



SECRETARY OF THE ARMY
WASHINGTON

29 AUG 2023

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Self-initiated Referral Process for Mental Health Evaluations of Soldiers

1. References. See references enclosed.
2. Purpose. To announce procedures for Soldiers to self-initiate a non-emergent referral for a mental health evaluation (MHE) pursuant to references 1c and 1d.
3. The United States Army fosters a culture of support to create an environment that promotes help-seeking behaviors and reduces the stigma for help-seeking in the provision of mental healthcare. Pursuant to the referenced authorities, Soldiers of the Regular Army, Army National Guard of the United States, and U.S. Army Reserve on active-duty orders for more than 30 consecutive days may initiate a self-referral to receive an MHE to their commanders or supervisors in the rank of staff sergeant and above on any basis, at any time, and in any environment. Guidance is in development for Army National Guard and Army Reserve Soldiers not on active-duty orders for more than 30 consecutive days. Soldier patient rights and confidentiality of health information will be protected in accordance with (IAW) reference 1b, applicable privacy laws, and Department of Defense (DoD) privacy regulations, including references 1f, 1h, and 1j.
4. Distinguishing Self-initiated Referral MHEs, Command-directed MHEs, and Independently Requested MHEs. Soldiers may request an MHE referral for any reason or on any basis, including, but not limited to, personal distress, personal concerns, and trouble performing duties and functioning in activities valued by the Soldier that may be attributable to possible changes in mental health. Procedures and confidentiality protections vary based on how the MHE is requested, and there are some differences in the information that mental health providers can communicate back to the command.
 - a. An **independently requested** MHE occurs when a Soldier independently contacts a mental health provider for an MHE obtained without any involvement by the Soldier's command. For example, a Soldier self-presents to the behavioral health clinic for assistance or an MHE, requests assistance for behavioral health from a primary care provider, or calls the medical treatment facility (MTF) to request an appointment for a behavioral health appointment or an MHE.
 - b. A **self-initiated** referral, governed by the procedures in this memorandum, occurs when a Soldier initiates a request to the command for referral to a mental health provider for a voluntary MHE. Soldiers do not have to provide a reason or basis to request and receive a referral.

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c. A **command-directed** MHE, governed by reference 1g, occurs when the commander determines that an MHE is required and orders the Soldier to receive an MHE.

d. Commanders will apply the following sensitivities to ensure Soldiers receive the support they need in a timely manner:

(1) If a command-directed MHE of a Soldier is pending, the command will determine whether the command-directed MHE will be canceled in favor of a self-initiated referral.

(2) A self-initiated referral for an MHE is not a requirement. Soldiers may continue to independently seek behavioral health support by scheduling an appointment at the MTF or requesting a referral through their primary care provider. However, this memorandum clarifies new DoD provisions that create an additional route for Soldiers to request assistance by asking their command or a supervisor to facilitate an appointment.

5. Roles and Responsibilities for Self-initiated MHE Referrals.

a. A Soldier may initiate a referral for an MHE by requesting such a referral from their commanding officer or supervisor in the grade of staff sergeant or above. A Soldier may request a referral at any time and in any environment including, but not limited to:

- (1) the continental United States
- (2) outside of the continental United States
- (3) in a deployed setting
- (4) assigned to a temporary duty station
- (5) on leave

b. Commanding officers or supervisors in the grade of staff sergeant or above will:

(1) Ensure that Soldiers under their command are informed and understand the procedures to request a referral for an MHE.

(2) Refer a Soldier who requests an MHE to a mental health provider as soon as practicable.

(a) In making the referral, the commanding officer or supervisor will consider the

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unique circumstances of the timing of the self-initiated referral, including the accessibility of military medical treatment facilities, clinics, and embedded mental health services, as well as the availability of mental health providers. As applicable, commanders or supervisors will utilize existing mental health resources and processes (such as Directors of Psychological Health) to connect Soldiers with mental health evaluations and care as soon as practical and possible.

(b) The commanding officer or supervisor will provide to the mental health provider the Soldier's name and contact information, information on the circumstances that led to the Soldier requesting the referral if voluntarily provided by the Soldier, and additional information that may be relevant and necessary to the health and welfare of the Soldier or mission accomplishment. Commanders or supervisors will protect Soldier privacy to the extent possible when disclosing information for referral purposes IAW applicable privacy laws and associated DoD guidance.

(c) If Soldiers voluntarily share information indicating that they were the victim of a sexual assault, the commanding officer or supervisor will comply with the requirements in references 1i and 1k as well as all other applicable DoD policy. A Soldier's decision to share or keep private such information does not affect the Soldier's ability to make a restricted report pursuant to reference 1i.

(d) If commanding officers or supervisors determine that a Soldier is exhibiting dangerous behavior, their priority will be to ensure that precautions (including escorting) are taken to protect the safety of the Soldier and others before the Soldier's arrival at the location of the evaluation. If these conditions apply, the commander will follow procedures for an emergency evaluation IAW reference 1g instead of a self-initiated MHE for the Soldier.

(3) Inform the Soldier of the date, time, and place of the scheduled MHE.

(4) Refrain from requesting information from a mental health provider regarding the results of the MHE except for information that may be disclosed to command IAW reference 1h, or as described in this memorandum.

6. Soldier MHE Requirements and Disclosures.

a. The Soldier will receive an MHE as soon as practical and possible IAW all Defense Health Agency (DHA) policies and procedures and references 1g and 1h.

b. The evaluation and care performed will follow all appropriate guidance IAW requirements for the confidentiality of health information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), applicable privacy laws, and associated DoD guidance.

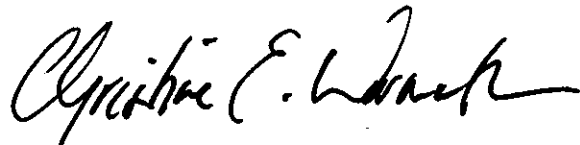
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c. Disclosures to the command are limited to:

- (1) confirmation of a completed MHE for accountability purposes only
- (2) any other disclosure for which the Soldier provided authorization IAW reference 1j
- (3) a disclosure authorized by reference 1h

d. DHA standards and policies require documenting an MHE in the Soldier's electronic medical record.

7. Annual Training Requirement. Commanders, supervisors, and Soldiers will be required to receive annual training on (1) how to recognize personnel who may require an MHE (based on the Soldier being an imminent danger to themselves or others as demonstrated by individual behavior or apparent mental health), (2) how Soldiers may obtain a self-initiated referral for an MHE, and (3) privacy protections.



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REFERENCES

- a. Title 10, United States Code
- b. Public Law 104-191, "Health Insurance Portability and Accountability Act of 1996," 21 August 1996
- c. Public Law 117-81, "National Defense Authorization Act for Fiscal Year 2022," 27 December 2021, section 704 (Self-initiated referral process for mental health evaluations of members of the Armed Forces)
- d. Department of Defense (DoD) (Directive-type Memorandum 23-005—"Self-initiated Referral Process for Mental Health Evaluations of Service Members"), 5 May 2023
- e. DoD Directive 5124.02 (Under Secretary of Defense for Personnel and Readiness (USD(P&R))), 23 June 2008
- f. DoD 5400.11-R (Department of Defense Privacy Program), 14 May 2007
- g. DoD Instruction 6490.04 (Mental Health Evaluations of Members of the Military Services), 4 March 2013, incorporating Change 1, effective 22 April 2020
- h. DoD Instruction 6490.08 (Command Notification Requirements To Dispel Stigma in Providing Mental Health Care to Service Members), 17 August 2011
- i. DoD Instruction 6495.02, Volume 1 (Sexual Assault Prevention and Response: Program Procedures), 28 March 2013, incorporating Change 7, effective 6 September 2022
- j. DoD Manual 6025.18 (Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs), 13 March 2019
- k. Army Regulation 600-20 (Army Command Policy), 24 July 2020

Enclosure