SUBJECT: Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation

References: See Enclosure 1

1. PURPOSE. This instruction, in accordance with the authority in DoD Directive 5124.02 (Reference (a)):

   a. Establishes the policy for person-to-person deployment mental health assessments for each member of the Military Services deployed in connection with a contingency operation according to Section 1074m of Title 10, United States Code (Reference (b)).

   b. Implements policy for serial deployment mental health assessments in accordance with the Secretary of Defense Memorandum (Reference (c)).

   c. Incorporates and cancels Assistant Secretary of Defense for Health Affairs (ASD(HA)) Memorandum (Reference (d)) and Directive-type Memorandum 11-011 (Reference (e)).

2. APPLICABILITY. This instruction applies to OSD, the Military Departments, (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the combatant commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.

3. POLICY. It is DoD policy that person-to-person deployment mental health assessments be conducted for each Service member deployed in connection with a contingency operation, subject to the limited exceptions provided in this instruction. The mental health assessments will be conducted during four/five time frames in a consistent manner across the Military Services and will be administered at least 90 days apart:

   a. Within 120 days before the estimated date of deployment.
b. Once during each 180-day period during which a member is deployed (in-theater mental health assessment).

c. Between 90 and 180 days after return from deployment.

d. Between 181 days and 18 months after return from deployment.

e. Between 18 and 30 months after return from deployment.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. INFORMATION COLLECTIONS. The periodic health assessments, referred to in Paragraphs 1.d and 2.b of Enclosure 3 of this issuance, do not require licensing with a report control symbol in accordance with Paragraphs 3.1.b.(4) and 3.1.b.(13) of Volume 1 of DoD Manual 8910.01 (Reference (f)).


78. EFFECTIVE DATE. This instruction:


— b. Must be reissued, cancelled, or certified current within 5 years of its publication to be considered current in accordance with DoD Instruction (DoDI) 5025.01 (Reference (f)).

— c. Will expire effective February 26, 2023 and be removed from the DoD Issuances Website if it hasn’t been reissued or cancelled in accordance with Reference (f).
Enclosures
   1. References
   2. Responsibilities
   3. Procedures
Glossary
ENCLOSURE 1

REFERENCES

(b) Section 1074m of Title 10, United States Code
(c) Secretary of Defense Memorandum, “Final Recommendations of the Ft. Hood Follow-on Review,” August 18, 2010
(d) Assistant Secretary of Defense for Health Affairs Memorandum, “Mental Health Assessments for Members of the Armed Forces Deployed in Connection with a Contingency Operation,” July 19, 2010 (hereby cancelled)
(e) Directive-type Memorandum 11-011, “Mental Health Assessments for Members of the Military Services Deployed in Connection with a Contingency Operation,” August 12, 2011 (hereby cancelled)
(f) DoD Instruction 5025.01, “DoD Directives Program,” September 26, 2012, as amended
(h) DoD Instruction 6490.03, “Deployment Health,” August 11, 2006
(j) DoD Instruction 6490.08, “Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members,” August 17, 2011
ENCLOSURE 2

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). In coordination with the ASD(HA), the USD(P&R) will provide criteria, guidance, and instruction to incorporate deployment mental health assessment requirements into appropriate DoD deployment health assessment policy, program, and budget documents.

2. ASD(HA). Under the authority, direction, and control of the USD(P&R), the ASD(HA) will monitor compliance with this instruction.

3. DIRECTOR, DEFENSE HEALTH AGENCY (DHA). Under the authority, direction, and control of the ASD(HA), the Director, DHA, will ensure verification of provider training and compliance in accordance with DoD Instruction (DoDI) 6200.05 (Reference (g)).

4. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS (ASD(M&RA)). Under the authority, direction, and control of the USD(P&R), the ASD(M&RA) will ensure that relevant deployment mental health assessment requirements and procedures for the Reserve Components are consistent with those established for Active Components as appropriate.

5. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments will:

   a. Ensure that all health care providers are trained and certified to perform deployment mental health assessments and to make appropriate clinical referrals in accordance with this instruction. Licensed mental health professionals are considered previously trained and certified and do not require the additional training described in this instruction.

   b. Develop implementing guidance for their Department in accordance with this instruction.

6. CHAIRMAN OF THE JOINT CHIEFS OF STAFF (CJCS). The CJCS will take appropriate actions to incorporate in-theater mental health assessment requirements from this issuance into relevant joint doctrine, training, and plans, as appropriate. The CJCS will also monitor the implementation of in-theater mental health assessments as required by this instruction in consultation with the Commanders of the Combatant Commands and the Chiefs of Staff of the Military Services.
7. **COMBATANT COMMANDERS.** The Combatant Commanders will ensure in-theater mental health assessments are implemented as required by this instruction.
ENCLOSURE 3

PROCEDURES

1. GENERAL

   a. DoDI 6490.03 (Reference (h)) prescribes the circumstances under which pre- and post-deployment health assessments are required for Service members who deploy. All deploying Service members who are required to complete deployment health assessments in accordance with Reference (h) will be required to complete a person-to-person pre-deployment mental health assessment and three post-deployment mental health assessments. In situations where pre-deployment health assessments are not required by Reference (h), but commanders require post-deployment health assessments because a Service member was exposed to operational risk factors during the course of the deployment, post-deployment mental health assessments will also be required.

   b. Leadership responsibilities to ensure compliance, types of providers (in addition to licensed mental health professionals) who can conduct person-to-person assessments, and the instructions and exemptions for a comprehensive deployment health program are delineated in Reference (h).

   c. The purpose of the deployment mental health assessment is to identify mental health symptoms and conditions that, among other things, identify individuals at risk for suicide and post-traumatic stress disorder (PTSD), suicidal tendencies, and as well as other behavioral mental health conditions that require referral for additional care and treatment in order to ensure individual and unit readiness. The Service member and health care provider components of the mental health assessment are provided at http://fhpr.osd.mil/mentalhealthassessment or http://fhpr.osd.mil/mha. These assessments must:

      (1) Include a person-to-person dialogue (e.g., face-to-face, by telephone, or video teleconference) and must be conducted in a private setting to foster trust and openness in discussing sensitive health concerns.

      (2) Be conducted within the time frames cited in the policy section of this instruction, and at least 90 days apart.

   d. Currently administered periodic health assessments and other person-to-person assessments (e.g., the Post-Deployment Health Reassessment) will meet the time requirements for the pre- and post-deployment mental health assessments only if they use all the psychological and social questions included in the deployment health assessment forms (DD Form 2795, “Pre-Deployment Health Assessment Questionnaire,” and the DD Form 2900, “Post-Deployment Health Reassessment,” or DD Form 2978, “Deployment Mental Health Assessments”, and if they are conducted in a manner specified in paragraph 1c of this enclosure.
e. If an individual begins preparing to deploy again before completing any of the three required post-deployment mental health assessments and, as part of that process, completes a pre-deployment mental health assessment, the individual’s deployment mental health assessment cycle will then reset and the requirement to complete the post deployment mental health assessments will be considered satisfied.

f. These deployment mental health assessments are conducted by either an independently licensed mental health professional or a trained and certified health care provider (specifically a physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, special forces medical sergeant, independent duty medical technician, or independent duty health services technician). Deployment mental health assessments may also be conducted by a mental health technician provided:

(1) That technician has completed the training and certification requirements described in section 3 of this enclosure.

(2) An independently licensed mental health provider, physician, nurse practitioner, or physician assistant is available to supervise and countersign each assessment before a disposition is made.

g. In-theater mental health assessments will be conducted by personnel in deployed units whose responsibilities include providing unit health care services if such personnel are available and the use of such personnel for the assessments would not impair the capacity of such personnel to perform higher priority tasks. In addition, these personnel must meet the requirements of Paragraph 1.f. of this enclosure. Scheduling in-theater mental health assessments must be made in consideration of and seek to lessen potential impacts on the operational mission.

2. DEPLOYMENT MENTAL HEALTH ASSESSMENTS


(1) Stage 1 involves the completion of a self-report survey which includes initial screening questions that are completed by all deploying Service members requiring the assessment. This stage is designed to detect potential problem areas and define high-risk groups.

(2) In Stage 2, all deploying Service members complete additional questionnaires if the Stage 1 screening for either PTSD or depression is positive. This stage is designed to “drill down” to PTSD and depression criteria, measure symptom severity, and help providers identify concerns for further evaluation or treatment.

(3) Stage 3 is the person-to-person provider interview during which the provider reviews and clarifies responses, identifies areas of concern, conducts Brief Intervention for Risky
Drinking (if applicable) conducts a brief intervention (e.g., brief intervention for risky drinking), provides education (if applicable), and provides referrals for further evaluation or treatment as indicated. It is during this stage that the provider also assesses for risk of suicide or violence toward others.

b. Specific self-report questions for Service members, and specific questions for healthcare providers to use when conducting a deployment mental health assessment are included in the deployment health assessment forms (DD Forms 2795, 2900, and 2978).

c. With the exception of the in-theater mental health assessment, the deployment mental health assessment must include a review of the available health records of the Service member that are related to each previous deployment.

d. Results from these deployment mental health assessments must be recorded in the Service member’s medical record, when available, for life cycle management consistent with DoDI 6040.45 (Reference (i)) to assist with health surveillance of the deploying force and to allow mental health assessment data to be shared with providers from the Department of Veterans Affairs (VA), consistent with applicable information sharing protocols. Before each deployment mental health assessment is conducted, the provider must ensure that the Service member is notified of the sharing of information with the VA in accordance with Reference (b).

e. Healthcare providers will notify the Service member’s commander of any concerns that meet the criteria for disclosure based on DoDI 6490.08 (Reference (j)), including but not limited to risk of harm to self, risk of harm to others, and risk of harm to the mission.

3. TRAINING AND CERTIFICATION. To ensure consistency across the Military Departments, mandatory self-directed training for providers of deployment mental health assessments is available at: http://fhpr.osd.mil/mentalhealthassessment or http://fhpr.osd.mil/mha https://mhaquiz.dhhq.health.mil. A certificate of completion of the training will be provided following the successful completion of the post-test assessment.
GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA) Assistant Secretary of Defense for Health Affairs
ASD(M&RA) Assistant Secretary of Defense for Manpower and Reserve Affairs
CJCS Chairman of the Joint Chiefs of Staff
DHA Defense Health Agency
DoDI DoD Instruction
PTSD post-traumatic stress disorder
USD(P&R) Under Secretary of Defense for Personnel and Readiness
VA Department of Veterans Affairs

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this instruction.

deployed in connection with a contingency operation. The relocation of forces and materiel to desired operational areas in which Service members are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing military force for a period longer than 30 days pursuant to temporary or permanent official orders.

operational risk factor. An activity, event, or circumstance that could increase the risk of physical or psychological injury to a deployed individual. These may include but are not limited to:

- Actual or threatened injury to self.
- Actual or threatened injury or death of others.
- Witnessing or handling human remains.
- Engagement in direct combat.