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Brandon Act Self-Referral for Mental Health Fact Sheet

POC: Leah Fletcher, 901-389-0862,
Leah.M.Fletcher6.civ@us.navy.mil

NAVADMIN 166/23 issues policy to the Navy to implement DoD Directive-type Memo 23-005, "Self-Initiated Referral Process for Mental Health Evaluations of Service Members." Mental Health is health, and every service member deserves a deliberate strategy for strengthening their mental health.

The major change is that any service member serving on active duty with a Navy command who specifically requests a Mental Health Evaluation (MHE) from a Supervisor E-6 and above must be scheduled for an appointment with a local military mental health clinic or closest military treatment facility (MTF), and provided the opportunity to attend. This is not the same as a command-directed MHE.

Who needs to know?

- All service members serving on active duty can learn more about self-referral for Mental Health
- Supervisors E-6 and above of service members serving on active duty have new responsibilities delineated in the NAVADMIN
- Chain of Command Leadership
- Mental Health Care Providers



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What you need to know – key points

- **Any service member who has or expresses thoughts of harming themselves should seek emergency care either by contacting the Veterans Crisis Line (CONUS call 988 Press 1; OCONUS, chat with a representative online who can call you back <https://www.veteranscrisisline.net/get-help-now/military-crisis-line/>) or go to the nearest emergency room).**
- The change in self-referral process is only currently applicable to service members serving on active duty. Guidance for SELRES and IRR service members will be published in the future.
- Seeking help is a sign of strength. Mental health and wellness are critical to warfighting readiness and it is every leader's duty to ensure their service members have access to resources they need.
 - Some of those resources include:
 - [Mental Health Playbook](#) (Version 1.1 recently updated to reflect this NAVADMIN)
 - [Military OneSource](#)
 - Embedded Mental Health
 - [Fleet and Family Support Center \(FFSC\)](#)
 - Military and Family Life Counselors (MFLCs)
 - Navy Chaplains
 - [Veterans Crisis Line](#) (available for active and reserve service members and Family members). CONUS – call 988 Press 1, OCONUS, chat online with a representative and they can call you at <https://www.veteranscrisisline.net/get-help-now/military-crisis-line/>
- Service members seeking a mental health care appointment in the military health care system can make an appointment without a referral.
 - Service members in units with an assigned embedded mental health care provider should first contact their embedded provider.
 - Service members in units without an embedded mental health provider can call local military treatment facility mental health clinics, or the closest military treatment facility. Service members can also make an appointment in-person.



- Service members cannot be seen for specialty care including mental health care in the civilian healthcare network without a referral made by the service member's Primary Care Manager (PCM) or Mental health professional (MHP) at the local military MTF.
- Service members who prefer to have their chain of command involved with scheduling a mental health care appointment through the military health system can request assistance from their commanding officer or an E-6 or above supervisor. This is voluntary and is not the same as a command-directed mental health evaluation.

Commanding Officers & Supervisors (E-6 and Above)

- Ensure service members understand all resources available to receive mental health care. If a service member requests a mental health evaluation through the chain of command, refer the service member to a military mental health provider as soon as practicable.
- There are many resources available to support self-referrals. Consider your service member's access to an MTF, clinics, or your command's embedded mental health service.
 - For service members in locations with no military mental health providers, use telehealth options.
 - Supervisors may also call local military mental health clinic, or the closest MTF to schedule your service member's initial mental health evaluation.
 - Supervisors may accompany their service member in-person to schedule an appointment.
 - Supervisors must provide the service member a time, date, and place of the scheduled military mental health evaluation, however, they are not entitled to information from the mental health provider beyond the fact that it was completed.
- Commanders, supervisors, and service members will receive annual training, once the training is developed, on how to recognize personnel who may require a mental health evaluation based on the individual being an imminent danger to self or others, as demonstrated by individual behavior or apparent mental health.

Sample POD/POW Notes

- **MENTAL HEALTH IS HEALTH:** Self-care and self-assessment are the first steps in protecting your mental health resilience. Self-care can encompass many aspects such as spiritual, emotional, and physical care. What have you done for yourself today? Find more resources in the Mental Health Playbook. Download the Mental Health Playbook today. Link: <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Leaders-Toolkit/Mental-Health-Playbook>.

FAQ

Q. What does this NAVADMIN change? I thought I could already self-refer to mental health?

A. Self-referral to military mental health services without chain of command involvement remains an option for service members serving on active duty seeking mental health services. This NAVADMIN directs responsibility to Commanders and E-6 and above or civilian supervisors to assist service members who specifically request referral for a mental health evaluation. All service members are encouraged to use all resources available to improve mental well-being.

Q. What should commanders do if they have concerns about a service member's behavior, significant changes in performance, or fitness for duty?

A. Commanders should review DODI 6490.04 Mental Health Evaluations of Members of the Military Services



for command-directed mental health evaluation procedures. A resource to help you is the Mental Health Playbook, which you can find at <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Leaders-Toolkit/Mental-Health-Playbook>

Q. How do I reduce stigma for seeking mental health services?

A. Treat referrals for mental health similar to referrals for other medical services. Encourage your service members to use the resources available to them. Support attendance to scheduled appointments. Have conversations about ways to improve mental health. Check out the Mental Health Playbook for examples about how to start talking about mental health with your service members. A resource to help you is the Mental Health Playbook, which you can find at <https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Leaders-Toolkit/Mental-Health-Playbook>.

Q. What should I do if a service member is in distress?

A. If a service member is exhibiting distress, *ASK* if someone is having thoughts of suicide in a non-judgmental way, show *CARE* through the use of active listening, and escort them to *TREATment*. Help create a safer environment and ask if they would consent to storing their personal firearms outside of the home while in distress. Reinforce the importance of routine safe storage of firearms and medication. The Veterans Crisis Line is available for active and reserve service members and Family members. CONUS – call 988 & Press 1, OCONUS, chat online with a representative and they can call you at <https://www.veteranscrisisline.net/get-help-now/military-crisis-line/>

Q. Are there other resources available to a service member having challenges besides a Mental Health provider or requesting a MHE?

A. Yes. Many service members seen by mental health providers do not require mental health services, instead, there are situations where non-medical providers can best help someone navigate the challenges of life. This is why the Mental Health Playbook shows a path towards getting service members the help they need.

Q. Does my commander or supervisor have to give me a referral for a MHE even if it impacts the mission or is “not a good time”?

A. Yes. However, in non-emergency cases, operational requirements and appointment availability may impact the amount of time it takes to get a MHE. If this is the case, non-medical resources should be maximized, such as Chaplains, FFSC, MFLCs, and Military OneSource.

Q. Do I have to talk about why I want a mental health (MH) referral to my commander/supervisor?

A. No.

Q. Can my commander/supervisor talk to me when I ask for a referral or do they just give me the referral?

A. Yes, your commander/supervisor may speak with you about the referral, and what type of support you need. You do not have to discuss your medical concerns or why you want a MH referral with your commander/supervisor. Alternatively, you may voluntarily discuss with your commander/supervisor whatever you wish to disclose.

Q. If I come in to see mental health and need continuous care, will I have a voice in the care that I desire to enroll in?

A. Yes, your voice is respected. You should always voice your desires and work to understand your treatment plan by raising questions.

Q. The DTM states that command plans and arrangements will be made for reservists, so may a reservist who is not on active-duty orders for more than 30 days request an MHE?

A. Not at this time. The Self-Initiated Referral Process for Mental Health Evaluation will be completed in a phased approach. Currently we are in Phase One, that pertains only to members on active duty, to include those in the active component and those in the reserve component who are on active-duty orders of more than



30 days and are eligible for the same health and dental benefits as active-duty service members. Phase Two will be implemented later and will include guidance for the reserve component (SELRES and IRR.)

Q. If my supervisor is an E-5, do I have to go to my commander instead? Can I go to any E-

6?

A. The referral must be made by your commander or a supervisor in the grade of E-6 or higher.

Q. When I get my referral- what happens when I don't go to my appointment? Will my commander/supervisor be notified?

A. No. Your appointment is still a voluntary action, but command supported. If your command has concerns, the command may shift the referral to a command directed action.

Q. Will my commander/supervisor be notified of the results of the MHE?

A. No. Command notification is not required unless there is a safety, readiness, or duty concern. Pursuant to DTM 23-005, providers may confirm a completed MHE to commanders/supervisors for accountability purposes only.

Q. Does this mean I have to go through my commander or supervisor any time I want or need to be seen in mental health?

A. No. DTM 23-005 and the Self-Initiated Referral Process for Mental Health Evaluation are not intended to be barriers to care, but rather provide another method for obtaining a supervisor/commander assisted referral for a MHE. You can still request an appointment through the MTF, your primary care team, or other healthcare provider.