provided by State and USAID are confidential, according to State and USAID documents and officials.¹²

¹⁰Both State and USAID also provide resilience training to personnel before, during, and after overseas assignments. According to MED, resilience is the ability to adapt to stressors, maintaining psychological well-being in the face of adversity. State's Foreign Service Institute's Center of Excellence in Foreign Affairs Resilience provides resilience training and support for State employees and offers training to other U.S. government foreign affairs agencies. USAID's Staff Care program also offers individual and organizational resilience training courses and webinars. See appendix II for more information.

¹¹In addition, community liaison offices at overseas posts provide support to employees and families, including connecting them to RMOPs or other available resources.

¹²State officials told us that, as physicians, RMOPs are required to keep communications with patients confidential pursuant to professional rules imposed by their states of licensure or certifying boards. In addition, according to State documents, services provided by State's ECS are not reportable on the security clearance application or medical clearance review. Moreover, according to State documents, ECS's Deployment Stress Management Program is prohibited from disclosing information received from employees in confidence, except to the extent required by law or authorized by the employee. All USAID Staff Care services are also confidential, according to USAID documents and officials.

Figure 1: Mental Health Counseling and Patient Care Available to State and USAID Personnel and Eligible Family Members Posted Overseas



Legend: Department of State = State; U.S. Agency for International Development = USAID.

Source: GAO presentation of State and USAID information. | GAO-24-106082

Accessible text for Figure 1: Mental Health Counseling and Patient Care Available to State and USAID Personnel and Eligible Family Members Posted Overseas Employee and family Options for services

State's Bureau of Medical Services

State's regional medical officer/psychiatrists (RMOP) offer mental health services to eligible overseas U.S. government employees and their eligible family members. Each RMOP serves a designated geographic area and can provide counseling (in-person and remotely), manage medication, advocate for family needs, vet international mental health providers, and facilitate students' special educational needs.

Employee Consultation Services (ECS) offers short-term counseling (in-person and remotely) primarily with licensed clinical social workers and can facilitate referrals for patients who need longer-term therapy or more intensive mental health treatment. ECS also provides stress management, substance abuse and family advocacy programming, as well as numerous virtual support groups for personnel and eligible family members.

USAID Staff Care

Staff Care offers a range of programs, services, and resources intended to bolster the well-being and work-life balance of USAID employees and family members.

Staff Care provides confidential assessment, short-term counseling (in-person and remotely), and referrals. Staff Care also coordinates other services to support employees facing personal and work-related stress. Staff Care's 24/7 Call Center refers callers to assigned clinicians or to a private provider network.

Private options

State and USAID employees overseas may obtain mental health services virtually from U.S.-based providers or in person from local providers.

Legend: Department of State = State; U.S. Agency for International Development = USAID.

Source: GAO presentation of State and USAID information. | GAO-24-106082

State MED

MED provides mental health services to State, USAID, and other U.S. agencies' eligible employees and eligible family members overseas

through regionally based psychiatrists, known as regional medical officer/psychiatrists (RMOP).¹³ In addition, MED's Employee Consultation Services (ECS) offers call-in or in-person counseling, primarily for State employees and eligible family members.

RMOPs provide a range of mental health services to eligible U.S. personnel overseas and their families. As the examples in table 1 show, RMOPs have both clinical and nonclinical responsibilities.

Table 1: Examples of State RMOPs' Clinical and Nonclinical Responsibilities

Clinical responsibilities	Nonclinical responsibilities
Administering mental health care to U.S. government personnel and their eligible family members overseas	Consulting at overseas American or international schools
Responding to crises at home post or regional posts	Advising key leadership officials at posts
Rendering clinical consultations and responding to allegations of domestic violence, child abuse, and child neglect	Evaluating local mental health providers
Assessing morale	Conducting outreach and providing information to diplomatic communities at posts regarding critical events and available mental health services

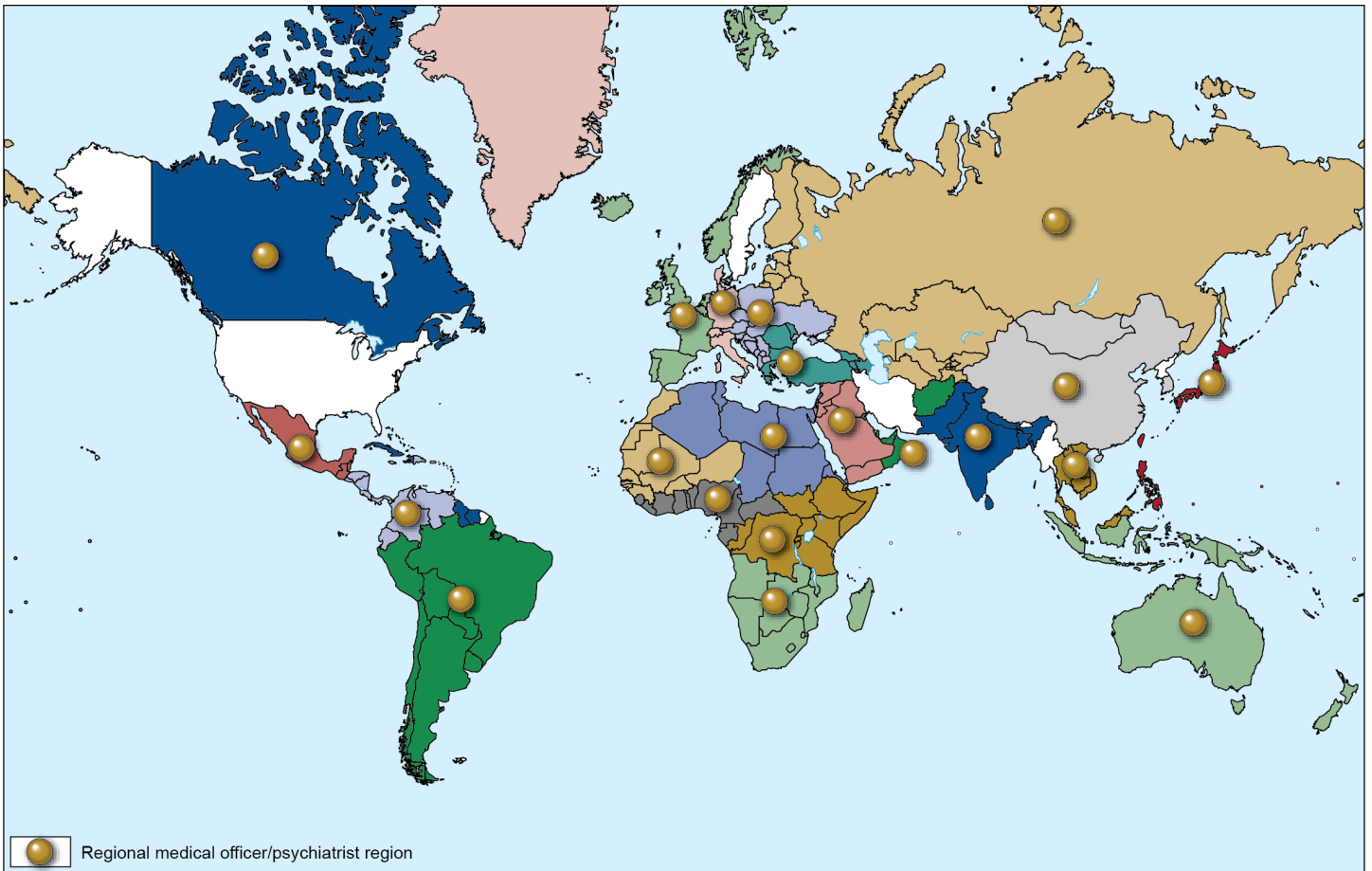
Legend: RMOP = regional medical officer/psychiatrist.

Source: GAO presentation of Department of State information. | GAO-24-106082

As of June 2023, MED had 21 approved RMOP positions, two of which were vacant, according to MED officials. Each RMOP position covers one of 21 regions, and each region includes eight to 22 posts. The majority of the RMOP regions include 12 to 15 posts. Figure 2 shows the 21 regions covered by RMOP positions.

¹³According to MED officials, overseas U.S. employees under Chief of Mission authority from any agency are eligible to receive medical services at overseas posts.

Figure 2: Regions Covered by State RMOP Positions



Sources: GAO (presentation), Department of State (data), Map Resources (map). | GAO-24-106082

Letter

Accessible text for Figure 2: Regions Covered by State RMOP Positions

Benin	Brunei	Burkina Faso	Australia	Bangladesh	Japan
Cameroon	Burma	Cabo Verde	Fiji	India	Marshall Islands
Central African Republic	Cambodia	Gambia, The	Indonesia	Maldives	Micronesia, Federated States of
Cote d'Ivoire	Laos	Guinea	New Zealand	Nepal	Palau
Equatorial Guinea	Malaysia	Guinea-Bissau	Papua New Guinea	Pakistan	Philippines
Gabon	Singapore	Mali	Samoa	Sri Lanka	Taiwan
Ghana	Solomon Islands	Mauritania	Timor-Leste	Bahamas, The	Albania
Liberia	Thailand	Morocco	Belgium	Bermuda	Austria
Nigeria	Vietnam	Niger	France	Canada	Bosnia and Herzegovina
Sao Tome and Principe	Barbados	Senegal	Iceland	Cuba	Bulgaria
Sierra Leone	Colombia	Denmark	Ireland	Guyana	Croatia
Togo	Costa Rica	Germany	Luxembourg	Haiti	Czechia
China	Dominican Republic	Italy	Netherlands	Suriname	Hungary
Hong Kong	Ecuador	Switzerland	Norway	Trinidad and Tobago	Kosovo
Korea, South	El Salvador	Armenia	Portugal	Angola	Moldova
Mongolia	Grenada	Azerbaijan	Spain	Botswana	Montenegro
Afghanistan	Honduras	Cyprus	Sweden	Comoros	North Macedonia
Bahrain	Jamaica	Georgia	United Kingdom	Eswatini	Romania
Kuwait	Netherlands Antilles	Greece	Belize	Lesotho	Serbia
Oman	Nicaragua	Tajikistan	Guatemala	Madagascar	Slovakia
Qatar	Panama	Turkey	Mexico	Malawi	Slovenia
United Arab Emirates	Saint Lucia	Turkmenistan	Burundi	Mauritius	Belarus
Iran	Venezuela	Uzbekistan	Congo (Brazzaville)	Mozambique	Estonia
Iraq	Algeria	Kenya	Congo (Kinshasa)	Namibia	Finland
Israel	Chad	Rwanda	Djibouti	South Africa	Kazakhstan
Jerusalem	Egypt	Somalia	Ethiopia	Zambia	Kyrgyzstan
Jordan	Eritrea	South Sudan		Zimbabwe	Latvia
Saudi Arabia	Lebanon	Tanzania		Argentina	Lithuania
Syria	Libya	Uganda		Bolivia	Poland
Yemen	Malta			Brazil	Russia
	Sudan			Chile	Ukraine
	Tunisia			Paraguay	
				Peru	
				Uruguay	

Note: The map shows regions covered by State's 21 regional medical officer/psychiatrist (RMOP) positions as of June 2023. The pins do not represent the specific location of the RMOP in each region.

MED's ECS offers short-term counseling sessions to direct-hire State employees in the U.S. and overseas and to eligible adult family members

based overseas.¹⁴ ECS also offers a variety of support groups and workshops, crisis intervention, and resources for referral services for longer-term care. As of April 2023, ECS had 14 licensed clinical social worker positions. Thirteen of these positions were based in Washington, D.C., offering 24-hour call-in access to all employees 5 days per week. One position was based at the U.S. embassy in Islamabad, Pakistan.¹⁵

In addition to offering short-term counseling, ECS administers programs that provide the following services:

- The Deployment Stress Management Program provides additional assessment, treatment, and referral services for State and USAID personnel experiencing the effects of working in high-stress or high-threat posts, including post-traumatic stress disorder. These services are available before, during, and after an employee deploys to priority staffing, high-stress, and high-threat posts.
- According to MED, the Alcohol and Drug Awareness Program employs licensed clinical psychologists who specialize in substance use disorders. Program staff provide consultation to any U.S. employee under Chief of Mission authority overseas or eligible family member who wish to ask questions or receive guidance about their own or someone else's substance use. The program also provides consultation to supervisors and managers who have concerns about an employee suspected to have a substance use disorder affecting work performance.
- The Family Advocacy Program ensures the safety of personnel and their family members in the event of alleged child abuse, child neglect, or domestic violence. The program also offers psychosocial and administrative support and guidance to families and family advocacy officials at posts.

¹⁴According to MED officials, direct-hire employees of agencies other than State who are under Chief of Mission authority overseas, as well as their eligible adult family members, may access ECS services if they cannot access their agencies' respective employee assistance programs. Employees based in the U.S. or overseas and adult family members based overseas are entitled to six to eight sessions for each issue for which they seek counseling, according to a MED official.

¹⁵The duties of the Islamabad licensed clinical social worker include assessments of psychiatric problems, counseling, crisis management consultation, and conflict mediation and resolution.

USAID Staff Care

According to USAID, the agency's Staff Care Program provides short-term counseling—up to six sessions per event or issue per year—through a contractor. Staff Care services are available to overseas USAID employees and their family members. In addition, USAID officials stated that the Staff Care program offers crisis intervention and referral resources around the clock, 7 days per week, as well as other services such as webinars and wellness educational tools. Staff Care also offers individual and organizational resilience programming.¹⁶ (See app. II for more information about resilience training offered by both State and USAID.)

Private Providers

Personnel overseas and their families may also obtain mental health services from private providers, according to State and USAID officials. For example, they can use their health insurance plans or other resources to pay for virtual mental health services from private providers in the U.S. or in-person services from local providers.

State Relies on Clearance Processes to Identify Any Relevant Mental Health Concerns before Assigning Personnel Overseas

Security Clearance

State relies in part on the security clearance process to identify any relevant mental health concerns before assigning employees to overseas posts. According to State and USAID, Foreign Service officers are generally required to have a security clearance. State's Bureau of Diplomatic Services (DS) is responsible for processing security clearance

¹⁶According to State's website, resilience is the capacity to adapt successfully to risk and adversity and the ability to bounce back and move forward from setbacks, high stress crisis, and trauma. According to USAID's contract to operate the Staff Care program, organizational resilience services support teams, bureaus, and missions in organizational development, principles, and practices including, but not limited to, team building and effectiveness, conflict resolution, change management, leadership effectiveness, and communication.

applications¹⁷ and conducting continuous evaluations of the applicants' eligibility for clearance.¹⁸ Applicants are required to identify mental health concerns that could affect their eligibility.¹⁹

The security clearance process includes consideration of certain emotional, mental, and personality conditions that can impair judgment, reliability, or trustworthiness, according to the Office of the Director of National Intelligence's National Security Adjudicative Guidelines. However, the security clearance application states that "mental health treatment or counseling, in and of itself, is not a reason to revoke or deny eligibility" (see fig. 3). According to the adjudicative guidelines, seeking mental health treatment could reduce security concerns.

¹⁷According to a Federal Register notice published in November of 2022, the Office of Personnel Management plans to consolidate several existing security clearance forms, including *Standard Form 86: Questionnaire for National Security Positions*, into one form, the Personnel Vetting Questionnaire. *Notice of Submission for a New Information Collection Common Form: Personnel Vetting Questionnaire*, 87 Fed. Reg. 71700 (Nov. 23, 2022). The Personnel Vetting Questionnaire seeks to further reduce the perceived stigma associated with seeking mental health treatment or counseling by further limiting the scope of questioning to focus on serious mental health illnesses, according to the notice.

¹⁸According to DS, a previous requirement to renew security clearances every 5 years was superseded by the Trusted Workforce 2.0 initiative, launched in 2018, to reduce the amount of time required to bring new hires aboard, enable mobility of the federal workforce, and improve insight into workforce behaviors. The initiative includes enrolling executive branch employees in the Continuous Evaluation program, which conducts ongoing reviews of automated records in place of periodic reinvestigations for security clearance.

¹⁹Our High Risk List includes the security clearance process because of a lack of timeliness in clearance processing, a lack of performance measures to assess quality at all stages of the process, and challenges related to the IT system. See GAO, *High-Risk Series: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas. Report to Congressional Committees*, [GAO-23-106203](#) (Washington, D.C.: Apr. 20, 2023).

Figure 3: Mental Health Component of Federal Employee Security Clearance Application, Standard Form 86

Standard Form 86 Revised November 2016 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736	QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS	Form approved: OMB No. 3206 0005
Section 21 - Psychological and Emotional Health		
<p>The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.</p>		
<p>Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it.</p>		
<p>Mental health treatment and counseling, in and of itself, is not a reason to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.</p>		

Source: U.S. Office of Personnel Management document. | GAO-24-106082

Accessible text for Figure 3: Mental Health Component of Federal Employee Security Clearance Application, Standard Form 86
QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Standard Form 86
Revised November 2016
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206 0005

Section 21 - Psychological and Emotional Health

The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.

Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a

military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it.

Mental health treatment and counseling, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.

Source: U.S. Office of Personnel Management document. | GAO-24-106082

If an employee's security clearance application identifies a mental health concern that casts doubt on the applicant's judgment, such as a diagnosis of schizophrenia or bipolar mood disorder, DS staff may refer the application to MED's Forensic Behavioral Science Service for additional review, according to State officials.²⁰ According to the adjudicative guidelines, such concerns also include evidence of failure to follow a prescribed treatment plan or behavior such as chronic lying or violent behavior. When reviewing applications that DS refers to MED, MED personnel determine the significance of the mental health concern and decide whether to also review the applicant's medical records or to conduct their own evaluation of the applicant's mental health, according to DS officials.

A referral to MED rarely results in a denial solely because of mental health concerns, but it can prolong the security clearance process, according to a DS official. MED has requested additional staff in order to reduce this processing time. The official said that in 2022, DS did not deny any clearances on the basis of mental health concerns.

²⁰According to MED officials, the Forensic Behavioral Science Service, in MED's Directorate for Mental Health, is staffed with forensic mental health specialists who offer expert opinions on these cases. Although staffed by MED, the service shares its findings only with DS and does not share them with MED and its clearance teams.

Medical Clearance

State and USAID use the medical clearance process to identify any mental health concerns, among other medical conditions, of Foreign Service officers and their family members before they depart for overseas assignments. MED processes medical clearance applications, which include medical history forms.²¹ When an application indicates a history of mental health concerns, the reviewer refers the application to MED mental health specialists for additional review, according to a MED official.

Foreign Service officers and their family members may receive one of a variety of medical clearances, depending on the severity of any medical and mental health conditions and any associated needs that the medical clearance review identifies. For example, they may receive a Class 1 clearance, which qualifies them to work anywhere in the world, or a Class 2 clearance, which allows them to work in any overseas post that can accommodate their medical condition, according to State guidance.²² Additional clearance levels may designate whether the employee or a family member needs a higher level of care than is available at some overseas posts or whether an application is in a pending status or under review.

On April 18, 2023, State instituted a change to its medical clearance policy regarding new hires in response to a lawsuit, according to MED officials.²³ Under the new policy, State Foreign Service applicants are generally required to be medically cleared to serve, at a minimum, at all

²¹According to State's website, the purpose of a medical clearance is to identify specific health needs and medical conditions that may require specialty management, follow-up, or monitoring and to determine the scope and frequency of any required follow-up. The website states that this reduces the need for medical travel due to lack of local health resources and limits the number of curtailments for preexisting medical conditions. See Department of State, Bureau of Medical Services, "Medical Clearances," accessed August 7, 2023, <https://www.state.gov/bureaus-offices/under-secretary-for-management/bureau-of-medical-services/medical-clearances/>.

²²Absent a significant change in the Foreign Service officer or their family member's medical condition, a Class 1 medical clearance is valid for the length of the tour of duty or upon eligibility for home leave, whichever is shorter. Employees and eligible family members must also renew their medical clearances before bidding on their next assignment abroad or before entry into long-term language training in preparation for an assignment abroad.

²³According to the terms of a recent settlement of the class action lawsuit, State agreed to revise its medical clearance policy for applicants for career Foreign Service positions. See *Meyer, et al. v. U.S. Department of State*, EEOC No. 531-2015-00092X.

designated regional medical evacuation centers—currently those in Bangkok, London, Pretoria, and Singapore—which have more extensive medical resources than other overseas posts. Employees who joined the Foreign Service before April 18, 2023, are covered under the previous policy, which required them to obtain a Class I clearance as a condition for joining the Foreign Service, according to a MED official. The official stated that although the new policy applies only to new State career Foreign Service applicants, MED expects State to expand the policy to include other agencies’ employees serving at overseas posts and to State Foreign Service officers hired before April 18, 2023.

State and USAID Are Seeking to Add Mental Health Resources in Response to Increased Provider Workloads

State RMOPs Reported Increased Workloads and Time Constraints, but MED Plans to Add More Positions

RMOPs Reported Growing Workloads

Twelve of 16 respondents to our survey of State’s RMOPs reported that their workloads increased in calendar year 2022—the timeframe covered by our survey.²⁴ Respondents also identified factors that contributed to the increase, including a general rise in demand for patient care, RMOP travel to posts, and vacant RMOP positions (see table 2).

Table 2: Selected Factors That 12 RMOPs Identified as Contributing to Increased Workloads in Calendar Year 2022 and Number of Survey Responses That Identified Them

	Number of responses
Increased general demand for patient care	10
Increased demand for child/adolescent care	4
Increased number of family advocacy cases or school educational psychological assessments	3
Increased travel to posts after COVID-19 restrictions ended	2

²⁴We sent the survey in December 2022 to the RMOPs filling 17 of State’s 21 approved positions. (Of the remaining four positions, two were vacant and two had been recently filled, according to MED officials.) We asked the RMOPs to respond to questions about, among other things, changes in their workloads, time constraints, and service delivery See appendix I for more information about the survey.

	Number of responses
Vacant RMOP positions	2

Source: GAO analysis of GAO survey of Department of State regional medical officer/psychiatrists (RMOP). | GAO-24-106082

Note: Twelve of 16 RMOPs who responded to our survey reported an increased workload. Some identified more than one contributing factor.

One respondent to our RMOP survey reported having seen a marked increase in child and adolescent cases—largely related to anxiety and attention deficit issues—during the COVID-19 pandemic as well as an increase in COVID-19-related stress, anxiety, and depression in adults. Regarding the effect of vacant positions on workloads, another RMOP stated, “I cover 18 sites when not cross-covering part [of] or an entire other region. Almost the entire time I have been at my current post, another region...has been vacant, requiring my colleagues and me to cross-cover all or parts of it, raising the number of posts and, in turn, [of] people we support significantly.”

RMOPs Reported That Time Constraints Limited Service Delivery and Visits to Posts in 2022

Eight of 16 respondents to our survey of RMOPs indicated that time constraints limited their outreach or treatment service delivery in calendar year 2022. Five of these eight respondents noted that time constraints limited their delivery of nonclinical services. One respondent noted, “Clinical care always takes priority. Time constraints affect [other] job aspects [leaving] less time for developing newsletters, presentations, outreach, etc.” Three of the respondents noted that time constraints limited the frequency of treatment sessions or follow-up with patients. One RMOP stated, “[We] as individuals are expected to fill in for all the activities of the mental health system in the U.S. As a result, our group of...overseas providers, who cover on average 12 posts, is spread extremely thin.... With so many different roles, we face the inevitable tradeoffs between the quantity and quality of the services we deliver.”

Moreover, most respondents reported having visited posts in their regions infrequently in 2022. Nine of the 16 RMOPs who responded to our survey reported that they generally visited the posts in their regions once or twice in calendar year 2022; 13 RMOPs also reported that they did not visit some posts in their regions that year. According to MED officials, although RMOPs increasingly provide patient care virtually, visiting posts in their regions remains an important part of their responsibilities. RMOP activities at posts include—in addition to providing care for employees and their eligible family members—visiting schools, vetting local providers, meeting with post management, and addressing morale issues.

MED officials noted that RMOPs also use visits as an opportunity for outreach to educate the community at posts about the services they provide.

Examples of Foreign Service Member Comments about Access to RMOPs

“RMOP visits were too short, lacked follow-up and responsiveness, and do not occur often at post.”

“[RMOPs are] completely overwhelmed [and] unable to adequately provide even a minimum amount of service.”

“[The] RMOP was very responsive, listened to my issues, and restarted medication I'd previously been on. I'm very happy with the RMOP.”

“[The] RMOP was accessible and attentive to my needs.”

Source: GAO survey of Department of State Foreign Service members. | GAO-24-106082

One respondent to our RMOP survey noted that too much travel detracts from time available for virtual treatment appointments: “With such large geographic regions, it would significantly harm routine patient care in all other parts of the region if there is too much travel. Mental health treatment relies upon virtual telehealth, which is difficult to do...when visiting [other] locations.” Another RMOP stated, “In the wake of COVID, we now see many patients virtually...so the need for travel to post is less pressing. That said, travel to post remains important, because many people won't schedule an appointment with us unless they've met us in person. This remains a people business based on trust, which is difficult to develop virtually.”

Respondents to our survey of Foreign Service members commented on their access to RMOPs while serving overseas. Although some reported positive experiences in accessing mental health services from RMOPs, others stated that RMOPs were not always available for appointments.²⁵ Some respondents attributed RMOPs' limited availability to their heavy travel schedules and workloads and to vacant RMOP positions. In addition, some respondents identified the limited physical presence of RMOPs as a significant barrier and expressed a strong preference for in-

²⁵We conducted a survey of Foreign Service members in May 2023, inviting them to respond anonymously to questions about their experience in seeking or obtaining mental health services for themselves, their eligible family members, or both while serving at overseas posts in calendar years 2021 and 2022. We received 437 responses from respondents who identified themselves as Foreign Service members who had sought, considered seeking, or obtained mental health services while based overseas during calendar year 2021 or 2022.

person treatment rather than virtual sessions.²⁶ (See app. III for more information about the Foreign Service member survey responses.)

MED Is Taking Steps to Add More RMOPs and Expand Recruitment

MED is taking steps to increase the number of RMOPs and expand its efforts to fill vacancies. A MED official told us that the bureau is seeking additional RMOPs for subsequent fiscal years. The official stated that once additional RMOPs are in place, the bureau can realign its RMOP geographic regions to balance their workloads. According to Bureau of Budget and Planning officials, State intends to address mental health services capacity in future budget decisions.

According to officials, MED has encountered challenges such as the following when recruiting psychiatrists for RMOP positions:

- RMOPs generally earn less than psychiatrists in the private sector.
- RMOP applicants may be unavailable for immediate hire because of contractual requirements of their current positions.
- Some RMOPs join State at midcareer, which limits the number of years they can serve before reaching the mandatory retirement age of 65.

MED officials told us that they expanded RMOP recruitment efforts in 2023 to help fill vacancies. For example, to encourage more psychiatrists to consider joining State as RMOPs, MED officials told us that they have reduced the required years of postresidency experience from 5 years to 3 years and have increased their participation in recruitment events, including events at psychiatric residency programs. MED has also filled vacancies by hiring a retired RMOP as a reemployed annuitant and

²⁶Concerns expressed by respondents to our surveys of RMOPs and Foreign Service members about the availability of mental health services overseas are consistent with national trends reported by the U.S. Department of Health and Human Services (HHS). According to an HHS report published in March 2021, national data suggested that the mental health treatment system does not have the capacity to address treatment needs. See Ellen Bouchery, *ASPE Issue Brief: Mental Health Treatment Need and Treatment System Capacity* (Washington, D.C.: HHS Office of the Assistant Secretary for Planning and Evaluation, Office of Behavioral Health, Disability, and Aging Policy, March 2021).

obtaining waivers of the requirement to retire at 65, according to MED officials.²⁷

MED Reported Increased Use of ECS Mental Health Services and Plans to Hire Additional Social Workers

MED officials told us that ECS is experiencing high demand for, and increasing use of, its social workers' mental health services. According to the officials, this has increased ECS workloads and strained ECS's ability to keep up with demand. Officials also said that MED has heard complaints about long waits to see a social worker.²⁸ Some Foreign Service members who responded to our survey stated that making appointments with ECS took too long, although other respondents indicated that ECS responded quickly to appointment requests.

MED officials attributed the rising demand for ECS services to several issues, including the war in Ukraine, the COVID-19 pandemic, and a rise in mental health symptoms in children and families. According to MED officials, when ECS counselors travel on temporary duty status to support overseas staff in response to a crisis situation, their absence reduces ECS availability for call-in counselling services.²⁹

Examples of Foreign Service Member Comments on State's ECS

"ECS team took 2 weeks to respond to my initial outreach and then another 2 weeks to schedule a consultation with a provider."

"ECS had too many cases and not enough staff so they couldn't conduct more than one call with me."

"They were super responsive and incredibly helpful."

Source: GAO survey of Department of State Foreign Service members. | GAO-24-106082

According to MED officials, ECS has increased the number of licensed clinical social workers in recent years and MED has requested resources to hire additional social workers. Over the past 5 years, ECS has

²⁷According to State's Foreign Affairs Manual, if the Director General determines it to be in the public interest, a member of the Foreign Service who would be retired for age may be retained on active service for a period not to exceed 5 years. 3 FAM 6212b, "Mandatory Retirement for Age."

²⁸MED officials told us that ECS mental health providers try to respond to requests within 24 hours.

²⁹ECS social workers visited Poland, Lithuania, and Latvia to provide support at posts affected by the Russia-Ukraine War, according to MED officials.

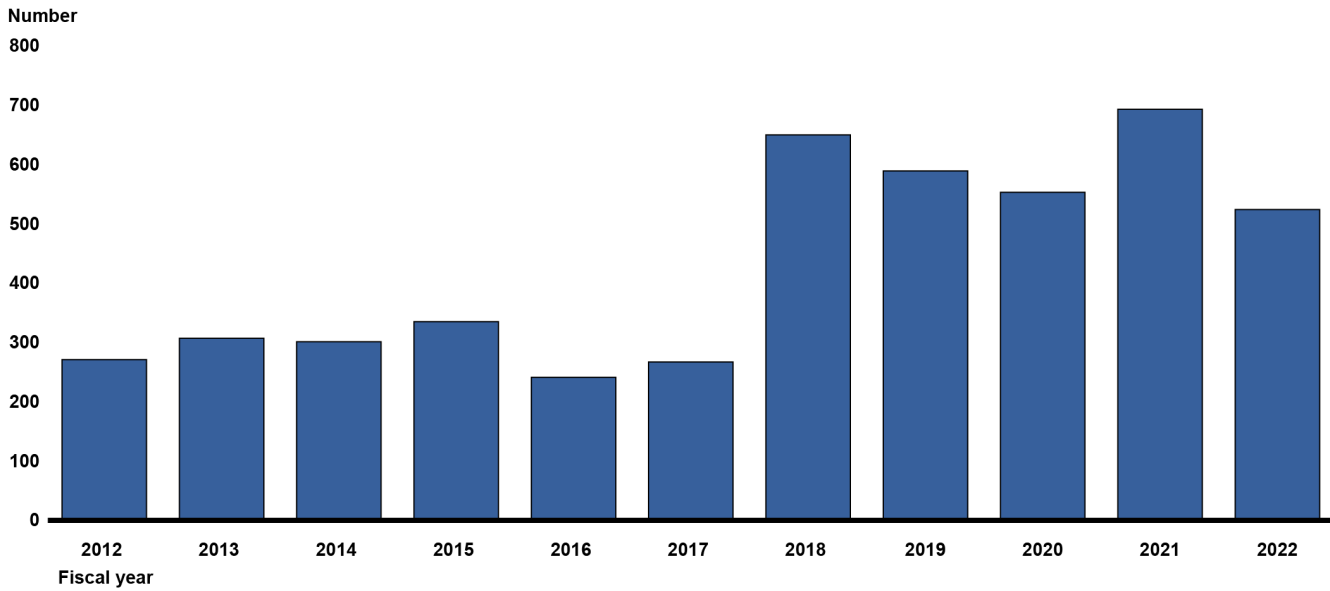
increased the number of social worker positions from eight to 14 in response to rising demand for mental health services, according to MED officials. In addition, a MED official told us that the bureau is seeking additional social workers to potentially serve in Washington, D.C., and at overseas posts.³⁰ The official noted that several overseas posts have expressed interest in having a social worker placed there.

USAID's Staff Care Program Reported Higher Demand for Counseling and Plans to Increase Resources

USAID's Staff Care program also reported a rise in requests for counseling services. As figure 4 shows, the number of Staff Care counseling cases per year more than doubled beginning in fiscal year 2018 and remained substantially higher through fiscal year 2022 than in fiscal years 2012 through 2017. USAID's Staff Care contractor reported that it handled an average of nearly 300 counseling cases per year in fiscal years 2012 through 2017 and an average of about 600 cases per year in fiscal years 2018 through 2022. A USAID official noted that the increased number of cases in fiscal years 2018 through 2022 coincided with an agency reorganization followed by the COVID-19 pandemic, both of which heightened stress for many employees.

³⁰These overseas social worker positions would be limited, noncareer appointments generally involving a 1-year assignment that could be renewed for up to 5 years, according to MED officials.

Figure 4: USAID Staff Care Counseling Cases, Fiscal Years 2012–2022



Source: U.S. Agency for International Development (USAID). | GAO-24-106082

Accessible data for Figure 4: USAID Staff Care Counseling Cases, Fiscal Years 2012–2022

Fiscal year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Number of counseling cases	271	307	301	335	241	267	650	589	553	693	524

Source: U.S. Agency for International Development (USAID). | GAO-24-106082

Staff Care counselors reported that employees raised the following issues during counseling sessions in fiscal year 2022 and that these issues have driven continued high demand for counseling services:

- Burnout and concerns about the effect of returning to the office and about personal and family well-being
- Chronic stress, anxiety, and strained relationships at work and home due to multiple and ongoing crises over the past 2 years that negatively affected work, home, and social life
- Grief and loss over the deaths of colleagues and family members due to the COVID-19 pandemic and other critical incidents
- Stress, anxiety, and uncertainty about world events, especially the war in Ukraine

USAID plans to increase resources for its Staff Care program, according to USAID officials. The officials told us that the current contract to operate

the program has been extended to the end of December 2023. The officials noted that the annual cost of this contract has averaged about \$5 million over 6 years.³¹ According to officials, as of August 2023, the agency was developing a procurement strategy for Staff Care programming that will go into effect on or around January 1, 2024.

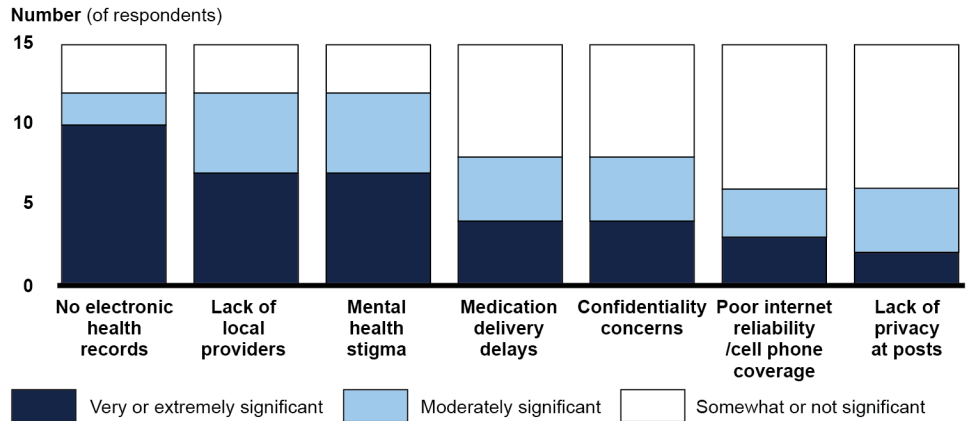
State Is Making Efforts to Address Multiple Challenges to Delivering and Obtaining Mental Health Services Overseas

Through our survey of State RMOPs and interviews with State officials, we identified several challenges related to the delivery of, and access to, State's mental health services for overseas personnel and their eligible family members. Figure 5 shows the 15 RMOP respondents' ratings of the significance of these challenges. RMOP survey respondents and agency officials also identified efforts that they are undertaking to address these challenges.³² Respondents to our survey of Foreign Service members identified many of the same challenges while also describing positive experiences in obtaining mental health services. (See app. III for more information about Foreign Service members' survey responses.)

³¹Services covered by the current contract include counseling as well as work-life support (e.g., legal and financial advice and child- and elder-care information), wellness services, and organizational resilience activities.

³²We received 15 responses to survey questions that asked respondents to rate the significance of challenges to delivering mental health services to overseas personnel and eligible family members and to identify steps taken to help address the challenges.

Figure 5: Significance of Challenges to Providing Mental Health Services to Employees and Families Posted Overseas as Reported by 15 RMOP Survey Respondents



Source: GAO survey of Department of State regional medical officer/psychiatrists (RMOP). | GAO-24-106082

Accessible Data for Figure 5: Significance of Challenges to Providing Mental Health Services to Employees and Families Posted Overseas as Reported by 15 RMOP Survey Respondents

	Electronic health records	Lack of local providers	Mental health stigma	Medication delivery delays	Confidentiality concerns	Internet reliability / cell phone coverage	Lack of privacy at posts
Very or Extremely Significant	10	7	7	4	4	3	2
Moderately Significant	2	5	5	4	4	3	4
Somewhat or Not Significant	3	3	3	7	7	9	9

Source: GAO survey of Department of State regional medical officer/psychiatrists (RMOP). | GAO-24-106082

Note: State had 21 RMOP positions based overseas as of August 2023. We sent the survey to 17 RMOPs in December 2022, because two of the 21 positions were vacant and two other positions had been filled very recently. Sixteen RMOPs responded to some or all of our survey questions. We received 15 responses to questions asking respondents to rate the significance of challenges to delivering mental health services to overseas personnel and eligible family members and to identify steps taken to help address the challenges.

No Electronic Health Record System

State lacks an electronic health record system. According to MED’s functional bureau strategy for fiscal years 2022 through 2026, such a system is needed to “deliver effective, efficient, and accountable health care services [and] enhance the security, portability, and interoperability of medical information with which MED is entrusted.” Ten of 15 respondents to our RMOP survey questions about challenges rated the

lack of an electronic health record system as a very or extremely significant challenge to providing mental health services. One respondent stated, “[Such a system] would help streamline my work and allow more time for clinical care and other duties.” Another commented that the lack of an electronic medical record system “is the single most frustrating aspect of overseas mental health care.”

In addition, a respondent to our survey of Foreign Service members noted that the lack of an electronic health record system had disrupted care. This respondent wrote, “It takes a lot of time to transfer records among providers, which leads to delay in starting care.... Given those constraints, health care staff did their best to keep things moving forward.”

Efforts to address challenge. State has been in the process of developing an electronic health record system for several years, according to MED officials. Officials told us in September 2023 that the bureau plans to deploy a medical provider portal in fiscal year 2024 to enable State medical and mental health providers to document patient visits including medical notes. The officials said that MED also expects to add a patient portal to fully deploy an electronic health record system by the end of fiscal year 2025.³³ According to MED officials, a need to pivot from procuring a commercial off-the-shelf product contributed to delays in deploying the system.³⁴

In the absence of an electronic health record system, State’s RMOPs have relied on copies of handwritten or typed medical notes, according to a MED official. Because both RMOPs and patients periodically rotate to new locations, outgoing RMOPs may leave their notes for their replacements or give the notes to patients to take to their new posts, according to the official. In addition, a MED official told us that MED began implementing a new patient-encounter tracking tool in July 2023 to collect basic information about patients’ visits to posts’ medical units, including the number of patients the RMOPs see, reasons for their visits,

³³According to the officials, MED anticipates that this system will enable State to provide proper routine preventative care and disease management worldwide at U.S. standards through the Medical Provider Portal. The officials said that the system will also enable data and information gathering and availability for analysis for improved patient care for medical and mental health and for developing and executing policy decisions based on relevant, timely data. Further, according to the officials, the system will support vendor-managed security, product control, software development lifecycle, and incentives to alleviate MED’s cloud hosting costs and administrative burden.

³⁴According to MED officials, after 3 years of technical issues, vendor, challenges, and an inability to meet program goals, MED decided to pivot from procuring an off-the-shelf product to procuring software that would be configurable to the department’s unique needs and be more sustainable and affordable.

diagnoses, and patient demographics. The MED official noted that the tool is less comprehensive than the new electronic health record system will be and that it does not replace the need for RMOPs to write and secure clinical notes.

Lack of Local Providers

Examples of Foreign Service Members' Comments about Telemedicine

"[It was] challenging to figure out whether telehealth services are covered under my insurance and, if so, which ones."

"The main issue is the time zone and trying to find someone who will see me outside of U.S. business hours."

"Telehealth has vastly improved my ability to receive quality care specific to my needs."

Source: GAO survey of Department of State Foreign Service members. | GAO-24-106082

According to MED officials, RMOPs can refer employees and eligible family members to vetted, local providers to help meet demand for mental health services. However, officials noted that posts in many less developed countries have few or no local English-speaking mental health providers. According to MED officials, as of August 2023, vetted, local mental health providers were not readily available at 24 percent of 274 posts worldwide that had a health unit.³⁵

Seven respondents to our survey of RMOPs rated the lack of local mental health providers at some posts as a very or extremely significant challenge. One respondent stated, "Local providers are critical [for meeting demand] where they are available." Another respondent stated, "In most posts in my region, mental health services don't exist."

Although several respondents to our survey of Foreign Service members characterized local providers as a key resource for accessing mental health care, a few others identified the lack of local providers who offered services in English as challenge to obtaining mental health services. Some respondents noted that the lack of local providers was particularly relevant for those seeking care for eligible family members younger than 18 years.

Efforts to address challenge. Twelve respondents to our RMOP survey noted that increased use of telemedicine or online correspondence with patients helped them to meet demand for mental health services. One

³⁵According to a MED official, RMOPs' vetting of local providers involves reviewing their credentials and meeting with them to assess their English language skills—which must be excellent—and to check the physical environment of their office.

RMOP stated, “Online services make a great difference and [there has been] a broadening [of] their scope and reach since COVID.” A MED official noted that relaxed rules regarding the use of virtual meeting platforms during the COVID lockdown precipitated the expanded use of telemedicine to help meet demand for mental health services.

Many respondents to our survey of Foreign Service members reported positive experiences in seeking mental health services through telemedicine. However, others highlighted challenges related to telemedicine, such as insurance coverage limitations, time zone differences, long waits for appointments, and a preference for in-person visits.

Stigma Associated with Mental Health Conditions or Treatment

Examples of Foreign Service Members’ Comments about Stigma of Mental Health Treatment

“[There is] a massive stigma in the State Department against seeking mental health services... Mental health care IS health care, and we should be encouraged to seek support given the extremely stressful natures of our jobs.”

“I refuse to get a diagnosis for another mental health condition because I know it will affect my security and medical clearance... My [current] assignment was almost broken due to a non-mental health professional overriding the RMOP’s assessment of my mental health.”

Source: GAO survey of Department of State Foreign Service members. | GAO-24-106082

State officials told us that perceived stigma associated with mental health conditions or treatment persists among State employees, despite efforts to dispel it, and may limit their willingness to seek needed services. Many employees fear that receiving mental health treatment will be viewed negatively in the department and could affect their ability to obtain a security or medical clearance.

Seven respondents to our RMOP survey rated this stigma as a very or extremely significant challenge to providing mental health services. One RMOP commented, “I never have a shortage of patients. But so many more could get help—people that often go on to develop chronic alcoholism and post-traumatic stress disorder—if [this stigma] were better addressed.”

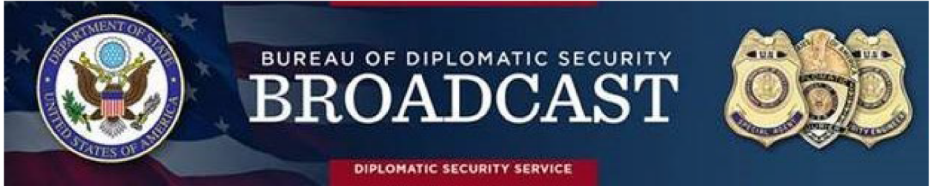
Several respondents to our survey of Foreign Service members also expressed a belief that seeking mental health services could negatively affect their ability to obtain security and medical clearances.

Efforts to address challenge. Although State and USAID officials acknowledged that stigma associated with mental health conditions or treatment is a persistent challenge, they described several efforts they had undertaken to help dispel it. For example, six respondents to our RMOP survey said that they had conducted outreach and education for employees to help dispel the stigma associated with mental health conditions or treatment. In addition, ECS officials told us that they had used surveys, monthly presentations, and notices to educate employees regarding this stigma. The officials also noted that in every interaction, ECS counselors remind employees that the services they provide are confidential and are not reportable on the security clearance application or the medical clearance review.

Officials of DS, which is responsible for vetting State employees for security clearances, told us that they engage in frequent outreach and education efforts throughout the department to remind State employees that receiving mental health treatment does not affect their eligibility for a security clearance. According to the officials, these events include briefings and town halls. In addition, in October 2020, April 2022, and May 2023, DS issued a department-wide notice encouraging employees to seek mental health care and reminding them that doing so would not affect their security clearance (see fig. 6 and app. IV). Further, a DS official told us that the bureau offers a peer support group to encourage DS employees and eligible family members to seek needed mental health services and to help dispel any associated stigma.³⁶

³⁶According to a DS official, the bureau's peer support group has trained more than 800 DS Employees from every directorate. The peer support group is available to all DS employees and eligible family members for peer counseling and referrals to medical professionals, if appropriate, 24 hours per day, 7 days per week. According to a DS official, the peer support group is confidential except in the following scenarios: (1) an individual indicates a potential to self-harm or to harm others, (2) an individual committed or is about to commit a crime, or (3) an individual goes against department regulations.

Figure 6: Excerpt from Department of State Notice on Mental Health and Security Clearances



Originating Office: DS/SI/PSS
Date: 4/20/2022
Subject: Mental Health and Security Clearances – Receiving Mental Health Treatment is Encouraged
Distribution: DS DC Area; DS Non-DC Area; DS Overseas

Department Notice #95148, dated, April 20, 2022, is listed below for your reference.

Mental Health and Security Clearances – Receiving Mental Health Treatment is Encouraged

Legend: Diplomatic Security/Directorate of the Senior Coordinator for Security Infrastructure/Office of Personnel Security and Suitability = DS/SI/PSS.

Source: Department of State, Bureau of Diplomatic Security (DS). | GAO-24-106082

Note: According to DS officials, this department notice was sent throughout the State Department.

According to USAID officials, to address stigma related to mental health and make increase USAID employees’ comfort with seeking support, USAID’s Staff Care Center clinicians emphasize the confidential nature of their services to employees during training events and before employees are assigned to overseas posts. USAID officials said that Staff Care clinicians and facilitators also remind employees and family members that seeking counseling does not affect a staff member’s security clearance. In addition, clinicians and facilitators openly encourage conversations about stigma to both discuss the challenges and brainstorm solutions, according to USAID officials.

Medication Delivery Delays

Examples of Foreign Service Members’ Comments about Medication Delivery

“Because reliable and safe medication is not available locally and the health unit does not stock many medications, I had to order medication through a mail pharmacy in the U.S. As this is a diplomatic pouch-only post with limited flights in and out, it took over a month to receive my medication.”

“[It was] easy to transfer my prescription to [a mail order pharmacy] for delivery to post.”

Source: GAO survey of Department of State Foreign Service members. | GAO-24-106082

State officials noted that in some countries, certain prescription medications for mental health conditions are unavailable locally and must be shipped from the U.S. This can delay their availability for overseas personnel or their eligible family members. Four respondents to our survey of RMOPs rated the limited availability or delayed receipt of medications as a very to extremely significant challenge to their ability to provide mental health services. One RMOP commented that delivery can be delayed by “sometimes painfully slow and challenged mail services.” Some respondents to our survey of Foreign Service members also identified obtaining medications overseas as a challenge.

Efforts to address challenge. Four respondents to our RMOP survey stated that to address the challenge of possible delays in obtaining medications, they encourage patients to order their medications early enough to compensate for potentially long delivery times. Four respondents stated that they try to ensure the post’s health unit maintains adequate supplies of prescription medications.

RMOP Confidentiality Concerns

Examples of Foreign Service Members’ Comments about RMOP Confidentiality Concerns

“[A management officer] was asking the RMOP for updates/reports regarding my mental health, [which] negatively impacted my relationship with the RMOP.”

“[The] RMOP was very available, had already established a strong trust relationship, and was both an excellent health service provider and realistic about what [the RMOP] could provide.”

Source: GAO survey of Department of State Foreign Service members. | GAO-24-106082

State officials and survey respondents reported that concerns about the confidentiality of RMOP treatment inhibit some employees from seeking treatment. RMOPs are responsible for providing mental health care to employees but also for discussing employee morale or behavior issues with post management, according to MED officials. The officials said that this dual role can create concern about confidentiality and reluctance to seek needed treatment. Four respondents to our survey of RMOPs rated their dual role as a very or extremely significant challenge. One RMOP in our survey commented, “There have been emails/cables explaining the protection of information and I have had some people not accept those are true.”

Several respondents to our survey of Foreign Service members indicated that a lack of trust had prevented them from reaching out to RMOPs, and several others expressed concern about how visits with RMOPs would affect their ability to obtain security or medical clearances. On the other

hand, several Foreign Service members in our survey reported positive experiences in seeking care from RMOPs and expressed no concerns about their dual role.

Efforts to address challenge. Eight respondents to our RMOP survey noted that they attempted to allay concerns about confidentiality by discussing confidentiality and their roles with patients or providing community education. One RMOP commented that concern about confidentiality “is always going to be there [and therefore] requires good boundary setting.”

Poor Internet Reliability or Cell Phone Coverage

Examples of Foreign Service Members’ Comments about Unreliability of Internet and Cell Phones

“Telemedicine therapy is great as long as there is proper bandwidth.”

“Lack of reliable infrastructure to support telehealth [including] unreliable electricity (e.g., rolling blackouts), poor internet connection, [and] inability to continue a phone call outside of post longer than ten minutes without losing [the] signal.”

Source: GAO survey of Department of State Foreign Service members. | GAO-24-106082

According to State officials, remote posts often have poor internet or cell phone coverage, making it difficult for employees and RMOPs to conduct virtual appointments. Three RMOPs in our survey rated the limited internet reliability or limited cell phone coverage at posts as a very or extremely significant challenge to their ability to provide mental health services. One RMOP stated, “This is a problem in most embassies. We need [wireless] and cell reception in the basements they put us in.” Some respondents to our survey of Foreign Service members also indicated that poor internet or cell coverage was a challenge to receiving treatment virtually.

Efforts to address challenge. A MED official told us that RMOPs may encourage their patients to use a post landline phone to connect to their appointments if internet connectivity or cell phone reception is poor. However, this option limits patients’ ability to receive treatment in the privacy of their home or another location during nonwork hours.

Lack of Privacy at Posts

Examples of Foreign Service Members' Comments about Lack of Privacy

"No private space available to have a consult. Even in the health unit, people see and hear you talking."

"The medical office at post [is] not helpful and is gossipy--this is a small post and I did not want my child's mental health business spread around the community."

Source: GAO survey of Department of State Foreign Service members. | GAO-24-106082

Respondents to our RMOP and Foreign Service member surveys report that lack of privacy at posts may deter employees from seeking mental health treatment. Two respondents in our survey of RMOPs rated the lack of privacy at posts as a very or extremely significant challenge. One RMOP commented, "Some people don't care who knows or find privacy measures sufficient; others have said they won't come to an office appointment; privacy...varies depending on post configuration too." Moreover, patients' coworkers at posts, including supervisors who may be responsible for patients' performance reviews, often are also their neighbors and friends, according to a State official. Some respondents to our survey of Foreign Service members also noted that the lack of privacy at posts was a concern that limited their willingness to seek services.

Efforts to address challenge. One respondent to our RMOP survey suggested possible solutions to privacy concerns at posts, including telehealth, a dedicated receptionist for the psychiatrist, an after-hours clinic, or an office with a separate entrance. Another RMOP observed that offering to see patients in settings that are more secure than the post's health unit could help address privacy concerns. A third RMOP stated, "There are so many ways to address this that just depend on the post. A good management officer always figures this out with the health unit."

State Does Not Collect Ongoing Feedback to Learn Whether All of Its Mental Health Services Meet Overseas Employees' Needs

MED uses several mechanisms to collect Foreign Service members' feedback on some of its mental health services. In addition, USAID's Staff Care conducts client surveys to collect ongoing feedback about the

mental health services it provides.³⁷ However, MED does not collect ongoing feedback about the entire range of services it offers to determine whether they are meeting the needs of employees and eligible family members based overseas. *Standards for Internal Control in the Federal Government* states that ongoing monitoring should be built into an entity's operations, performed continually, and responsive to change.³⁸

MED's efforts to collect feedback on its mental health services have included the following:

One-time employee surveys on mental health services. MED conducted two employee surveys in 2023 to identify concerns about State's mental health services. However, these surveys were not part of an effort to conduct ongoing monitoring of mental health services and instead were one-time efforts.

- In May 2023, MED circulated a survey of U.S. direct-hire employees at overseas posts and their eligible family members. The survey asked them to identify their greatest concerns about State's mental health services, such as access to in-person or virtual therapy and medication management for children and teens. The accompanying message, from State's Undersecretary for Management, stated, "The survey will help to inform MED's decision making as it looks to make additional investments in mental health programming...by demonstrating where there are gaps in services and additional investments are required to meet the needs of our community."³⁹ According to a MED official, MED had not completed its analysis of the survey results as of June 2023.
- In February 2023, according to MED officials, the bureau coordinated with the American Foreign Service Association to survey Foreign Service members to solicit feedback on their concerns about access to mental health resources while serving overseas. The purpose of this survey was to prepare for a "global town hall" on State's mental health services, which MED held in July 2023 with overseas

³⁷According to USAID, Staff Care offers a brief survey to all clients, asking for feedback on whether the services provided were useful and met their needs, how the presenter engaged and shared the content, and whether the client would like Staff Care to offer other services.

³⁸[GAO-14-704G](#).

³⁹According to a MED official, MED conducted the survey to inform its use of an additional \$6 million that it requested in the fiscal year 2024 budget to sustain expanded mental health services.

personnel.⁴⁰ According to MED officials, survey respondents commonly expressed concerns about accessibility to services, availability of providers for eligible family members, privacy, and clearances, among other things.

Online feedback platform. Since April 2022, MED’s intranet site has included a platform where employees can offer feedback on their experiences with MED’s services. The platform asks respondents to identify which MED services they are reviewing, whether the services met their expectations, what went well, and what could be improved. However, this platform is not specific to mental health services and has been used infrequently. According to a MED official, as of July 2023, 378 comments related to medical care had been posted on the platform, 25 of which related to mental health services.

Analysis of International Cooperative Administrative Support Services (ICASS) survey responses. In May 2023, MED analyzed employees’ comments related to mental health services in their responses to the 2023 ICASS survey.⁴¹ MED’s analysis found that comments about mental health accounted for 3.5 percent of all commentary related to health care. However, although the ICASS survey is conducted annually, its usefulness as a tool for monitoring mental health services may be limited: The survey asks only one question about health care services in general and asks no questions about mental health services specifically, although respondents have the option of adding written comments. In addition, a State official responsible for the ICASS survey told us that employee concerns about confidentiality on a sensitive topic such as mental health would limit the survey’s usefulness for ongoing monitoring of mental health services.

ECS surveys on topics of interest and counseling services. MED officials told us that ECS conducts an employee survey every 2-and-a-half years to identify topics of interest for workshops ECS offers

⁴⁰MED’s survey of Foreign Service members to inform its July 2023 town hall included this question: “What are your priority concerns/questions regarding access to mental health resources in the Foreign Service while serving overseas?” MED received over 900 responses to the survey, according to MED officials.

⁴¹Federal agencies use the ICASS system to manage and pay for shared administrative services at U.S. embassies and consulates abroad. The ICASS Service Center conducts a customer feedback survey of American diplomats, locally employed foreign national staff, and family members at 240 embassies and consulates around the world, asking about their experiences with ICASS services, to guide problem solving or process improvement. According to an ICASS Service Center official, the Service Center shares the results of the survey with each overseas post and multiple State offices in Washington, D.C.

employees. In 2020, ECS reported that the top five results were managing conflict in the workplace, managing stress in the workplace, tools to prevent burnout, managing individual stress, and managing anxiety. ECS also surveys those who obtain ECS services, to assess their level of satisfaction. This survey includes questions about how long clients waited to be contacted by ECS after requesting an appointment, how satisfactory they found the overall experience, and how ECS can improve its services.

Informal feedback from recipients of mental health services. While there is no formal, ongoing mechanism for receiving feedback on the quality or availability of RMOP mental health services, nine of 16 respondents to our RMOP survey reported that they may receive informal feedback on service delivery from patients, post management, and MED. However, one RMOP respondent stated, “There should be a mechanism for patients to provide feedback anonymously.” A MED official noted that ECS’s client satisfaction survey could be a model to consider using as a more systematic means of obtaining regular feedback from RMOPs’ patients regarding the services MED provides.

Although MED collects feedback about its ECS services and has undertaken other efforts to obtain employee feedback, it does not collect ongoing feedback about all of its mental health services to employees and eligible family members based overseas. Specifically, none of MED’s efforts provides ongoing feedback about RMOP services. Moreover, MED’s recent employee surveys were one-time efforts, and the employee feedback platform and ICASS survey are not specific to mental health services. Collecting ongoing feedback about all of its mental health services provided to overseas employees and their eligible family members would provide State with information it needs to determine whether these services are meeting the recipients’ mental health needs. Further, MED’s functional bureau strategy for fiscal years 2022 through 2026 highlights the importance of accessibility to mental health resources for the morale and confidence of the diplomatic community.

Conclusions

U.S. employees and their families overseas often live and work in extremely stressful environments, with limited or no access to local mental health services. The services of State’s and USAID’s mental health providers are essential to help sustain employees’ morale, confidence, and ability to achieve U.S. interests overseas. Yet these providers face increased workloads amid growing demand, and providers

and Foreign Service members identified a number of challenges in delivering or accessing services.

MED has recently undertaken several meaningful efforts to collect feedback on its mental health services, including a May 2023 survey of Foreign Service members and eligible family members regarding their access to services. However, these efforts do not provide ongoing feedback about all of State's mental health services, including RMOP services, provided to employees and family members based overseas. Such feedback would provide State and Congress with information they need to determine whether these services are meeting the recipients' mental health needs. This information would also help State ensure that personnel overseas maintain their capacity to protect and promote U.S. interests abroad.

Recommendation for Executive Action

The Secretary of State should ensure that the Bureau of Medical Services' Chief Medical Officer collects ongoing feedback from overseas recipients of all State mental health services to determine whether these services are meeting their needs. (Recommendation 1)

Agency Comments

We provided a draft of this report to State and USAID for their review. Both agencies provided comments that we have reproduced in appendixes V and VI, respectively. In its comments, State concurred with our recommendation. State and USAID also provided technical comments that we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Secretary of State, the Administrator of USAID, and other interested parties. In addition, the report is available at no charge on the GAO website at <https://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7279 or elhodirin@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix VII.

Letter

A handwritten signature in black ink, appearing to read "Nagla'a El-Hodiri". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Nagla'a El-Hodiri
Acting Director, International Affairs and Trade

Appendix I: Objectives, Scope, and Methodology

This report (1) describes processes that the Department of State uses to identify any relevant mental health concerns before assigning employees to overseas posts, (2) examines reported factors affecting workloads of State and U.S. Agency for International Development (USAID) providers of mental health services for employees and eligible family members based overseas, (3) identifies reported challenges associated with delivering or obtaining these mental health services as well as efforts State has undertaken to address these challenges, and (4) evaluates State's monitoring of mental health services to help ensure that it is meeting the needs of employees and their eligible family members during overseas assignments.

To describe State's processes for identifying relevant mental health concerns, we reviewed agency guidance and interviewed State and USAID officials.

- **Security clearance process.** We reviewed *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position*,¹ *Standard Form 86: Questionnaire for National Security Positions*,² and *State's Foreign Affairs Manual*.³ We reviewed the number of security clearance applications that State's Bureau of Diplomatic Security (DS) processed and the number that DS referred to State's Bureau of Medical Services (MED) for additional review regarding mental health issues identified in DS's initial review. We reviewed with DS officials the bureau's methods of collecting and verifying these data, and we determined the data to be reliable for the purposes of this report.

¹These guidelines were effective as of June 8, 2017, and were published by the Office of the Director of National Intelligence as an appendix to Security Executive Agent Directive 4. The directive establishes the single, common adjudicative criteria for all covered individuals who require initial or continued eligibility for access to classified information or eligibility to hold a sensitive position. The directive applies to any executive branch agency authorized or designated to conduct eligibility adjudications of these individuals.

²Office of Personnel Management, *Standard Form 86: Questionnaire for National Security Positions*, OMB No. 3206 005, rev. Nov 2016.

³12 FAM 230.

- **Medical clearance process.** We reviewed a March 2023 class-action court settlement in which State agreed to certain changes to its medical clearance requirements for career Foreign Service applicants.⁴ In addition, we interviewed MED officials regarding State's medical clearance policy.

To examine reported factors affecting workloads of State and USAID mental health providers and to identify reported challenges associated with delivering or obtaining these services overseas as well as efforts agencies have undertaken to address these challenges, we interviewed officials from MED, including Mental Health Programs and Employee Consultation Services (ECS) and USAID's Staff Care program. We also interviewed representatives of the American Foreign Service Association and USAID's implementing partner for mental health services to USAID employees.⁵ In addition, we reviewed agency documents, including MED's Functional Bureau Strategy for fiscal years 2022 through 2026; MED's Mental Health Programs' management review presentation for fiscal year 2022; and annual reports for fiscal years 2021 and 2022 prepared by USAID's implementing partner responsible for the Staff Care program.

Further, we surveyed State's regional medical officer/psychiatrists (RMOP) based overseas regarding their experiences as providers of mental health services for State and USAID employees and eligible family members based overseas. We also sent an anonymous survey to Foreign Service members regarding their experiences as consumers of these services.

RMOP survey. Our web-based survey of RMOPs included open-ended questions about how and why their workloads changed in calendar 2022 and whether they had enough time to carry out all of their responsibilities, such as patient care, family advocacy, travel to posts, and efforts to address employee morale issues. The survey asked respondents to rate, on a 5-point scale, the significance of various challenges to providing mental health services overseas and identify efforts to address the challenges. To develop the survey, we first developed a draft survey instrument and shared a version with a MED official who had recently served as an RMOP overseas. We made adjustments based on his feedback.

⁴See *Meyer, et al. v. U.S. Department of State*, EEOC No. 531-2015-00092X.

⁵The American Foreign Service Association is both a professional association and an exclusive representative for the U.S. Foreign Service, according to the organization's website.

As of December 2022, when we sent the survey, State had 21 RMOP positions based overseas. Of these 21 positions, two were vacant and two others had been recently filled; therefore, we sent the survey to 17 RMOPs. Sixteen of the 17 RMOPs we surveyed responded to all or most of the survey questions.

Foreign Service survey. We worked with State to survey Foreign Service members who had sought, considered seeking, or obtained mental health services while based overseas during calendar year 2021 or 2022. Our anonymous survey was designed to capture their views and experiences for illustrative purposes. The survey results are not generalizable, because the number of Foreign Service members who received mental health services while overseas is not known. The survey asked open-ended questions about what had worked well and what had not worked well in their or family members' experiences obtaining mental health services while based overseas. The survey also included several closed-ended questions—for example, asking respondents to identify the agencies where they worked and the type of mental health provider from whom they obtained services.

We received 437 responses from Foreign Service members confirming that they or eligible family members had sought, considered seeking, or obtained mental health services while based overseas during calendar year 2021 or 2022. We had invited all Foreign Service members who met those criteria to respond. We excluded responses from Foreign Service members who had not considered obtaining mental health care. Respondents could be employees of several U.S. government agencies who were posted overseas.⁶

To develop our Foreign Service survey instrument, we interviewed State officials about the mental health services available to overseas personnel and their eligible family members, prepared an initial set of questions, and obtained input on the questions from MED officials and representatives of the American Foreign Service Association. We incorporated their suggestions as appropriate to refine the questions. To distribute the survey, State sent a cable to all diplomatic and consular posts with a link to the survey on a website we managed. To ensure confidentiality, the

⁶According to American Foreign Service Association officials, Foreign Service members are employed at overseas posts by several agencies, including the Departments of State, Agriculture, and Commerce; USAID; and the U.S. Agency for Global Media. Of the 437 respondents whose responses we analyzed, 87 percent were State employees, 6 percent were USAID employees, and 7 percent were employees of other agencies or declined to identify their agency.

cable noted that respondents' participation was voluntary and anonymous.

We analyzed responses to our surveys of RMOPs and Foreign Service members to create categories of common responses to the surveys' open-ended questions and to present excerpts of these responses throughout this report. Our thematic analysis of open-ended responses for both surveys followed the same process. First, two analysts reviewed all responses to create thematic codes. Using this list, an analyst then coded all responses, assigning multiple codes to responses that addressed multiple themes. Next, a second analyst recorded agreement or disagreement with the first analyst's coding decisions. The two analysts reconciled any differences and requested a third coder's judgement as needed. In addition to identifying common themes in open-ended responses, we identified excerpts of respondents' written comments to present in our report. Findings from our survey of Foreign Service members are not generalizable to all Foreign Service members or family members who sought, considered seeking, or obtained mental health services.

To evaluate State's monitoring of its mental health services to ensure they are meeting the needs of employees and eligible family members based overseas, we interviewed State and USAID officials as well as representatives of the contractor that provides mental health services to USAID employees. We also reviewed recent MED surveys, conducted in 2023, of State employees and eligible family members regarding mental health services.⁷ In addition we reviewed MED's 2023 analysis of employees' comments related to mental health services in response to open-ended questions in the International Cooperative Administrative Support Services survey. Further, we reviewed a survey of recipients of MED's ECS services that ECS conducted to assess their level of satisfaction. Finally, we reviewed an online platform where employees can offer feedback on their experiences with MED's services.

We evaluated State's monitoring efforts on the basis of Principle 16—“Perform Monitoring Activities”—of *Standards for Internal Control in the Federal Government*, after determining that this principle was relevant to

⁷According to MED officials, these surveys included (1) a May 2023 survey of all employees and eligible family members and (2) a February 2023 survey of Foreign Service members, which MED conducted in coordination with the American Foreign Service Association.

our evaluation.⁸ According to attribute 16.04, “Management monitors the internal control system through ongoing monitoring and separate evaluations. Ongoing monitoring is built into the entity’s operations, performed continually, and responsive to change.”

We conducted this performance audit from June 2022 to October 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁸GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: September 2014).

Appendix II: State and USAID Resilience Training for Employees Overseas

The Department of State and the U.S. Agency for International Development (USAID) provide a variety of resilience courses, training, and webinars before, during, and after employees' overseas postings to help them cope with the mental health stresses of serving overseas.¹

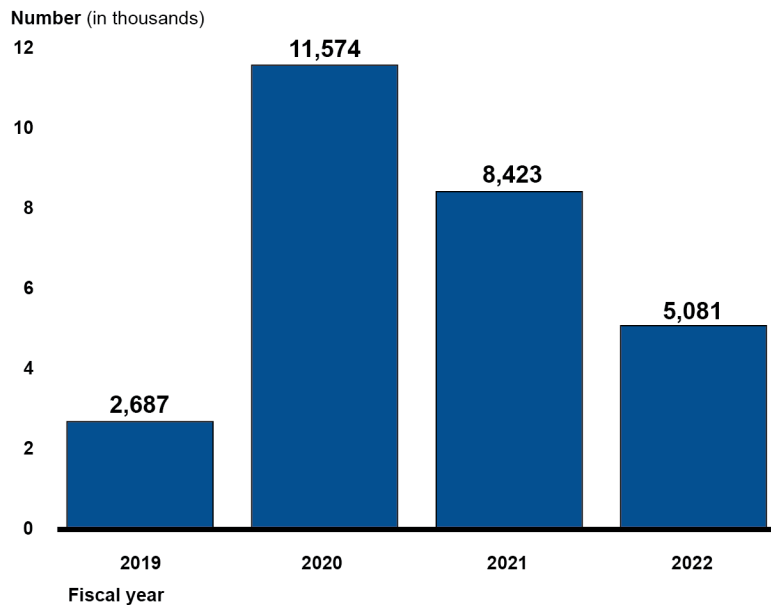
State

State employees can access resilience training through the Foreign Service Institute's Center for Excellence in Foreign Affairs Resilience (CEFAR). CEFAR offers a variety of classes covering resilience concepts such as strategies and tools to help manage stress and uncertainty, build family and personal resilience, foster resilience in children, and build trust and resilience in teams.

CEFAR data for fiscal years 2019 through 2022 show that resilience training attendance rose sharply in the year of the COVID-19 pandemic's onset, from 2,687 attendees in 2019 to 11,574 in 2020. As figure 7 shows, attendance dropped in 2021 and 2022 but remained higher than it was before the pandemic. According to a CEFAR representative, the increased attendance in 2020 reflected the initial destabilization due to the pandemic. A CEFAR official reported resuming in-person resilience training sessions as the demand for virtual engagements diminished.

¹According to State's website, resilience is the capacity to adapt successfully to risk and adversity as well as the ability to bounce back and move forward from setbacks, high-stress, crisis, and trauma.

Figure 7: Number of Participants in State Department CEFAR Resilience Training, Fiscal Years 2019–2022



Source: Data from the Department of State's Center for Excellence in Foreign Affairs Resilience (CEFAR). | GAO-24-106082

Note: According to State's website, resilience is the capacity to adapt successfully to risk and adversity, and the ability to bounce back and move forward from setbacks, high stress crisis and trauma.

In the past, CEFAR has sought evaluations of its resilience training by emailing evaluation forms to participants after they completed a course. However, a CEFAR official noted that the course evaluation response has been quite low. To counter this, CEFAR plans to distribute the forms immediately after the course and conduct a series of focus groups, according to the official.

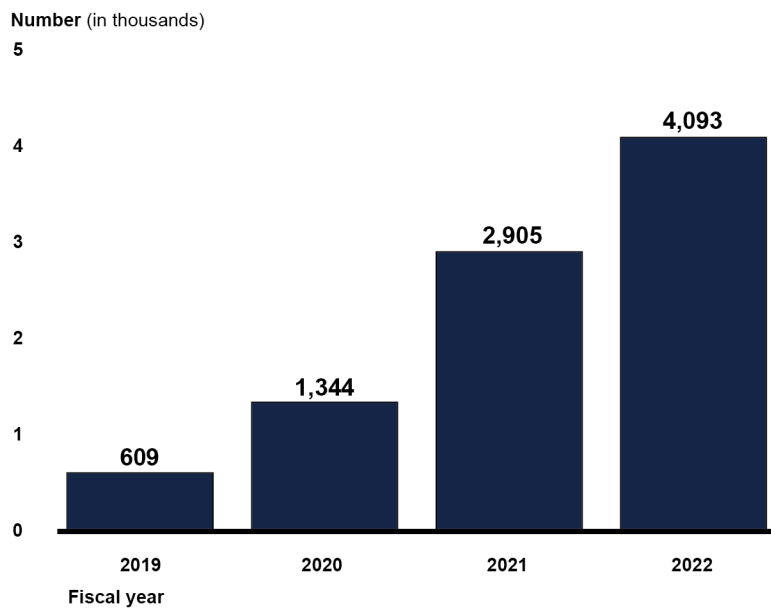
USAID

USAID Staff Care offers a variety of courses to strengthen resilience, addressing topics such as dealing with stress, strengthening resilience skills, maintaining resilience through grief, navigating change through transition, and managing stress in high-threat posts. Staff Care also offers "organizational resilience" support, which includes instruction on team

building and effectiveness, conflict resolution, change management, leadership effectiveness, and communication.²

Data provided by the contractor that operates Staff Care show that participation in its resilience training began rising after the COVID-19 pandemic began. As figure 8 shows, the number of participants rose from 609 in 2019 to 4,093 in 2022—an increase of nearly 600 percent. Contractor officials attributed the increased participation to the fact that USAID offered additional trainings in response to the COVID-19 pandemic.

Figure 8: Number of Participants in USAID Staff Care Resilience Training, Fiscal Years 2019–2022



Source: Data from U.S. Agency for International Development (USAID) Staff Care. | GAO-24-106082

A Staff Care representative told us that Staff Care surveys resilience training participants immediately after trainings conclude. According to the representative, Staff Care typically presents a QR code linked to the survey during in-person sessions, posts the survey in the meeting “chat box” at the end of virtual sessions, or emails the survey to participants after in-person or virtual sessions. A representative from Staff Care reported that Staff Care evaluates the appropriateness and feasibility of

²According to USAID officials, participation in all of Staff Care’s services is voluntary and employees face no consequences for not participating in the offerings designed to support staff’s well-being.

**Appendix II: State and USAID Resilience
Training for Employees Overseas**

each suggestion on a case-by-case basis and implements the suggestion whenever possible.

Appendix III: Aspects of Mental Health Services That Foreign Service Survey Respondents Identified as Positive or Negative

Respondents to our survey of Foreign Service members commented on their positive and negative experiences in obtaining mental health care while based overseas. Tables 3 and 4 show aspects of mental health services that the survey respondents reported worked well or did not work well.¹

Table 3: Aspects of Mental Health Services That Foreign Service Survey Respondents Identified as Having Worked Well, Listed in Order from Most to Least Frequently Reported

Frequency rank	Aspects that worked well	Example quotes
1	Virtual access	I appreciated a telehealth call with the RMOP to obtain a new prescription for a medication that [the mail order pharmacy] was pushing back on fulfilling from my doctor in the U.S. I started during my previous (first) post. It's been good doing telemedicine so I could maintain the same therapist throughout those major transitions and that I didn't need to reexplain my situation. Much appreciated that [the Foreign Service Benefit Plan] maintained their high coverage of telemedicine while posted overseas.
2	RMOP availability	Visits from the [RMOP] are well publicized and easy to make an appointment. It's essential that they visit Post; otherwise, I would not have sought out services or known about what services were available. The RMOP was very responsive and supportive in making recommendations for next steps.
3	Local private provider availability	I am very satisfied with the local therapist USAID Staff Care arranged for me. We are lucky to be stationed in an English-speaking country in which high-quality medical care is available for those who can pay for it.... Our Health Unit was able to provide a few names of private counselors in our local community.
4	Other provider availability	[I was] able to schedule a checkup with longtime private medical provider in former state of domicile with little delay. We also lucked into a fabulous educational psychology practice... that was able to help our children with counseling and coaching when needed and when the State Department didn't have anything to offer us.

Appendix III: Aspects of Mental Health Services That Foreign Service Survey Respondents Identified as Positive or Negative

Frequency rank	Aspects that worked well	Example quotes
5	ECS availability	Given my time zone, I was happy that ECS was available at a time inconvenient to them, but good for me.
6	RMOP quality	The RMOP visits with one-on-one time slots... helped initiate the process and start to develop a roadmap for our family. The Health Unit was very accommodating in scheduling appointments, and both RMOPs were professional and helpful.
7 (tie)	Post health unit quality	Overall, the [MED unit] at post is very supportive of my care and willing and able to coordinate with my mental health [care] providers in Washington, D.C.
7 (tie)	Preexisting care relationship	It's been good doing telemedicine so I could maintain the same therapist throughout those major transitions and that I didn't need to re-explain my situation.
9	Other provider quality	Incredible support during an extremely difficult personal time coupled with an intensive workload.
10	Insurance coverage of telehealth	I can easily access a private mental health provider in the USA and my insurance paid a good portion of the cost.
11	ECS quality	I was able eventually to get high-quality assistance through ECS, which employs talented, sensitive, experienced counselors.
12	Insurance coverage of medication	It was easy to schedule a [virtual] meeting with the RMOP, and easy to transfer my prescription to [mail order pharmacy] for delivery to post.
13	Word-of-mouth referral	Advice from school counselor. RMOP was available and helpful.

Appendix III: Aspects of Mental Health Services That Foreign Service Survey Respondents Identified as Positive or Negative

Legend: RMOP = regional medical officer/psychiatrist, ECS = Employee Consultation Services, MED = Department of State Bureau of Medical Services, USAID = U.S. Agency for International Development.

Source: GAO analysis of GAO survey of Foreign Service Members. | GAO-24-106082

Note: Frequency rank indicates the most to least frequently reported aspects. Findings from our survey of Foreign Service members are illustrative and are not generalizable to all Foreign Service members or family members who sought, considered seeking, or obtained mental health services.

Table 4: Aspects of Mental Health Services That Foreign Service Survey Respondents Identified as Not Having Worked Well, Listed in Order from Most to Least Frequently Reported

Frequency rank	Aspects that did not work well	Example quotes
1	RMOP or post health unit availability	The ratio of RMOP to patients is completely unrealistic. I reached out to the RMOP and was told the first appointment available was over a month away. That seems excessive.
2	Virtual access	There are...few options for talk therapy at Post. [RMOPs] offer video sessions, but talk therapy is difficult and uncomfortable enough in-person—it is nearly impossible online. There is also a serious concern about confidentiality online, especially in host-countries with tight control over the internet and a critical counterintelligence threat. Being at a post with unreliable internet made telemedicine difficult as the connection would drop out several times during sessions some days.
3	RMOP or post health unit quality	The virtual session with another RMOP for my [child] did not work well. The provider was late to the appointment, [was not] very engaging with my [child], just gave some very basic parenting guidance (i.e., things I have already tried or do regularly), and provided no follow-up correspondence. Family member did not trust the RMOP and all care was remote. On five occasions, vital medication was not delivered in time to post and RMOP was unable to offer any advice or alternatives on how to cope during those periods. Scheduling appointments was always difficult, and there was not always availability, which was a difficult situation for a family member who was already suffering from mental health issues like anxiety.
4	Telehealth availability	Being at a post without local options for counseling and given that many telemedicine providers in the U.S. have long wait times for starting new patients, there was a significant lag in time before my first session. Insurance (Foreign Service Benefit Plan) includes very few well-rated mental health providers in network. Difficult to find providers with the specific skills required. Difficult to find providers available to take on new patients.
5	Local private provider availability	We have not found a local provider yet that can manage our [child's] situation, so [our child has] been doing it all virtually with a U.S. provider, which is less than ideal. Local options are generally not available; especially in places considered hardships where people really need the help.

Appendix III: Aspects of Mental Health Services That Foreign Service Survey Respondents Identified as Positive or Negative

Frequency rank	Aspects that did not work well	Example quotes
6	Stigma or clearance concerns	Although leadership at State talks about “mental health” more regularly these days, people are still very uncomfortable talking about depression and antidepressants/other psychiatric medication.
7 (tie)	Inadequate services for minors	Many RMOPs do not or will not see children. When children are cleared for a certain post with the understanding that they will need the RMOP to provide specific services, and the RMOP will not see them, what are we supposed to do?
7 (tie)	Unsupportive embassy or management	Senior leadership at the consulate ignored multiple attempts to engage on the issue of mental health among our...staff.
9	Difficulty obtaining medication	I have to keep emailing the RMOP’s office every time I need to get medication refilled (they don’t set up next appointments every time we virtually meet). This seems impractical and inefficient compared to simply scheduling 90 days in advance each time we meet.
10	Discontinuity of care	ECS is not available for [eligible family members] under the age of 18. Fortunately, [the Foreign Service Benefit Plan] covers 80 percent of the cost of private telemedicine, but we’re told this benefit will end if we don’t live overseas. We’re set to move back to the U.S. for our next tour, and I’m worried about how my [child] will continue these very important therapy sessions.

**Appendix III: Aspects of Mental Health
Services That Foreign Service Survey
Respondents Identified as Positive or Negative**

Frequency rank	Aspects that did not work well	Example quotes	
11	Other provider quality	<p>Telemedicine providers being unwilling or unable to work with [U.S. government] employees assigned overseas; [U.S. government] resources, such as a “Work Life For You” service provider literally not knowing what the Foreign Service is, and therefore unable to provide services in a helpful manner to those who are overseas on [U.S. government] orders [because of] the limitations of their knowledge. Overseas posts also need more RMOPs, and active outreach to [Foreign Service officers] whose jobs have a high emotional component, such as entry-level visa adjudicators, as many Officers are afraid to seek help due to department cultural history and worries about security and medical clearances.</p>	<p>[A suggested counseling group matched] me with someone who specialize[s] in children’s play therapy just because they were in my time zone. When experiencing trauma, it’s absolutely critical that an experienced professional be involved.</p>
12	Awareness of resources	<p>MED did not have any knowledge of local mental health care providers at our post of assignment. When we determined that we would need to have in-person service, it was entirely up to me to find a provider.</p>	<p>[Help is] only available virtually, no outreach is done at post to make services available to us. We must seek assistance on our own, which can be burdensome to navigate.</p>
13 (tie)	ECS availability	<p>ECS takes too long to schedule and then the specialists say they are just filling in for when you can find a permanent telehealth provider—but those telehealth providers for overseas are few and far between.</p>	<p>ECS did not respond to inquiry at all.</p>
13 (tie)	Insurance/billing/cost	<p>Overall billing is tedious and it would be great to have an easier billing/payment system if [the Department of State/Foreign Service Benefit Plan] could create a system whereby they make the payments and cut out FSOs who create extra layers (i.e.: we don’t ultimately pay but have to do the back and forth of payments/repayments, why not reduce several steps?).</p>	<p>Foreign Service Benefit Plan didn’t cover my mental health care overseas. I had to pay out of pocket.... The cost of mental health care has been a major obstacle for me.</p>
15 (tie)	Time for appointments	<p>No flexibility with workload—having to do counseling late at night (after work, after dinner, after kids are in bed) is tough. I wish I felt like I had time to take an hour for self-care during daylight hours.</p>	<p>Traffic is challenging at post and can take up to hour to get [to] and from the clinic, which means 2 hours of driving for each session.</p>
15 (tie)	Staff Care availability	<p>My efforts to obtain mental health services through USAID Staff Care did not work. They did not respond in a timely matter and I sought other referral sources in the private sector.</p>	<p>Some of the services are situation-based; if I just needed an ongoing long-term therapist, I doubt that Staff Care would be able to accommodate that.</p>

Appendix III: Aspects of Mental Health Services That Foreign Service Survey Respondents Identified as Positive or Negative

Frequency rank	Aspects that did not work well	Example quotes
15 (tie)	Visit limit	There is a limit to how many visits can be used for ECS. The reason I was seeking care was directly related to my job and would have been very difficult and time consuming to explain to an outside provider. There should not be a limit on the number of visits.
18	ECS quality	We didn't even think to reach out to the Department for the first 18 months we had problems, as ECS told us to look locally, and there is no health unit at Post.... We were programmed to be on our own, and assumed there was nothing the Department would do.

Legend: RMOP = regional medical officer/psychiatrist, ECS = Employee Consultation Services, MED = State's Bureau of Medical Services, USAID = U.S. Agency for International Development.

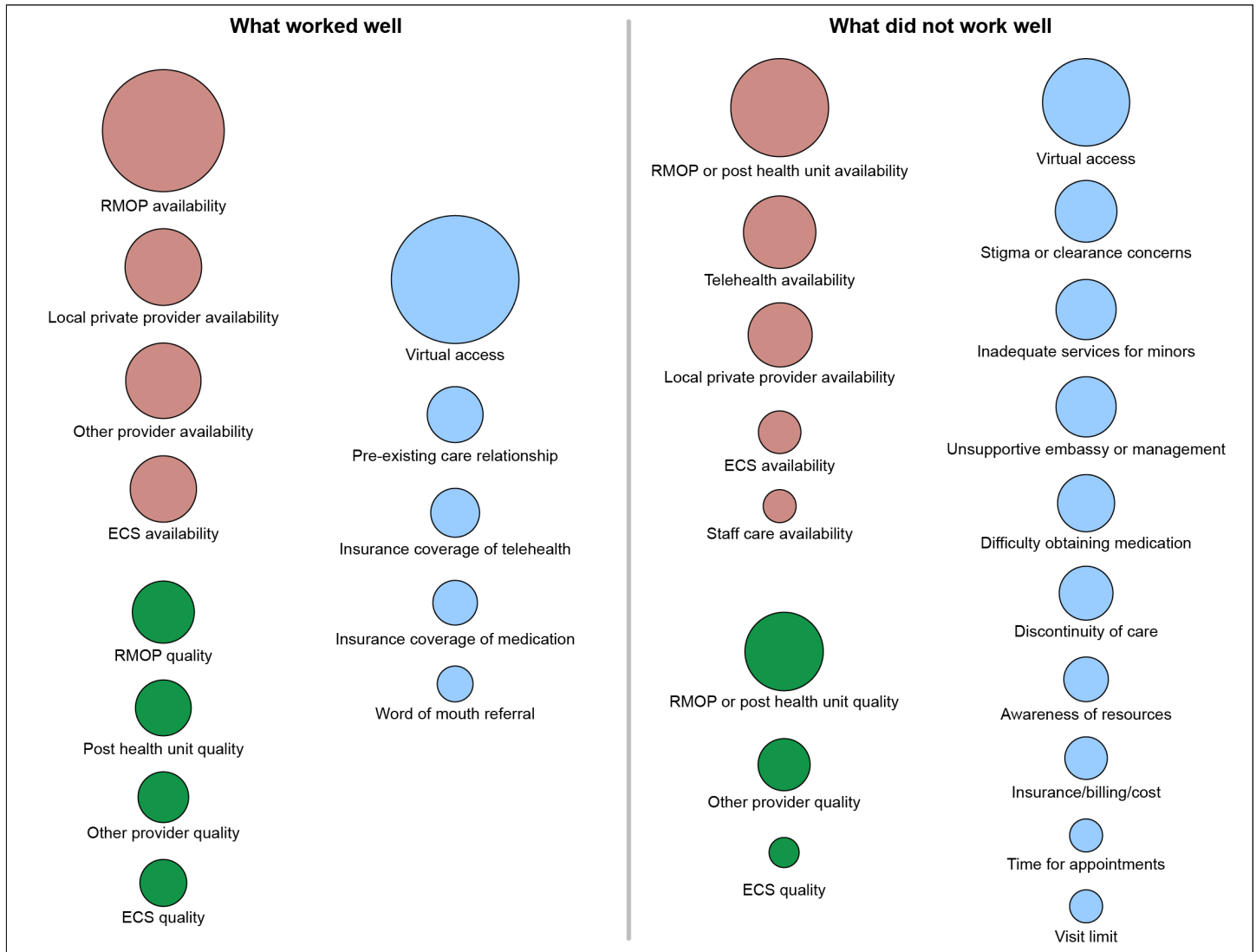
Source: GAO analysis of responses to GAO survey of Foreign Service members. | GAO-24-106082

Note: Frequency rank indicates the most to least frequently reported aspects. Findings from our survey of Foreign Service members are illustrative and are not generalizable to all Foreign Service members or family members who sought, considered seeking, or obtained mental health services.

Figure 9 shows the prevalence of Foreign Service survey respondents' comments identifying these positive and negative aspects of mental health services overseas.

Appendix III: Aspects of Mental Health Services That Foreign Service Survey Respondents Identified as Positive or Negative

Figure 9: Aspects of Mental Health Services Overseas That Foreign Service Survey Respondents Reported Worked Well or Did Not Work Well, by Relative Frequency of Comments



Legend: Employee Consultation Services = ECS; regional medical officer/psychiatrist = RMO/P.
 Source: GAO survey of Foreign Service members. | GAO-24-106082

Figure 9: Aspects of Mental Health Services Overseas That Foreign Service Survey Respondents Reported Worked Well or Did Not Work Well, by Relative Frequency of Comments

What worked well		
Group	Survey answer	Number
Other	Virtual access	89

**Appendix III: Aspects of Mental Health
Services That Foreign Service Survey
Respondents Identified as Positive or Negative**

What worked well		
Group	Survey answer	Number
Availability	RMOP availability	81
Availability	Local private provider availability	32
Availability	Other provider availability	31
Availability	ECS availability	24
Quality	RMOP quality	21
Quality	Post health unit quality	17
Other	Pre-existing care relationship	17
Quality	Other provider quality	14
Other	Insurance coverage of telehealth	13
Quality	ECS quality	12
Other	Insurance coverage of medication	11
Other	Referral from colleagues	7

What did not work well		
Group	Survey answer	Number
Availability	RMOP or post health unit availability	53
Other	Virtual access	42
Quality	RMOP or post health unit quality	34
Availability	Telehealth availability	29
Availability	Local private provider availability	23
Other	Stigma or clearance concerns	21
Other	Inadequate services for minors	20
Other	Unsupportive embassy or management	20
Other	Difficulty obtaining medication	18
Other	Discontinuity of care	16
Quality	Other provider quality	15
Other	Awareness of resources	11
Availability	ECS availability	10
Other	Insurance/billing/cost	10
Other	Time for appointments	6
Availability	Staff care availability	6
Other	Visit limit	6
Quality	ECS quality	5

**Appendix III: Aspects of Mental Health
Services That Foreign Service Survey
Respondents Identified as Positive or Negative**

Note: The relative sizes of the bubbles reflect the relative frequency of survey responses in each category. Findings from our survey of Foreign Service members are illustrative and are not generalizable to all Foreign Service members or family members who sought, considered seeking, or obtained mental health services.

Appendix IV: Department of State Notice on Mental Health and Security Clearances

Figure 10: Department of State Notice on Mental Health and Security Clearances



Originating Office: DS/SI/PSS
Date: 4/20/2022
Subject: Mental Health and Security Clearances – Receiving Mental Health Treatment is Encouraged
Distribution: DS DC Area; DS Non-DC Area; DS Overseas

Department Notice #95148, dated, April 20, 2022, is listed below for your reference.

Mental Health and Security Clearances – Receiving Mental Health Treatment is Encouraged

The COVID-19 pandemic understandably caused an increase in anxiety, stress, and other mental health conditions that many of us are still coping with today. This year during Mental Health Awareness Month, we would like to revisit important information every employee should know about seeking help to address mental health concerns. The Department fully supports employees who reach out for professional assistance for mental health care and wants to remind employees that the act of seeking help from a counselor, psychotherapist, or other mental health professional to address stress, grief, anxiety, family or marital issues, or other concerns, is not considered derogatory in a security clearance determination.

SEAD-4: Mental Health and Security Clearances

We want to address a misperception some employees may have about mental health and security clearances. Some employees are hesitant to seek mental health treatment because they fear doing so will risk losing their security clearance. The U.S. Government’s National Security Adjudicative Guidelines ([Security Executive Agent Directive 4 \(SEAD-4\)](#)) explicitly states that no negative inference is permitted to be raised solely on the basis of an employee’s seeking mental health counseling. In fact, seeking or receiving mental health care for personal wellness and recovery may contribute favorably to security clearance determinations. In some instances, individuals suffering psychological conditions seeking and participating in a treatment plan helps demonstrate integrity and trustworthiness. Avoiding care when needed, however, can raise security concerns. Please note that there are no automatically disqualifying conditions or treatments.

Fair Security Clearance Determinations

Getting treatment is a sign of strength, not weakness. Mental health counseling in and of itself is not a reason to revoke or deny eligibility for access to classified information or Sensitive Compartmented Information (SCI), or assignment to a sensitive position. That said, psychological conditions that affect behavior may negatively affect an employee’s ability to protect national security information. Certain behaviors or significant symptoms suggestive of emotional, mental, and personality conditions may impair judgment, stability, reliability, or trustworthiness. If information gathered during an employee’s background investigation indicates that there may be an emotional, mental, or personality condition, including alcohol and substance abuse, that could cause a significant security concern regarding his/her judgment, reliability, trustworthiness, or stability, the Bureau of Diplomatic Security (DS) consults with the Bureau of Medical Services (MED). MED assists the DS adjudicative team by offering a professional medical opinion as to whether the individual has a condition that may impair judgment, stability, reliability, or trustworthiness, particularly in the context of their ability to follow rules and properly safeguard classified or national security information, or to perform sensitive duties.

The following are some of the factors that are taken into consideration to achieve a security determination that is fair to the individual while remaining consistent with the interests of national security:

- The identified condition is readily controllable with treatment, and the employee has demonstrated ongoing and consistent compliance with the treatment plan;
- The employee has voluntarily entered a counseling or treatment program, and the employee is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional, and/or;
- A duly qualified mental health professional has recently opined that the employee’s previous condition is under control or in remission and has a low probability of recurrence or exacerbation;
- The past psychological/psychiatric condition was temporary, the situation was resolved, and the employee no longer shows indications of behavioral instability.

The full list of factors can be found in [SEAD-4](#). Even employees with diagnosed serious psychiatric conditions may be granted a security clearance if there is evidence that treatment, including medication, effectively addresses the condition such that the employees’ judgment, stability, reliability, or trustworthiness are not impaired, and the individual has demonstrated ongoing and consistent compliance with the treatment plan.

Mental Health Resources

If you need mental health help, please get it. Do not neglect your mental health for fear that seeking treatment will negatively affect your security clearance.

Legend: Diplomatic Security/Directorate of the Senior Coordinator for Security Infrastructure/Office of Personnel Security and Suitability = DS/SI/PSS.

Source: Department of State, Bureau of Diplomatic Security (DS). | GAO-24-106082

Appendix V: Comments from the Department of State



United States Department of State
Comptroller
Washington, DC 20520

October 16, 2023

Jason Bair
Managing Director
International Affairs and Trade
Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20548-0001

Dear Mr. Bair:

We appreciate the opportunity to review your draft report, "MENTAL HEALTH SERVICES: State Should Collect Ongoing Feedback to Ensure Overseas Employees' Needs Are Being Met," GAO Job Code 106082.

The enclosed Department of State comments are provided for incorporation with this letter as an appendix to the final report.

Sincerely,

James A Walsh
Digitally signed by
James A Walsh
Date: 2023.10.16
13:17:41 -0400

James A. Walsh

Enclosure:
As stated

cc: GAO – Nagla'a El-Hodiri
MED – Richard Otto
OIG – Norman Brown

Department of State Response to GAO Draft Report

**MENTAL HEALTH SERVICES: State Should Collect Ongoing Feedback to
Ensure Overseas Employees' Needs Are Met**
(GAO-24-106082, GAO Code 106082)

Thank you for the opportunity to comment on your draft report, *"State Should Collect Ongoing Feedback to Ensure Overseas Employees' Needs Are Met."*

Recommendation 1: The Secretary of State should ensure that the Bureau of Medical Services' Chief Medical Officer collects ongoing feedback about all of State's mental health services for diplomatic personnel and eligible family members based overseas to determine whether these services are meeting their needs.

Department Response: The Department of State concurs with this recommendation. The Bureau of Medical Services is committed to providing mental health services to its employees and their families both domestically and overseas as allowed by existing authorities. MED is presently engaged in a feedback initiative to ensure ongoing input from State Department employees and eligible family members stationed abroad and domestically.

MED fosters a culture of continuous feedback, seeking meaningful insights to inform programmatic decisions and enhance the services provided. With this objective, a targeted mental health survey is currently under development.

This forthcoming survey is intended to evaluate the range of mental health services available, including those offered by Foreign Service Medical Specialists including but not limited to Regional Medical Officer Psychiatrists (RMOPs), Employee Consultation Services (ECS), Mental Health Medical Clearances, Child and Family Program, and all relevant mental health programs. To ensure compliance with the Paperwork Reduction Act (PRA),

the survey will be submitted to the Office of Management and Budget (OMB). Upon receiving the necessary approval, MED plans to pilot a beta testing phase of the survey lasting approximately 6-8 weeks. This period will address any remaining issues and gather indispensable feedback from the field, strengthening the survey's efficacy and accuracy. Lastly, MED intends to determine the implications and resources of promoting the survey in order to maximize visibility and response rate.

Conclusion: The Department appreciates the opportunity to comment on the draft report and is committed to implementing the recommendation in the continued effort of supporting the health and wellbeing of Department of State employees and their families.

Accessible text for Appendix V: Comments from the Department of State

United States Department of State
Comptroller
Washington, DC 20520

October 16, 2023

Jason Bair
Managing Director
International Affairs and Trade
Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20548-0001

Dear Mr. Bair:

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Sincerely,

James A. Walsh

cc: GAO – Nagla'a El-Hodiri
MED – Richard Otto
OIG – Norman Brown

Enclosure:
As stated

Department of State Response to GAO Draft Report MENTAL HEALTH SERVICES: State Should Collect Ongoing Feedback to Ensure Overseas Employees' Needs Are Met (GAO-24-106082, GAO Code 106082)

Thank you for the opportunity to comment on your draft report, “State Should Collect Ongoing Feedback to Ensure Overseas Employees’ Needs Are Met.”

Recommendation 1: The Secretary of State should ensure that the Bureau of Medical Services’ Chief Medical Officer collects ongoing feedback about all of State’s mental health services for diplomatic personnel and eligible family members based overseas to determine whether these services are meeting their needs.

Department Response: The Department of State concurs with this recommendation. The Bureau of Medical Services is committed to providing mental health services to its employees and their families both domestically and overseas as allowed by existing authorities. MED is presently engaged in a feedback initiative to ensure ongoing input from State Department employees and eligible family members stationed abroad and domestically.

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Conclusion: The Department appreciates the opportunity to comment on the draft report and is committed to implementing the recommendation in the continued effort of supporting the health and wellbeing of Department of State employees and their families.

Appendix VI: Comments from the U.S. Agency for International Development



Ms. Nagla'a El-Hodiri,
Acting Director, International Affairs and Trade
U.S. Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20226

Re: Mental Health Services: State Should Collect Ongoing Feedback to Ensure Overseas
Employees' Needs Are Being Met (GAO-24-106082)

Dear Ms. El-Hodiri:

I am pleased to provide the formal response of the U.S. Agency for International Development (USAID) to the draft report produced by the U.S. Government Accountability Office (GAO) titled "Mental Health Services: State Should Collect Ongoing Feedback to Ensure Overseas Employees' Needs Are Being Met" ([GAO-24-106082](#)). I am transmitting this letter for inclusion in the GAO's final report.

We appreciated the opportunity to participate in this evaluation of USAID's policies, programs and initiatives for identifying mental health risks and conditions among Civil Service and Foreign Service employees serving at overseas posts, the mental health services that USAID provides to those employees, and the challenges that go along with providing and accessing those services. USAID submitted to your team feedback about the draft report for your consideration and we are happy to answer any questions you or your team may have on our feedback.

Thank you for the courtesies extended by your staff while conducting this engagement.

Sincerely,

Colleen R. Allen

Colleen R. Allen
Assistant Administrator
Bureau for Management

Accessible text for Appendix VI: Comments from the U.S. Agency for International Development

Ms. Nagla'a El-Hodiri,
Acting Director, International Affairs and Trade
U.S. Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20226

**Re: Mental Health Services: State Should Collect Ongoing Feedback to Ensure
Overseas Employees' Needs Are Being Met (GAO-24-106082)**

Dear Ms. El-Hodiri:

I am pleased to provide the formal response of the U.S. Agency for International Development (USAID) to the draft report produced by the U.S. Government Accountability Office (GAO) titled "Mental Health Services: State Should Collect Ongoing Feedback to Ensure Overseas Employees' Needs Are Being Met" (GAO-24-106082). I am transmitting this letter for inclusion in the GAO's final report.

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Thank you for the courtesies extended by your staff while conducting this engagement.

Sincerely,

Colleen R. Allen
Assistant Administrator
Bureau for Management

Appendix VII: GAO Contact and Staff Acknowledgments

GAO Contact

Nagla'a El-Hodiri, (202) 512- 7279 or ElHodiriN@gao.gov

Staff Acknowledgments

In addition to the individual named above, Cheryl Goodman (Assistant Director), Howard Cott (Analyst-in-Charge), Amelia Stastney, Kyle Abe, Kate Farmer, and Reid Lowe made key contributions to this report. In addition, Gina Hoover, Alexander Welsh, and Neil Doherty provided technical assistance.

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