



MENTAL HEALTH PLAYBOOK

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NAVY CULTURE AND FORCE RESILIENCE OFFICE

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Introduction

> "Above all, Command, whether at sea or ashore, is fundamentally about preparing for and leading in combat… Be relentless in building a culture of the highest character, a tough, resilient team that wins… Keep a close watch on your own mental, physical, and emotional health, and the health of those you lead."
> — CNO Gilday, excerpts from the Charge of Command

To prepare our teams for combat, we must ensure each member of the team, their minds, bodies, and spirits, are ready for combat and for supporting those who go forward. For this reason, ensuring the health, especially the mental health, of our people is paramount.

This playbook is designed to assist Navy leaders in preventing, mitigating, or addressing mental health issues within your commands. This work begins well before a mental health issue occurs. It starts with the climate our leaders create and how you lead the people in your care. Navy-wide, we must become comfortable with the idea of preventative maintenance for our people. Most of us understand preventative maintenance is necessary for our equipment and machines. Today, it is equally, if not more important to apply this term to our people. If you read no further, please recognize the **three roles of each leader**, from deckplate to the Command Triad, to:

1. Set conditions

- Build a climate of trust and respect, with open, two-way communication
- Challenge conduct and poor leadership that erodes professionalism and creates a toxic climate
- Eliminate stigma for pursuing nonclinical or clinical support for mental health concerns

2. Recognize mental health issues

- Use active listening and pursue conversations that move beyond professional performance
- Look for behavior changes
- Consult with both nonclinical (e.g., chaplains) and clinical (e.g., medical professionals) experts

3. Get people the care they need, and *keep them in the team*

- Start at the right level. There is no wrong door, but some doors are better in certain situations
- Provide a warm hand-off. Communicate and follow up with gaining commands as well as clinical providers
- Fix or elevate when presented with roadblocks
- Facilitate the Sailor's reintegration back into your team

To assist you in executing these duties, ***read this handbook from cover to cover*** in the same way you would read a technical manual for your equipment or a tactical manual to shape your operations. Include its lessons as part of your vocabulary and make it part of your training. Take the time to complete or update your mental health point of contact list on the inside back cover of this handbook. Over the history of the United States Navy, one thing is clear: it is our people that make us great. Use this handbook to build your people up – creating teams that are connected, cohesive, and ready to dominate in any and every assigned mission.

Section 1 - Roles and Responsibilities

This playbook is intended to support you – command leaders – in your efforts to prevent mental health issues from occurring, and when they do, to connect your people with the right mental health care, at the right level, at the right time. ***The ultimate goal is to create a community of support, where Sailors feel connected to the mission, the command, and each other.***

In the Navy, there is a triangular relationship between: the Sailor, their Command, and the System of Care. Well-coordinated responses, built on relationships within this triangle, lead to better results for all hands.

FIGURE 1. RELATIONSHIP BETWEEN COMMANDS, SAILORS, AND THE SYSTEM OF CARE

Command leadership is accountable for their command climate and for conducting preventative maintenance for the people in their care.

This is not an either/or discussion, where leaders either care more about the mission or their people. ***Taking care of our people must be foundational to everything we do***, and command leadership must be the source of hope for our people so they have a sense of purpose, seeing their commitment to our nation through our Navy as valued and worthwhile.

Command Triad

The first responsibility of a Commanding Officer (CO) is to ***set conditions*** for their people to succeed by establishing a climate of trust and respect. A command with high levels of trust and respect up and down the chain of command will better establish and maintain the open communication channels necessary for people to talk about underlying issues before they become crises, or swarm to care once a crisis occurs.

Critical to establishing the right type of preventative climate is ***eliminating stigma*** for talking about issues and seeking mental health care. There is no better way to do this than for leaders to be transparent and vulnerable, role modeling the behavior they need all hands to practice.

With climate conditions set, COs must ***be aware of available prevention resources***, implementing primary prevention programs designed to identify the effects of stress, sustain tough and resilient Sailors, and identify and mitigate the risk of destructive behaviors.

The end goal is that everyone in a command has *a* ***shared understanding of how preventative maintenance is being conducted for their people, and where to go for additional resources***.

Within a climate of trust and respect, peer-to-peer relationships and engaged Deckplate Leaders, are the most powerful defense against mental health issues. External resources are critical, but cannot replace the command's role, or the role of a friend.

If the climate, prevention resources, and peer-to-peer/leadership relationships are insufficient, resources from the System of Care should be pursued. ***As mental health issues occur,*** it is imperative that COs balance the compassion/privacy issues involved in addressing mental health issues with the statutory and regulatory responsibilities of being a CO. These types of privacy issues are discussed in Section 3.

Too often, mental health concerns are brought to a command's attention because of the occurrence of a destructive behavior. If so, what reports and follow ups are required? Should precautionary administrative actions be taken such as temporarily securing access to weapons? Should these personnel remain on critical watches or be removed for the time being?

Because the likelihood of encountering a mental health issue requiring external care is high, it is incumbent upon leaders to ***understand how to navigate external support systems***. Here, consider assigning a collateral duty subject matter expert to know the system cold, and to help others navigate it. The inside back cover of this guide provides a contact list template that every command should customize and keep current. BUMED has prepared Installation Resource Cards for most Navy installations available at https://esportal.med.navy.mil/bumed/rh/m3/M33/BrandonActContactInformation/Forms/AllItems.aspx

For each Sailor receiving mental health care and treatment, COs must ensure there is a ***well-understood plan for each Sailor***: How they are to get the care they need to serve and perform at a high level, to include how to handle their return to a command if out for some period of time.

Above all, Navy leaders must do all we can to create an environment where our people understand that we care about their well-being, so they can do the most valuable and meaningful work of their lives, alongside people they respect—where they are prepared and enabled to succeed.

Deckplate Leaders

Building a positive climate is dependent upon Deckplate Leaders ***bringing trust and respect to life*** each day. Successful Deckplate Leaders turn positional authority into personal influence. Encompassing all levels of leadership below the Command Triad (Leading Petty Officers, Chief Petty Officers, Division Officers, and Department Heads), Deckplate Leaders hold significant influence on climate and prevention because they have more consistent engagement with key personnel.

While Deckplate Leadership is often built upon professional technical or warfighting competence, it is incumbent upon every Deckplate Leader to ***develop great competence in how best to take care of their people***: the minds, bodies, and spirits entrusted to their care. Doing so involves becoming confident in having conversations with their people, understanding their own personal biases, practicing empathy, and using active listening techniques. This will help them identify stressors and other risk factors so that action can be taken as early as possible.

Leaders should strive to become ***fluent in prevention programs and available resources***, so they can understand how to identify and respond to a mental health concern. When in doubt, Deckplate

Leaders must be courageous in ***elevating those issues they cannot fix or resolve at the deckplate***. These could

be concerns about individual or collective issues, identifying say-do mismatches in how we are taking care of our people and preparing for combat.

All Sailors

Beginning in 2018 for enlisted and 2022 for officers, every Sailor is taught to develop a Warrior Tough mindset at their accession source, a framework in which they do four things:

1. Understand their "why" – a personal philosophy to live out their values
2. Prepare and develop their body, mind, and soul, through rigorous training
3. Execute at the highest level, showing a mindful response instead of an emotional reaction, taking actions in alignment with Navy values
4. Reflect at the individual and organizational level on how to get better, creating a continuous cycle of improvement

Living this Warrior Tough mindset is the foundation of the mental health of our force.

Each member of the Navy team must consistently assess how they are taking care of their body, mind, and soul, and whether they are trying to get better every day or are losing hope in what today and tomorrow will bring. Deckplate Leaders must reinforce this approach. ***Self-Care is paramount***.

Consistently, the data and the science show that if our people are not sleeping, eating, or exercising, and have no constructive connections with people and something bigger than themselves, they are at higher risk for mental health issues. We must honor this science through preventative maintenance, putting the right systems and support in place, avoiding those elements that numb or deflect the challenges of our environment, and making our people more resilient.

The stresses of Navy life will test this framework and mindset. ***Stress is not the enemy***; in most cases it should make individuals and teams stronger and better. However, it is important that people recognize when they are being pushed to a breaking point, beyond their level of personal resilience. Just as critical, leaders must set conditions that allow Sailors to engage in self-care and recover from prolonged periods of stress.

As stress becomes larger, relationships with family, peers, and Deckplate Leaders matter most. Having a network to rely on for support and for getting to the resources and help needed is critical to cope, strengthen, and return to optimal performance. Here, ***the value of a connected and cohesive team cannot be overstated***.

Lastly, if mental health care and treatment is required, it is the ***responsibility of the individual to precisely follow the plan provided to them***, keeping leaders informed of progress or the need for additional support.

Nonclinical Practitioners

Leader and peer-to-peer relationships are the primary prevention mechanism to help Sailors succeed. In addition, Command Triads should ***be deliberate in identifying influencers within their commands*** who, whether via raw charisma or leadership, have influence at a level higher than their positional authority enables. Focusing on these influencers is a powerful means of building unit cohesion and connectedness. Not doing so runs the risk of allowing high-risk microclimates to exist.

When possible, even if only for a season of time, influencers should become ***nonclinical practitioners: assigned collateral duties connected to prevention programs or affinity groups***. Prevention program duties include but are not limited to: safeTALK; Command Managed Equal Opportunity; Command Fitness Leaders; Expanded Operational Stress Control (E-OSC) Team Leaders, Suicide Prevention Coordinators (SPC), and Sexual Assault prevention officers. Affinity groups are collections of individuals who share a common identity characteristic.

Navy's current framework for developing an integrated prevention team is contained in the Culture Champion

Network Quick Reference Guide.

All nonclinical practitioners should be given opportunities to build rapport with and train the command, especially through command sponsorship, command indoctrination, command training days, or periodic stand-downs. This approach helps ***ensure all hands are aware of how to apply skills*** before they need resources.

At the individual level, all nonclinical practitioners should be able to recognize when a Sailor experiencing an issue could benefit from a nonclinical response, or referral for additional resources. However, even if a Sailor is receiving clinical services, a ***comprehensive strategy will also include nonclinical support***.

Nonclinical practitioners must become comfortable on advising Sailors on how and when to seek help, including how to communicate their needs up the chain of command. Finally, nonclinical practitioners should recognize when a Sailor's issue has progressed into the clinical realm and are expected ***to keep their command informed*** so senior leaders can help get the Sailor to a higher level of care.

Medical/Clinical Practitioners

Unit readiness relies on medical readiness to help accomplish the mission and mental health care is part of medical readiness. Clinical practitioners provide medical support to prevent, treat, and recover from illness and injury. With stress-related problems, ***clinical providers are brought in once other interventions have failed, or if the situation cannot be managed safely outside of a clinical environment.***

Depending on the type of command and geographic location, clinical practitioners may be embedded in the actual command and in both the Command Resilience Team (CRT) and the Cultural Champion Network (CCN). Each of these resources focuses on a different level of acuity. In some geographic areas, ***local guides, such as the one on the back cover*** have been created to help leaders of all levels understand what different clinical services are available and how to access them.

Roles and responsibilities of clinical mental health support include timely access to ***clinical assessments and treatment***; and timely communication with commands on issues concerning ***psychological readiness*** of their individual Sailors when appropriate (as outlined in DoDI 6490.08). They also provide coordination of care with other clinical and nonclinical resources.

Beyond the clinical scope, they provide consultation with commands on individual and unit-level concerns relevant to psychological readiness through the ***CRT and Human Factors Councils (HFC),*** as well as subject matter expertise support in ***building resilience and mental toughness*** and countering destructive behaviors.

Section 2 - Conversations That Matter

For both the Triad and Deckplate Leader, starting a conversation about mental health – a conversation that matters – benefits from prior preparation. Having the right tools will allow you to skillfully navigate a potentially challenging moment when you are needed most. While there are some specific techniques that can be helpful in this area, there is no better starting point than going out into your command with ***an acknowledgement of your own humanity and that of your crew***.

Creating Time & Space

Starting conversations that matter is simple. ***Take time out from your busy day to ask a Sailor how they're doing and stick around for their reply***. The benefits from this approach are innumerable but a few key benefits are:

- Sets the tone for you as a leader or a peer, showing that you care
- Questions about life outside of work are tiny investments in connectedness
- These conversations are key building blocks that strengthen your team and build culture
- Ensures conversations that matter are a more regular occurrence
- Showing empathy is the foundation of building trust and showing that you care for their well-being
- Revealing your human side makes others feel more comfortable sharing what's on their mind

Any conversation can shift into a conversation on mental health.

Having conversations that matter doesn't fall exclusively on the shoulders of the Command Triads. These conversations should happen at all levels of leadership and can be supported by enrolling in specific trainings to develop the skills. ***Sailors are more likely to trust engaged leaders who ensure they are aware of mental health and prevention resources***.

Sailors or commands will not turn to their leadership in times of hardship if there has never been a conversation with them about anything other than the mission or work. ***Conversations that matter are often deeply personal or controversial***. Sailors are often hesitant to speak up when they don't trust that others will empathize with their point of view or when the organizational culture hasn't embraced connectedness.

Developing your emotional intelligence (EQ) is also important in shaping your ability to have conversations that matter. *EQ is the ability* ***to recognize, understand, and manage our own emotions****; and the ability to* ***recognize, understand, and influence the emotions of others***. It's okay to be uncomfortable with certain topics and emotions but understanding and acknowledging where you struggle will help you to ***Get Real and Get Better***. Tips on how to improve your EQ are part of the E-OSC curriculum and include:

- Slowing down to really ***think*** about what you're hearing and then what you are saying
- ***Practice*** putting yourself in another person's position or rehearsing ahead of time
- Paying attention to body language. ***Identifying and commenting on changes*** like, "I can see you seem overwhelmed" or "You seem stunned. I can tell this is upsetting to you" are ways to acknowledge the challenging emotions

If an everyday conversation shifts and it becomes evident that the Sailor needs care outside your unit, you will be positioned to talk positively about the ***option to use additional resources***.

Having Effective Conversations with People in Need

According to the Centers for Disease Control and Prevention (CDC), ***one in five Americans*** will be diagnosed with a mental illness or disorder at some point in their lives, and our Navy personnel and families are not immune. Mental health problems are so common, in fact, that ***every Navy leader needs to become comfortable talking about the mental health of Sailors and their family members***. Knowing how to enter a conversation about mental health (whether or not it is command directed) requires some knowledge, skills, and tools; but most of all, a positive attitude. Here are some additional suggestions:

Optimizing conversations that matter:

- ✓ Meet in a quiet space without distractions
- ✓ Make the other person comfortable
- ✓ Think about your body language (EQ). Are you conveying support or annoyance?
- ✓ Be authentic—you really care and want to hear what's on their mind
- ✓ Set up another time to talk if you are pressed for time. Make sure to follow-up!
- ✓ Understand sources of stress. Don't assume you know the source
- ✓ Observe non-verbal cues

Use Empathy: In the online age with reduced face-to-face interaction, one key element for healthy communication is often missing: ***empathy***. While sympathy involves feeling for others, empathy feels with someone (e.g., "I empathize with you because of your situation of not being selected for promotion—I remember when I was passed over. I felt sad and mad.") Empathy is necessary for healthy relationships and conversations that matter—when we are talking with someone in need, it is better to engage them empathically. ***Empathy says, "you are not in this alone" and provides a pathway to hope and help.***

Active Listening: Active listening requires ***intentionality***—directing our eyes, ears, and conscious awareness toward the person you are talking with. Active listening allows individuals to express themselves freely without feeling judged and includes paying attention to non-verbal clues and cues people make (see above). Up to 70% of interpersonal communication is non-verbal. Active listening means giving the speaker your undivided attention. A few key features of active listening are:

- Give verbal responses based on what is being said, and show you are listening
- Offer responses to bad news that include, "that must be difficult" or "I can appreciate your feelings"
- Responses do not need to convey agreement but only that the individual is being heard
- ***Avoid the "fix-it" reflex*** and focus on the message by reflecting what you heard, rather than your recommendation of how to "fix it"

Be Engaged: To show respect for the other person, avoid having furniture or a desk between each other as that may communicate the use of power, an interpersonal distance or barrier. Preplan and be sure to hold phone calls until after the conversation ***so you won't be interrupted***. When interruptions are unavoidable, briefly assess if the current conversation should be rescheduled. If you must reschedule, express that you want to respect what is being said and you will reach out soon to set up another time to talk. Additional best practices include:

- Position yourself in ***a non-threatening way*** with body posture to put the other person at ease. Directly facing someone and hands lowered is typically understood as a non-offensive posture. Always give those you are talking to space to move and even walk away, if necessary
- Avoid being animated with your hands; ***your hands could help or even hinder you*** in talking with someone about mental health issues
- Look directly at the person, but do not make it a staring game. Do not look at your watch or smartphone. ***Keep a clock visible to you in your office if needed***. Give your undivided attention
- Nod in response. Do not smirk and rock your head side to side. ***Match your facial expressions with your emotions***. Smile when appropriate and show concern when needed. Manage your emotional response. Do not keep a "poker face" or over-react
- Avoid "mind-reading." If someone looks uncomfortable, do not assume why. Simply ask them calmly, "I appreciate you talking with me, and I want you to be comfortable in discussing this matter with me. ***Is there anything I can do to make you feel more comfortable?"***

Understand Stressors: Meeting operational commitments is our central focus but cannot cause tunnel vision leading us to miss our people problems. Sailors experience stress from a variety of sources, both inside and outside of work. What may at first glance appear to be a workplace interpersonal issue might be a symptom of a

bigger problem on the home front. E-OSC Module 2 details how to use stress to build resilience and describes the negative impact associated with being either over-challenged or under-challenged.

Recognize and Mitigate Personal Bias: The human brain is hardwired to make snap decisions based on previous experiences and judgements. These then become our biases. Biases are ***reflexive*** signals that can turn into stereotypes, preferences, prejudices, or habitual reactions we may have towards others. Bias can be ***either conscious or, more dangerously, unconscious***. Bias is a natural part of life, and it is not always negative, but left unchecked, can cause great harm. Common examples in a military organization might include items such as differences in rank, age, sex, sexual orientation, ethnic background, religion, or leadership position.

Introversion/Extraversion and Personality: Introverts and extraverts approach human interactions differently. The extravert seeks out conversations and interactions with others as they are energized by the human interaction. In contrast, the introvert finds energy in their private time away from others. You may find that the person you are talking with may be the opposite of your personality. ***Adapting to their style will help build rapport.***

Stigma: The stigma associated for getting help for mental health illness or disorders has unfortunately been historically rooted in our culture. As a leader, you should ***be explicit in letting people know it's ok to ask for help***. Further, when appropriate, asking, "Are you thinking about suicide?" can be essential to getting someone help. For additional information on reducing or preventing stigma, please consult CDC's Reducing Stigma website.

Some Conversations Will Become Hard: Mental health professionals, counselors, and chaplains are trained to have difficult conversations with those they serve. For the rest of us, it's more challenging. The person in need may not be forthcoming, and they may not want to open up no matter what you do. As a leader, you may feel pressure to have every answer, or you may feel unsure of how to have these conversations. Know that you are not alone and that your support personnel (mental health professionals, counselors, and chaplains) are there to help. It is important ***to be prepared, know yourself, know your limitations, and know who to refer to or confer with*** before you talk with someone about their mental health. Additionally, Mentalhealth.gov provides significant additional information about how to talk about mental health.

Command-Directed Conversations: When someone is unwilling to get help, a command-directed mental health evaluation (MHE) may be required. There are policies and procedures for commands to use when conversations that matter go beyond your ability to help (see Section 3 - Identifying and Responding to a Mental Health Related Concern). Remember, if someone is thinking about harming themselves or others you have an obligation to warn and get them help. ***You may even have to call 911 or the Military and Veterans Crisis Line at 988 + 1***.

Conclusion

Final tips on Conversations that Matter:

- Find a quiet place to talk if possible
- Be positive
- Avoid minimizing such as: "You are just having a bad day"
- Use appropriate language that does not stigmatize
- Ask questions like, "How are you feeling?" "What support do you need?" "Can I help you?"
- Do not be judgmental
- Know your limitations, know how and where to refer
- Never leave someone alone that you think may harm themselves or others
- Rank matters. If you are senior to the person you are talking with, make sure you do not use your rank as power. Instead, use it for empowerment!

And finally, in our organization, stress is part of the job. While we may be managing our stress and assisting others with theirs, at the end of the conversation we need to remember to return inward and take care of ourselves. ***If we do not take care of ourselves, we won't be able to help take care of others***.

Section 3 - Identifying and Responding to a Mental Health Related Concern

Identifying a Sailor in Distress Can be Challenging: For most Sailors, mentorship, support, and problem-solving skills will give them what they need to stay in the fight. While there is no single pattern to indicate that a situation requires a clinical response, there are signs that leaders can use to determine when the supportive approach within the chain of command needs to be augmented. Sometimes negative emotions are normal for the situation (e.g., relationship problems, failing to promote) but ***when negative emotions or anxiety clearly get in the way of normal functioning at work or home, the person may benefit from professional care***. Family, friends, or shipmates may recognize changes or problems that a person doesn't see in themselves.

Patterns of Behavior: A key element of determining whether a clinical issue has developed is ***identifying departure from a Sailor's usual behavior and performance***. A command's knowledge of their crew is critical to determine whether Sailors are behaving differently. Red flags can include a wide range of varying behaviors from small deviations in normal patterns to suicidal ideation and suicide-related behaviors.

Look for behavioral changes like:

- ✓ Concerning statements
- ✓ Destructive behaviors
- ✓ Declining performance at work
- ✓ Interpersonal conflicts
- ✓ Social withdrawal

Safety Concerns: Suicidal statements, attempts, or related behaviors are all a basis for ***immediate referral*** and assessment. In addition, indications of impulsivity, or potential for violence without provocation should be referred for evaluation. If leaders observe a distinct decline in appearance, attention, concentration, behavior, or impulse control it may reflect impairments in a Sailor's ability to safely perform their duties. ***In those cases, it is ideal to talk with the Sailor about it, take corrective steps, and if needed, involve a professional counselor.***

Misjudging Signs: There is broad concern about the consequences of misjudging how distressed an individual might be. All Sailors are encouraged to rely on their General Military Training for Suicide Prevention and the ***key tenants of Ask/Care/Treat*** with regard to identifying warning signs, asking direct questions about suicidal thoughts, and taking clear and decisive action to get a Sailor to evaluation and treatment when necessary.

Responding with Compassion

Connecting with the Sailor in need, providing encouragement, asking for ways that the command can support the Sailor, and encouraging a process of continuing dialogue are critical to ***ensure that the Sailor stays engaged with the command as the matter evolves***. All members of the command are positioned to encounter a fellow Sailor that is struggling. Balancing administrative and operational responsibilities of leadership will set the stage to successfully reintegrate them back into the command later.

How to provide an empathic response to a distressed Sailor:

- ✓ Engage in Active Listening
- ✓ Ask, "How can I help?"
- ✓ Encourage Sailor to engage leadership
- ✓ Engage leadership to ensure safety of the impacted Sailor

Unique Considerations at Each Level of the Chain of Command

Peer Support: Peers are frequently the first in the command to learn about a fellow Sailor's struggles. Problems like suicidal thinking or substance misuse are discussed among them with the belief they will be kept in confidence. Problems shared in confidence can create a unique moral dilemma which must be approached carefully for the welfare of the Sailor in crisis and others. Peers may also be first-hand witnesses to destructive behaviors, such as binge drinking, reckless driving, or performance problems. Sailors who are bystanders to these problems may be fearful to report them based on self-incrimination for their own participation. Let your Sailors know that they have multiple management options:

- The command ***Chaplain*** can offer them guidance under the protection of absolute confidentiality.
- A ***Military and Family Life Counselor (MFLC)*** does not maintain records of counseling sessions.
- Sailors can seek assistance on behalf of the peer even if it breaks supposed confidence.

Ultimately, safety is the priority. ***The action could be the difference between life and death.***

Deckplate Leadership: Deckplate Leadership is expected to maintain a culture where Sailors are treated with fairness and respect so that all Sailors are comfortable bringing forward concerns. Keeping confidentiality is important to building trust, however, ***when there is any question about a Sailor's safety, information must be passed up the chain of command***. If Deckplate Leadership believes that it can be handled at their level, they should keep the chain of command informed throughout the process. Additionally, Deckplate Leaders should actively seek assistance from command experts, such as the senior medical department representative, chaplain, or E-OSC team leader to assist their Sailors.

Triad: The Triad is charged with receiving information from the impacted Sailor and chain of command in a manner that ***supports not only the individual but the command climate and mission***. COs need to exercise compassion and care of each individual Sailor while balancing the operational and administrative requirements inherent in being a CO.

Command Communication with Medical

The Health Insurance Portability and Accountability Act (HIPAA) and DoDI 6490.08: DoDI 6490.08 guides the communication *from* a medical provider *to* a Sailor's command and specifies that medical professionals "shall follow a presumption that they are not to notify a Service member's commander when the Service member obtains mental health care or substance abuse education services." ***However, there are several conditions where a mental health provider is required to share this information with the provider's commander***. Very often, information provided by the provider back to the command is essential to the leadership and support of the Sailor.

Key provisions of DoDI 6490.08:

- ✓ Medical providers follow a presumption not to notify commands for mental health unless there is a requirement for disclosure.
- ✓ A CO can designate an individual in writing to receive protected health information.
- ✓ Protected Health Information can be shared within the command as long as it is "necessary for the conduct of official duties."

COs should know that ***they are under no such limitations*** when communicating back to medical providers. ***Commands are ENCOURAGED to contact providers with contextual information that may affect the treatment team's understanding, treatment plan, and disposition for that Sailor***. Communication may include Sailor-specific factors like an uncharacteristic outburst, or ongoing disciplinary factors. This could also include more general contextual information like trends and patterns at the command including trends in disciplinary actions among other Sailors, previous suicide attempts, deaths, other adverse events, completed or pending deployments, changes in OPTEMPO or even trends in substance misuse, Alcohol Related Incidences, or DUIs. ***Let the Sailor know in advance that you will be calling their provider and explain why.*** If they find out later, and were not informed, it could damage trust and future communications.

COs can also delegate other individuals in their command to receive protected mental health information from a receiving medical facility. Per DoDI 6490.08, "Notification to the commander concerned pursuant to this instruction shall be to the commander personally or to another person specifically designated in writing by the commander for this purpose." ***Designating personnel in advance, in writing early on will support timely and direct conversation when acute issues arise***. In addition, information outside the limitations in DoDI 6490.08 can be shared with the patient's command as long as the patient consents.

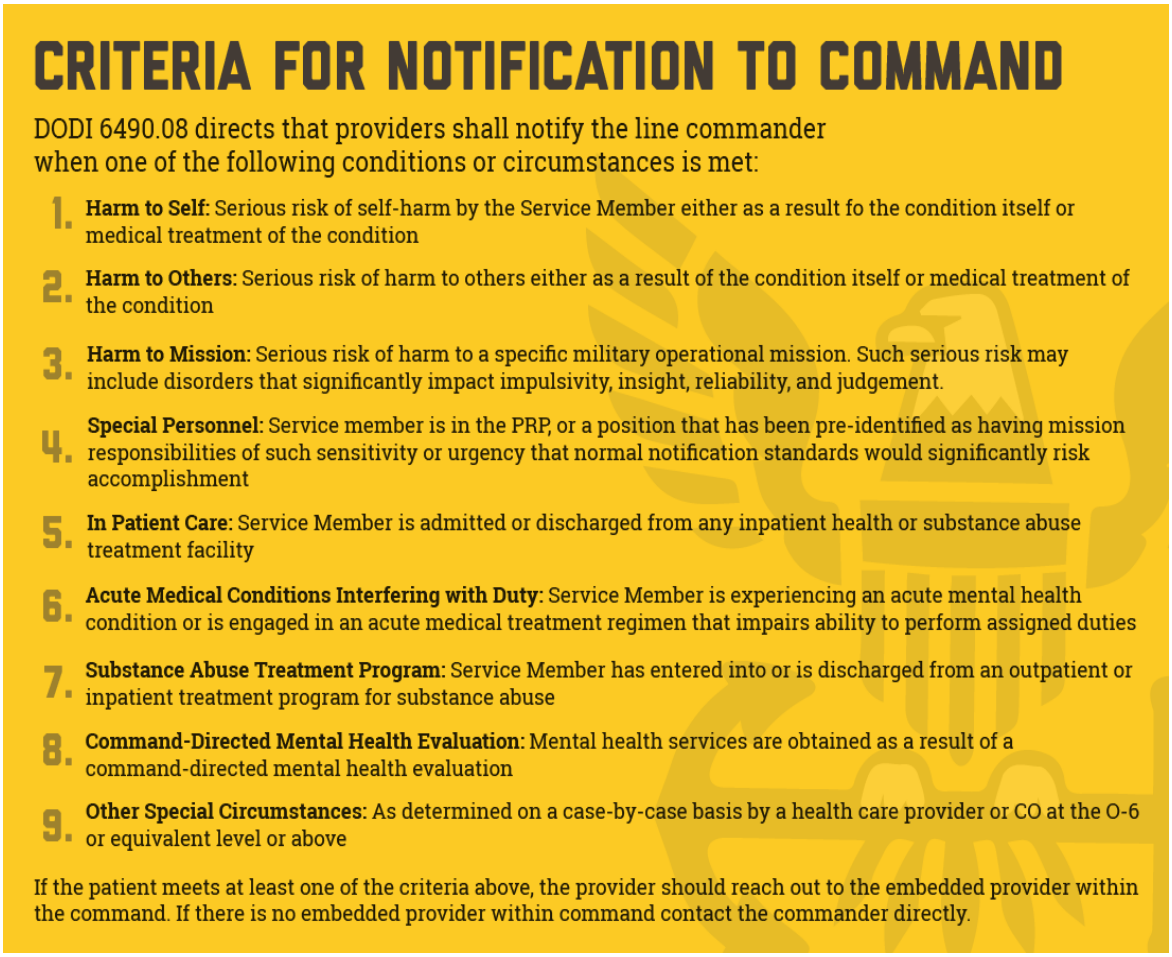

FIGURE 2. MANAGING PRIVILEGED COMMUNICATION BETWEEN PROVIDERS AND COMMANDS. WHILE WRITTEN FOR PROVIDERS, FIGURE 2 OFFERS RESOURCES FOR COMMANDS, AS WELL.

DoDI 6490.08 also specifies that commanders can share information within the chain of command if sharing that information is ***"necessary for the conduct of official duties."*** For example, if a medical professional communicates to a CO that the Sailor has duty limitations, the CO may share that information down the chain of command as needed to execute the required duty limitations. However, only the minimal amount of information should be shared and only to individuals with a "need to know."

The Warm Hand-Off

The good rapport established with a Sailor prior to engagement with the mental health team can be undone by the perception of indifference during the hand-off process. Timely drop-off and pick-up from appointments, coordinated contact with medical, and check-ins with the Sailor to inquire into how the process went can prevent the perception of being disregarded by the command. A warm hand-off in health care is used to describe the "hand-off" of care between medical providers. In general, a warm hand-off will provide collateral information to augment and/or de-conflict the narrative leading to the patient's encounter with medical. ***When necessary, an escort may be employed to coordinate safe transfer and facilitate communication.***

Escort Best Practices:

- ✓ Provide empathy, a supportive presence, and continuity throughout the process
- ✓ Communicate command observations and contextual information
- ✓ Affirmatively ensure that the patient was delivered to the right place, at the right time
- ✓ Provide a command contact with name and telephone number
- ✓ Obtain medical POC with name and contact
- ✓ Remain on-site until released by medical personnel

Command-Directed Evaluations

Command-Directed Evaluations, when needed, are straightforward. The process is clearly articulated in DoDI 6490.04**,** which ***covers both emergent and non-emergent Command Directed Evaluations***.

Sailor Self-Referred Evaluation

Sailors may request a referral for a MHE as soon as is practicable on any basis, including: personal distress, personal concerns, and trouble functioning in activities valued by the Service member and performing duties that may be attributable to possible changes in mental health. This request can be made from a Sailor to a CO or supervisor in grade E-6 or above. The self-initiated referral process is outlined in NAVADMIN 166/23 and accompanying fact sheet.

NAVADMIN 166/23 highlights

- ✓ Sailors desiring an appointment through the military health system can directly schedule an appointment for mental health care without a referral.
- ✓ Sailors can request an evaluation at any time, in any environment, for any reason, and do not need to specify a reason for the request.
- ✓ Sailors 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 and E-6 and above Supervisors must ensure Sailors understand all resources available to receive mental health care. If a Sailor requests a mental health evaluation through the chain of command, refer the Sailor to a mental health provider as soon as practicable.

Admin/Reporting Considerations

Medical staff may set duty limitations to support the needs of both the Command and the Sailor. In addition, a CO may take administrative action by suspending duties or responsibilities such as access to firearms or removal from the watchbill for complex or dangerous evolutions. ***The focus of this action is on the safety of the affected individual Sailor and their shipmates***. This should be explained to the Sailor so that they understand these actions are not punitive in nature and are part of the overall plan for their treatment and reintegration. Regarding access to classified material, Sailors wrongly fear that seeking mental health care could adversely impact their security clearance eligibility. ***This is not the case***. The Mental Health Fact Sheet explains that seeking mental health services does not in and of itself affect one's ability to gain or hold a security clearance eligibility. Adjudicators regard seeking necessary mental health treatment as a ***positive step*** in the security clearance process.

Conclusion

Engaged and invested leadership is critical to the success of Sailors in supporting their mental health. This hands-on approach results in well-established lines of communication with Sailors, Deckplate Leaders, and medical staff throughout the process of referral and treatment. COs are not expected to have all the answers, but they are expected to ***maintain relationships*** with subject matter experts to assist them in their decision making.

Where barriers cannot be fixed at the CO's level, commanders are expected to elevate the concern to their Immediate Superior in Command (ISIC) or Type Commander (TYCOM) to request assistance in navigating to a solution.

DoDI 6490.04 Highlights

- ✓ COs who in good faith believe a Sailor may require a MHE are authorized to direct an evaluation.
- ✓ A commander or supervisor will refer a Service member for an *emergency MHE* as soon as is practicable if:
  - A Sailor, by actions or words, intends or is likely to cause serious injury to themselves or others.
  - The facts and circumstances indicate that the Sailor's intent to cause injury is likely.
  - The CO believes that the Service member may be suffering from a severe mental disorder.
- ✓ When a CO, in good faith, believes that a Service member may require a *non-emergency* MHE, they will:
  - Advise the Sailor that there is no stigma associated with obtaining mental health services.
  - Refer the Sailor to a mental health provider, providing both name and contact information.
  - Tell the Sailor the date, time, and place of the scheduled MHE.

Section 4 - Navigating Support Systems

Navigating mental health care support systems can be confusing, which may result in Sailors not receiving the right care for the right reason at the right time. Strong relationships with key contacts in the local medical and mental health care system will equip COs to best advocate for their Sailors in need.

> Commands and Mental Health resources/providers must build each other up, recognizing they are in this together.

As much as a commander may want to communicate to their Sailors that they are not in it alone, ***COs are not alone in it, either***. If you encounter barriers that you are unable to solve at your level, ask for help from the cadre of professional advisors available at your ISIC or TYCOM (e.g., fix or elevate) – these higher echelons will have more established relationships with regional health care systems to facilitate needed care.

Networking and Discovering Resources

Relationship building and networking are foundational to this process. Successful commands will build relationships with local mental health resources well in advance of a difficult situation. For commands with Embedded Mental Health Program (EMHP) Providers, ***EMHP providers*** should provide this networking function. For commands without embedded mental health resources, the ***Medical Officer, Independent Duty Corpsman (IDC)***, or another member of the CRT can take on the function of building these connections.

Similarly, the ***local mental health community*** will want to build a relationship with any commands that will be referring Sailors to them. As part of the triangular relationship described in *Section 1 – Roles and Responsibilities*, they need to know who to call to help to get the correct information, such as overcoming administrative roadblocks, and the impact of operational schedules. There is no way for mental health providers to keep up with changes in local leadership. As a result, ***it is up to the command to take the first steps in initiating contact and building the relationship***, whether that relationship is with military healthcare, Veterans Affairs (VA), or community resources.

Steps:

1. Ensure leaders are trained in E-OSC ***Module 9*** (Combat and Operational Stress First Aid) and ***Module 10*** (Core Leader Functions). This will help leaders understand that they are an important link in the chain of care and coordination
2. ***Make network building a priority for your CRT***. The "How" of navigation requires deliberate advanced planning to facilitate good communication even before problems arise
3. ***Assign designated liaison***(s) within the chain of command to take on this role and ***sign a delegation letter*** allowing them to communicate about matters related to HIPAA on behalf of the Command (see *Section 3 – Identifying and Responding to a Mental Health Related Concern*)
4. Periodically re-contact each resource to ensure the point of contact information is accurate

How to Find Support

There are ***many people whose job it is to advocate for the needs of the Sailor and the Command***:

- Military Treatment Facility's (MTF) Fleet Liaison
- Military hospital's Director of Mental Health oversees clinics or the inpatient ward
- TYCOM Senior Medical, Senior Nurse, or Senior Mental Health Officer to identify what's available
- Each installation has a Fleet and Family Support Center to facilitate care

When care is not available through uniformed or on-base providers, a Sailor may be ***"referred to the network"*** by their PCM. In this case, Sailors may see civilian providers in the community who have a variable amount of experience with military readiness and may charge a copay in addition to billing insurance. This type of care is appropriate for issues that do not involve fitness for duty issues. ***If fitness for duty is a concern, however, every effort should be made for the Sailor to see a Navy mental health provider***. For more help with getting access to community mental health care, please visit MHSNurseAdviceLine.com for web chat and video chat, or dial 1-800-TRICARE (874-2273), option 1.

If you don't know how to locate the capabilities in your area, reach out to:

- ✓ Senior Medical Officers (SMOs): Fleet, TYCOMS, or MTF
- ✓ Fleet Liaisons
- ✓ Plans Operations and Medical Intelligence
- ✓ Local installation command element
- ✓ Adjacent command embedded mental health staff
- ✓ Local Navy Medicine mental health clinics (if available)

Commands are allowed to ask the Sailor for contact information for their provider and then reach out directly. ***Be transparent with the Sailor when communicating with their provider*** and emphasize that the purpose of the communication is to facilitate the Sailor's treatment and re-integration.

Force Multipliers

Buddy Care and Peer Support: It is up to the Command to build a positive culture that empowers buddy care and peer-to-peer support. Buddy care is a form of peer support used to engage individuals during times of stress. These skills are facilitated as a part of the E-OSC program. A person providing buddy care can interact with their buddy on a regular basis to provide early intervention to help with problem solving and normalizing the process of asking for help. Sailors may feel more comfortable talking to peers and may be more willing to seek support when it is delivered by a friend.

The Mental Health Roadmap: Several commands and regions across the Navy have developed a version of a "Mental Health Roadmap" to help people understand how to access the right care, for the right person, at the right time. Using this stepwise approach also preserves function and confidentiality which ***allows the system to be more agile in responding to unexpected needs as they arise***. The Mental Health Roadmap in the back of this playbook is one version that can be used to navigate the system. It is acceptable for commands to ***modify this diagram to meet their local needs***.

Reintegration vs. Transition Away from the Command: Inevitably some Sailors will be pulled away from the Command due to inpatient or partial hospitalization treatment, MEDEVAC, or temporarily assigned to another command**.** All supervisory staff will benefit from E-OSC training on core leader functions which provides best practices for Sailor reintegration. The process will be most successful if the Command has ***maintained an invested interest in the Sailor throughout the duration of their absence***. A command should be proactive in maintaining the relationship to include visits from a command representative or Chaplain when possible, and not place full responsibility for maintaining contact on the Sailor.

When a Sailor's mental health concerns are of such severity that they will not be able to return, commands should plan for them to transition into another role:

- A medical board process will transition the Sailors into VA care
- Administrative Separation will allow the Command to quickly remove the Sailor from a situation where they pose a potential for harm to themselves or others

In either of these cases, there is a need to think about the long-term well-being of the Sailor as they transition. The Command should connect closely with the mental health providers making the recommendations. Also, VA representatives on base should be contacted to determine what benefits the Sailor is eligible for based on the type of discharge they are receiving.

Commands should be sensitive to the fact that it is a critical time for the Sailor who is transitioning. These Sailors may be fearful of the change and will likely experience a cycle of emotions as they let go of old expectations and embrace new opportunities.

Section 5 – Navy's Mental Health Capabilities and Resources

This section provides information on both resources and skill building opportunities that are organized by type. Using skill building approaches up front builds more tough and resilient Sailors and will allow for the resources to be applied in a more agile and efficient manner, if needed.

Nonclinical Tools within Your Command

Programs, Processes & Skills Training

Expanded Operational Stress Control (E-OSC): A Peer-to-Peer program that integrates Combat and Operational Stress Control (COSC) practices and principles with psychological resilience and mindfulness training to improve the overall readiness, resilience and toughness of Sailors and units. The E-OSC program includes modules on Stress & Resilience, Mindfulness, Valued Living, Flexible Thinking, Healthy Behaviors, Problem Solving, Core Leader Functions, EQ, COSC Principles, Combat Operational Stress First Aid, and Buddy Care. The E-OSC program provides tools to do an E-OSC Unit Assessment and Stress-O-Meter to give a unit snapshot of stress levels and causes of stress.

Full Speed Ahead (FSA) 3.0: Builds on the previous courses in the FSA series, with continued emphasis on character, competence, leadership, personal and peer accountability, personal and organizational growth, and emphasizes the themes of toughness, trust, and connectedness. Addresses themes and behaviors that are foundational to the Navy's Culture of Excellence efforts, continuing "necessary conversations" that started with Task Force One Navy. Reinforces CRT concept and E-OSC training.

Warrior Toughness (WT): An evidence-based, holistic human performance skillset that enhances the toughness of our Sailors with a focus on the pursuit of peak performance. The system emphasizes coequal development of toughness in the mind, body, and soul. WT leverages performance psychology skills, with character development, and teaches the Warrior Mindset. This series of performance-focused concepts were initially developed by members of the Naval Special Warfare community. WT skills and concepts are useful for all personnel from the most junior to the most senior and are fully integrated into all accession pipelines and Naval Education Training Command training courses. WT provides a free app designed to serve as a fleet-wide WT resource, and three permanent WT Teams teach The Advanced Warrior Toughness Training – a five-day course designed to help graduates implement WT techniques and principles at local commands.

 Resilience Toolkit: A risk assessment tool for Deckplate Leaders that must be completed as part of the check in process and annually at a minimum.

People and Teams

 Command Resilience Team (CRT): Provide COs with visibility of trends across the command and a means to improve support programs and enhance overall command readiness. Lead by a command's Executive Officer, CRT establishment offer commanders, via command program manager input, a better understanding of factors impacting command personnel.

 Cultural Champion Network (CCN): Combines leaders, partners, processes, and products to make up an integrated Sailor support system at each command. The CCN includes the CRT, Human Factors Council, and Deckplate Leaders. Several command resources and base resources make up the CCN partners when available.

 Human Factors Councils (HFC): CRT HFCs are convened to provide commanders with a better understanding of the overall well-being of personnel and to recommend individualized risk mitigation plans when appropriate.

 Chaplains: Navy Chaplains provide advice on all matters regarding the Command Religious Program, command climate, command morale, unit cohesion, and human factors within the command (command advice). In their capacity as individual advisors, Chaplains leverage the privilege of absolute confidentiality to work in concert with peers and other professionals, including, but not limited to, medical personnel, attorneys, social workers, and mental health professionals. Chaplains may sometimes represent the interests of one party to another, as in the case of making or receiving referrals or when advocating for the needs of authorized personnel. While they have a vital role as religious ministry professionals, Chaplains are also trained to help Sailors solve personal problems in a way that supports positive mental health. They should be involved whenever Sailors would like confidential nonclinical support for difficulty or distress.

Clinical Tools within Your Command

 Periodic Health Assessment (PHA): All Navy and Marine Corps Service members are required to complete a PHA annually. The questions within the PHA ensure the maintenance of medical readiness by (1) Reviewing the Service members' physical and mental health, (2) Assisting health care providers in making readiness determinations, and (3) Recommending present or future care.

 Independent Duty Corpsman (IDC): Medical subject matter expert who may provide first-line care to those in the Command. IDCs provide general medical care to include diagnosis and treatment of a myriad of primary care conditions, like a Primary Care Manager (PCM), referring patients to specialists as needed. They are the medical expert to that ship's CO. The IDC is supervised by a licensed physician.

 Operational Medical Officer (OMO) | General Medical Officer (GMO): Licensed physician who provides supervision to several IDCs. OMOs or GMOs may have their own primary care patients and may refer to specialists at the MTF.

 Embedded Mental Health Providers (EMHP) Program: Predominantly assigned to carriers and large deck amphibious ships, the EMHP team may be located on the ship, on shore at a pier-side clinic, or at the next echelon (e.g., DESRON).

Their primary purpose is to support the psychological readiness of their constituent commands and service members. The EMHP serves as a trusted agent with the flexibility and accessibility to align their services directly with command priorities.

LIKELY MEMBERS OF AN EMHP TEAM

Behavioral Health Tech (BHT): Enlisted Service members who support mental health providers in the Military Health System. BHTs are not licensed providers and must work under the supervision of a licensed provider. BHTs' duties can include clinical support, resilience/toughness training and administrative tasks.

Licensed Clinical Social Workers (LCSW): Independent providers with a master's degree who can provide psychotherapy and command consultation. They provide emotional support, MHEs, therapy, and case management services.

Psychiatric Mental Health Nurse Practitioners (PMHNPs): Registered Nurse Practitioners who have a graduate degree and are specially trained to work in the mental health field. PMHNPs provide clinical assessment and care, much like a doctor would do. PMHNPs utilize both medication and psychotherapy in their treatment plan.

Psychologists: Have a doctoral degree in clinical psychology and provide psychological assessments (testing) and psychotherapy, resilience/toughness training, command consultation and administrative recommendations and forensics (e.g., providing expert testimony in a legal proceeding).

Psychiatrists: Medical doctors who have completed a Psychiatry residency program and can provide psychotherapy, medication, resilience/toughness training, command consultation, administrative recommendations, and forensics (e.g., providing expert testimony in a legal proceeding).

Nonclinical Tools *Outside* Your Command*

 Fleet and Family Support Program/Living Works: Skills training is one of the most effective prevention approaches for the prevention of Suicide. Ensuring your team is trained to respond equips your Sailors to recognize important signs and provide life-saving support. The following training is available by contacting your Fleet and Family Support team or local Chaplain and is available to anyone.

- LivingWorks Start Program is a 90-minute online training that teaches the learner to recognize when someone is thinking of suicide and connect them to help and support.
- LivingWorks safeTALK Program is a four-hour face-to-face workshop featuring presentations, audiovisuals, and skills practice. safeTALK provides learners with suicide prevention skills by recognizing signs of suicide, engaging someone with suicidal ideation, and connecting them to an intervention resource for further support.
- LivingWorks Applied Suicide Intervention Skills Training (ASIST) Program is a two-day face-to-face workshop. This workshop teaches learners how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive. Interventions have been shown to increase hope and reduce suicidality.

 Families Overcoming Under Stress (FOCUS): Provides resilience training to military children, families, and couples. It teaches practical skills to help families and couples overcome common

* Private organizations mentioned are not affiliated with the Department of Defense (DoD) or any Military Service. Mention of any non-federal entities is provided only to inform personnel of other possible information resources and is not an official endorsement of the organization by the Department of the Navy (DoN). Personnel are free to utilize resources of their own choosing.

challenges related to a military life. It helps build on current strengths and teach new strategies to enhance communication and problem solving, goal setting and creating a shared family story.

 American Red Cross: Service ranges from responding to emergency needs for food, clothing, and shelter, referrals to counseling services (e.g., financial, legal, mental health), respite care for caregivers, and other resources that meet the unique needs of local military members and their families. Their Hero Care app can be downloaded from the app/play store, or by texting "GETHEROCARE" to 90999.

 Chaplains Religious Enrichment Development Operation (CREDO): CREDO offers transformational retreat-based programs and non-retreat events designed to assist Sailors and their families in developing the spiritual resources and resiliency necessary to excel in the military environment. CREDO provides commanders with a key resource by which to care for and strengthen their Sailors and families. You may request CREDO services via your local chaplain or installation Fleet and Family Services Center.

 Fleet and Family Support Program/Work and Family Life (WFL): WFL programs directly support mission readiness by preparing Service members and their families for the physical, emotional, interpersonal, and logistical demands of the military lifestyle. WFL programs include:

- Deployment Readiness & Individual Augmentee Spouse and Family Support
- Ombudsman Program
- Transition Assistance
- Relocation Assistance
- Family Employment
- Personal Financial Management
- Emergency Response
- Life Skills
- Exceptional Family Member Program

 Military One Source: Military One Source counselors are available for free, short-term, confidential non-medical counseling services for a wide range of issues from marital conflicts and stress management to coping with a loss and deployments. Sessions can take place in person, over the phone, or via secure video or online chat. Military One Source includes the following services:

 Military and Family Life Counselor (MFLC): These counselors offer nonclinical, confidential counseling and support for Service members, families, and survivors worldwide. Trained to work with the military community, military and family life counselors deliver face-to-face counseling services, briefings and presentations to the military community both on and off the installation. Unit commanders can request MFLCs for additional support for their unit.

 Re the We: Provides relationship development resources, including an online evidence-based program to strengthen your relationship, relationship coaching, relationship counseling, and coping with a breakup.

 Military and Veterans Crisis Line (MCL & VCL): Serves Service members, Veterans, families, and friends. The MCL/VCL provides free, confidential support 24/7, 365 days a year.

Connect with a real person qualified to support Veterans. Call 988, Option 1; Text 838255; or chat online.

 Navy Marine Corps Relief Society (NMCRS): For people having trouble meeting urgent financial needs, NMCRS may be able to provide an interest-free loan or grant. They provide financial counseling to support better financial stability. They understand the unique challenges of military life, and they're ready to listen and suggest options to bring you needed relief. Services are completely confidential.

 One Love Escalation Workshops: Empowers young people with the tools and resources they need to see signs of healthy and unhealthy relationships and bring life-saving prevention education to their communities.

Clinical Tools Outside of Your Command

 Military Treatment Facilities (MTF) and Clinics: Found at military bases and posts around the world, MTFs provide urgent/emergency evaluations through urgent care centers and emergency departments, inpatient psychiatric services, outpatient therapy and medications as well as substance misuse treatment depending on the size and scope of the clinic or hospital. Outpatient mental health services can be accessed by a referral from PCMs, EMHP Providers, and in some locations, have walk in access.

MTF MENTAL HEALTH SERVICES

Integrated Behavioral Health Consultant: Mental health provider stationed in a primary care clinic.

Outpatient Programs: Support and care for Sailors struggling to manage the symptoms of a mental illness who are stable enough to be treated outside of a hospital.

Inpatient Programs: Locked and secure facility to manage psychological problems which are imminently dangerous to the patient or those around them. Typically, a short-term stay option for crisis stabilization and then a return to outpatient treatment. Some facilities have the certification to hold patients on an "involuntary" status for a short period of time.

Residential Treatment Center: A place where individuals can experience 24-hour care, pursuing therapy in a more structured setting than their home environment.

Substance Abuse Rehabilitation Program: Provides screening, preventive, and dual diagnosis treatment for substance use disorders. Care levels offered at DoD-approved MTFs:

- Level 0.5: Early Intervention and Education Program | IMPACT
- Level 1: Outpatient Treatment Services
- Level 2: Intensive Outpatient or Partial Hospitalization
- Level 3: Dual Diagnosis Residential Treatment, Continuing Care
- Level 4: Medically managed Intensive Inpatient Treatment

Alcohol Rehabilitation Treatment Failure can only be considered for Care Levels 2-4.

 TRICARE Network: Any care that Navy Medicine cannot directly provide (other than emergency care) may be referred to the TRICARE network and requires a referral from the military PCM (emergency care does not require a referral). To schedule TRICARE appointments:

- Call assigned MTF appointment line or use the TRICARE Online (TOL) Patient Portal or the MHS GENESIS Patient Portal (TOL is only available to those enrolled to an MTF).

- If a Service member is unable to go to their PCM or military hospital or clinic, they will need a referral or pre-authorization to seek outside care with a network provider (Pre-authorizations are not required for emergency care).
- If a Service member is on leave away from their duty station and requires urgent or routine care:
  - They must still have a referral from their PCM.
  - If after hours, they can call the Nurse Advice Line at 1-800-TRICARE (874-2273).
  - The Service member must call their PCM the next duty day to inform them of care received.

The TRICARE Network includes the following services:

Network Providers: Have a formal agreement with regional network. These providers will only charge copays and accept a negotiated rate as payment in full. Member pays only network copays and cost shares.

Non-Network Providers: Have no formal agreement with regional network and may require full payment up front. Non-network providers can choose to be either "participating providers" or "non-participating providers." Participating providers accept TRICARE-allowable charges as payment in full, however non-participating providers may charge up to 15% more than the TRICARE-allowable charge.

Military Health System Nurse Advice Line: For web chat and video chat, use link, or dial 1-800-TRICARE (874-2273), option 1 for 24/7 access to a registered nurse.

WHEN MIGHT A SAILOR SEE A…

Tricare Network Provider?

1. If enrolled in ***TRICARE Prime***
   - A Sailor's PCM is a network provider if they're not enrolled at a military hospital or clinic.
   - A Sailor will be referred to network providers in their region for specialty care if they can't be seen at a military hospital or clinic

2. If stationed in a remote location for duty and not close to a military hospital or clinic, a Service member may be enrolled in ***TRICARE Prime Remote*** and have slightly different rules for seeing a doctor.

3. If using ***TRICARE Select*** or ***Tricare Reserve Select***, the Service member will pay less for care received from network providers, but he/she is not required to use network providers.

Non-Network Provider?

1. If enrolled in ***TRICARE Prime***, a Service member may see a non-network provider only if approved by regional contractor because no other providers are available.

2. If enrolled in ***TRICARE Select*** or ***Reserve Select***, or if enrolled in ***TRICARE Prime Remote*** and there are no network providers available in their remote location.


Psychological Health Outreach Program (PHOP): BUMED's program dedicated to providing TAR, SELRES and IRR Sailors with full access to appropriate psychological health care services. Contact your local PHOP region for assistance: 1-866-578-PHOP (7467).


Veterans Affairs (VA): The VA provides counseling through Vet Centers to veterans and service members, including members of the Reserve component who served on active military duty in any combat theater or area of hostility. Members of the Navy Reserve may be eligible for VA Health Care benefits.

- VA Mental Health connects veterans and their families to mental health services. Programs aim to enable people with mental health problems to live meaningful lives in their communities and achieve their full potential.
- Vet Centers: Community-based centers that provide a range of counseling, outreach and referral services to eligible veterans to help them make a satisfying post-war readjustment to civilian life.


Special Psychiatric Rapid Intervention Team (SPRINT): Provides on-site, short-term mental health support to requesting commands immediately after critical events when local resources are overwhelmed or do not exist.


Organization Incident Operational Nexus (ORION): Provides long-term tracking of Sailors and Marines involved in unit-level traumas providing targeted outreach to those at elevated risk for

psychological injury. Outreach coordinators call Sailors and assist those requesting help to the level of care desired.

Other Non-Military Services Available to You & Your Command

Give an Hour: Nonprofit that offers barrier-free access to mental health care for Active duty, National Guard, Reserve and Veterans. Provides no-cost counseling through a network of volunteer mental health professionals with a focus on people impacted by military service, mass violence, opioid epidemic, and interpersonal violence.

The Lifeline and 988: The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis. 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline). When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen, understand how their problems are affecting them, provide support, and connect them to resources if necessary.

PsychArmor Institute: Access more than 250 free military culture educational products for healthcare providers, Veterans, employers, military family members, and more. Topics include mental health, caregiving, wellness, Service member transition, and more.

Vet4warriors: Peer counselors to speak with 24/7 via call (1-855-838-8255), email, or chat. Operating completely independent of the VA and the U.S. military, callers can feel confident that everything they will always remain 100% confidential. This program complements official government resources available to service and family members, veterans, and caregivers.

If you have questions or comments about the Mental Health Playbook, you may provide feedback at https://usnavy.gov1.qualtrics.com/jfe/form/SV_3TPa6KzNT2prMrQ

To download a digital copy of the Mental Health Playbook, visit our website at https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Leaders-Toolkit/Mental-Health-Playbook/

Resource	Name	Phone/e-mail
Unit Medical Lead (IDC, OMO, GMO, SMO)		
ISIC Medical Lead		
Deployed Resiliency Counselor		
Embedded Mental Health Provider		
MTF		
- Emergency Room		
- Mental Health Department		
Embedded Integrated Prevention Coordinator/Deployment Resiliency Educator		
Chaplain		
E-OSC Team Leader		
Suicide Prevention Coordinator		
Sexual Assault Prevention Response Victim Advocate		
Family Advocacy Program Coordinator		
Victim and Witness Assistance Program		
Staff Judge Advocate		
Drug and Alcohol Program Advisor		
Command Fitness Leader		
Fleet and Family Readiness Center		
Fleet and Family Support Center		
Military & Family Life Counselor		
Military OneSource		1-800-342-9647 / 988 opt. 1
Navy Marine Corps Relief Society		
VA Veteran Center		
Other		

COs should understand the resources available to your command and have contact information for the relevant POCs for each resource ***before you need to call them***. Work with your ISIC or TYCOM to understand the laydown for your command.

MENTAL HEALTH ROADMAP

Are you feeling stressed and need help, but don't know where to start?

START HERE

CHAIN OF COMMAND

Start with your peers & your supervisor! Often, they can help you get to the right resource. Sailors are encouraged to talk to their front line leader (E-6 or above) and/or Chain of Command if they are struggling or need assistance in any way.

EXPANDED OPERATIONAL STRESS CONTROL

Navywide peer-to-peer stress control program that provides resilience education and training that promotes early recognition and mitigation of stress-related problems.

Contact your E-OSC Team Leader:

_____

COMMAND CHAPLAINS

Chaplains provide more than spiritual counseling – talking to your Chaplain is 100% confidential, with no reporting requirements and no health record documentation.

Contact your Chaplain:

_____

MILITARY ONESOURCE

Counseling for family, financial, stress, and coping skills with no referral needed and no health record documentation.

Contact Mil OneSource:
800-342-9647 or live chat on www.militaryonesource.mil

FLEET AND FAMILY SUPPORT CENTER

Offers individual and couples life skills counseling, with no referral needed and no health record documentation.

Contact your FFSC:

_____

MILITARY & FAMILY LIFE COUNSELING

MFLC provides non-medical counseling with flexible locations, no referral needed, no health record documentation, and minimal reporting requirements.

Contact your MFLC:

_____

INDEPENDENT DUTY CORPSMAN/ GENERAL MEDICAL OFFICER

IDCs and GMOs can place referrals to embedded mental health, MTFs, and network providers for serious conditions. They provide medical management for most mental health concerns and can communicate with CO and other providers.

Contact your IDC or GMO:

_____

EMBEDDED MENTAL HEALTH

EMH can evaluate and treat mental health conditions with therapy and medication. EMH is authorized to determine fit for duty and to communicate diagnosis and plans with other providers and CO.

Contact your EMH:

_____

MILITARY TREATMENT FACILITIES

Provide inpatient psychiatry and emergency room services, group treatment, and comprehensive care; authorized to make military duty determinations and to communicate with other providers and CO.

Schedule an appointment:

_____

EMERGENCY ROOM

ERs are for life-threatening conditions; ie. the patient is a danger to self or others, or has become gravely disabled.

MyNAVYHR
Serving Sailors 24/7