UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

May 5, 2023
Incorporating Change 3, April 29, 2026

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Directive-type Memorandum 23-005 – "Self-Initiated Referral Process for Mental Health Evaluations of Service Members"

References: See Attachment 1.

Purpose. In accordance with the authority in DoD Directive 5124.02 and Section 1090b(e) of Title 10, United States Code, as added by Section 704 of Public Law 117- 81, this directive-type memorandum (DTM):

- Establishes policy, assigns responsibilities, and provides procedures for a self-initiated process that enables Service members, as defined in the Glossary, to trigger a referral for a mental health evaluation (MHE).

- Is effective May 5, 2023; it must be incorporated into DoD Instruction (DoDI) 6490.04. This DTM will expire effective May 5, 2027.

Applicability. This DTM applies to OSW, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of War, the Defense Agencies, the DoW Field Activities, and all other organizational entities within the DoW.

Definitions. See Glossary.

Policy.

- Service members can initiate a referral process for an MHE through a commanding officer or supervisor who is in a grade above E-5 on any basis, at any time, and in any environment.

- The DoW fosters a culture of support to create an environment that promotes help-seeking behaviors and reduces the stigma for help-seeking in the provision of mental health care.

- Service member patient rights and confidentiality are protected as much as possible, in accordance with requirements for confidentiality of health information pursuant to Public Law 104-191 (also known and referred to in this

DTM as the "Health Insurance Portability and Accountability Act of 1996"), applicable privacy laws, and DoW privacy regulations, including DoDI 5400.11, DoD 5400.11-R, DoD Manual 6025.18, and DoDI 6490.08.

Responsibilities. See Attachment 2.

Procedures. See Attachment 3.

Summary of Change 3. This change:

- Extends the expiration date for the DTM to May 5, 2027.
- Updates language in accordance with the October 10, 2025 Secretary of War Memorandum.

Releasability. Cleared for public release. Available on the Directives Division Website at https://www.esd.whs.mil/DD/.

Gilbert R. Cisneros, Jr.

Attachments:
As stated

ATTACHMENT 1

REFERENCES

DoD 5400.11-R, "Department of Defense Privacy Program," May 14, 2007

DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008, as amended

DoD Instruction 5400.11, "DoD Privacy and Civil Liberties Program," January 29, 2019, as amended

DoD Instruction 6025.18, "Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs," March 13, 2019

DoD Instruction 6025.19, "Individual Medical Readiness Program," July 13, 2022, as amended

DoD Instruction 6490.04, "Mental Health Evaluations of Members of the Military Services," March 4, 2013, as amended

DoD Instruction 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," September 6, 2023

DoD Instruction 6495.02, Volume 1, "Sexual Assault Prevention and Response: Program Procedures," March 28, 2013, as amended

DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019

Public Law 104-191, "Health Insurance Portability and Accountability Act of 1996," August 21, 1996

Public Law 117-81, Section 704, "The National Defense Authorization Act for Fiscal Year 2022," December 27, 2021

Secretary of War Memorandum, "Department of War Secondary Titles," October 10, 2025

United States Code, Title 10

ATTACHMENT 2

RESPONSIBILITIES

1. UNDER SECRETARY OF WAR FOR PERSONNEL AND READINESS (USW(P&R)). The USW(P&R) establishes policy to implement self-initiated referral processes for Service member MHEs.

2. ASSISTANT SECRETARY OF WAR FOR HEALTH AFFAIRS (ASW(HA)). Under the authority, direction, and control of the USW(P&R), the ASW(HA) monitors compliance with this DTM.

3. DIRECTOR, DEFENSE HEALTH AGENCY (DHA). Under the authority, direction, and control of the USW(P&R), through the ASW(HA), the Director, DHA:

a. Supports the ASW(HA) in efforts associated with the self-initiated referral process for Service members' MHEs.

b. Collaborates with the Secretaries of the Military Departments to enable MHEs by a mental health provider upon initiation of a self-referral by a Service member.

c. Develops annual training and collaborates with the Secretaries of the Military Departments to implement training to support Service members who may require MHEs and personnel who may receive requests to provide a referral for an MHE.

4. ASSISTANT SECRETARY OFWAR FOR MANPOWER AND RESERVE AFFAIRS. Under the authority, direction, and control of the USW(P&R), the Assistant Secretary of War for Manpower and Reserve Affairs coordinates with the ASW(HA), the Secretaries of the Military Departments, and the Director, DHA on policies and procedures to implement this DTM.

5. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments develop implementing guidance, as needed, for their respective Military Services pursuant to the policies and procedures in this DTM. Implementing guidance must require that each command maintain a specific plan for making referrals required by this DTM.

a. Ensure prompt implementation of this DTM for all Service members serving on active duty.

b. Establish command plans and arrangements as soon as practicable for referral requests from Service members not serving on active duty.

6. CHIEF, NATIONAL GUARD BUREAU. The Chief, National Guard Bureau, on behalf of and with the approval of the Secretaries of the Army and Air Force, and in coordination with the State adjutants general:

a. Establishes and modifies policy and procedures to align with and implement this DTM.

b. Supports and, where practical, implements Military Service policies, programs, and practices necessary to implement this DTM.

ATTACHMENT 3

PROCEDURES

1. SELF-INITIATED REFERRAL FOR AN MHE.

a. Service members:

(1) May request a referral for any reason or on any basis including, but not limited to, personal distress, personal concerns, and trouble performing duties and functioning in activities valued by the Service member that may be attributable to possible changes in mental health. Service members are not required to provide a reason or basis to request and receive a referral.

(2) May request a referral at any time and in any environment including, but not limited to:

(a) The continental United States;

(b) Outside of the continental United States;

(c) In a deployed setting;

(d) Whether or not in a duty status as a member of the Selected Reserve;

(e) Assigned to a temporary duty station; or

(f) On leave.

(3) May initiate a referral for an MHE by requesting such a referral from their commanding officer or supervisor who is in a grade above E-5.

(4) Will report mental health issues pursuant to DoDI 6025.19.

(5) May request an MHE referral from their commanding officer or supervisor, who is in a grade above E-5, in response to a sexual assault. If the member discloses that the request for referral is in response to a sexual assault, the commanding officer or supervisor will follow the procedures in Volume 1 of DoDI 6495.02 in addition to referring the Service member to a mental health provider.

b. Commanding officers or supervisors in a grade above E-5 will:

(1) Ensure measures are in place so a Service member under their command understands the procedures to request a referral for an MHE.

(2) Refer the Service member to a mental health provider for an MHE as soon as practicable.

(a) In making the referral, the commanding officer or supervisor will take into account the unique circumstances of the timing of the self-initiated referral, including the accessibility of military medical treatment facilities, clinics, and embedded mental health services, as well as the availability of mental health providers. As applicable, commanders or supervisors should utilize existing mental health resources and processes (e.g., Directors of Psychological Health) to connect Service members with mental health evaluations and care.

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

(c) If a Service member voluntarily shares information indicating that they were the victim of a sexual assault, the commanding officer or supervisor will comply with the requirements in Volume 1 of DoDI 6495.02 and all other applicable DoW policy. A Service member's decision to share or not share such information does not affect the Service member's ability to make a restricted report pursuant to Volume 1 of DoDI 6495.02.

(d) If the commanding officer or supervisor determines the Service member is exhibiting dangerous behavior, their first priority will be to ensure that precautions (including escorting) are taken to protect the safety of the Service member and others before the Service member's arrival at the location of the evaluation. If the Service member is exhibiting dangerous behavior, owing to concern of potential or imminent danger to self or others, the commanding officer or supervisor will follow safety and communication procedures for an emergency evaluation in accordance with DoDI 6490.04.

(3) Provide the Service member the date, time, and place of the scheduled MHE.

(4) Reduce stigma for the processes described in Paragraphs 1.b.(1)-(3) of this attachment by treating referrals for MHEs in a manner similar to referrals for other medical services, to the maximum extent practicable.

(5) Not request information from a mental health provider regarding the results of the MHE except for information that may be disclosed to command in accordance with this DTM or DoDI 6490.08.

c. Mental health providers:

(1) Administer an MHE as soon as possible and, when practical, provide the necessary care as clinically indicated following communication with the commanding officer or supervisor consistent with DoDI 6490.08 and this DTM.

(2) Follow all appropriate guidance in accordance with requirements for the confidentiality of health information pursuant to the Health Insurance Portability and

Accountability Act of 1996, DoDIs 6025.18 and 6490.08, DoD Manual 6025.18, and applicable privacy laws and associated DoW guidance. Disclosures to command are limited to:

(a) Confirming that the MHE was provided pursuant to the referral.

(b) A disclosure authorized by DoDI 6490.08.

(c) Any other disclosure for which the Service member provided authorization in accordance with DoD Manual 6025.18.

(3) Ensure the process described in Paragraphs 1.b.(1)-(3) of this attachment reduces the stigma associated with seeking help for mental health concerns by treating referrals for MHE made pursuant to such process in a manner similar to referrals for other medical services to the extent practicable in accordance with DoDI 6490.08 and all appropriate guidance.

(4) Document all MHEs in the Service member's medical record. Documentation must include any relevant forms, scanned copies of written requests submitted by the Service member, and final determinations.

(5) Assess the Service member's medical readiness for duty with specific consideration for mental health, risk of harm to self or others, symptom severity, prognosis for return to duty, and risk of decompensation, aggravation, or further injury if participation in occupational activities continues. When a behavioral health profile is warranted, mental health providers will write it in accordance with the appropriate documentation and guidance.

2. DISTINGUISHING COMMAND DIRECTED MHES, SELF-INITIATED REFERRAL MHES, AND INDEPENDENTLY REQUESTED MHES.

a. Certain procedures are different depending on whether an MHE is command-directed, self-initiated referred, or independently requested. While all three types have certain confidentiality protections, there are some differences in the information that mental health providers will communicate back to command.

(1) A command-directed MHE, governed by DoDI 6490.04, is when the command makes the determination that an MHE of a Service member is required and orders the member to receive an MHE.

(2) A self-initiated referral, governed by this DTM, is when the Service member initiates a request to command to refer the member to a mental health provider for a voluntary MHE.

(3) An independently requested MHE is when a Service member independently contacts a mental health provider for an MHE without any involvement by the member's command.

b. The following rules provide clarifications on procedures to follow when there is uncertainty regarding the type of MHE involved.

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

(2) If a Service member has comparable access to a mental health provider through an independently requested MHE as through a self-initiated referral from command, the member will be given the option to obtain the MHE through an independently requested MHE or through a self-initiated referral from command.

3. ANNUAL TRAINING REQUIREMENT.

a. Annually, the Secretaries of the Military Departments will provide the Service members under their jurisdiction with training on:

(1) How to recognize personnel who may require MHEs based on the individual being an imminent danger to self or others, as demonstrated by individual behavior or apparent mental health.

(2) The process of and how a Service member may obtain self-initiated referral for MHE and privacy protections.

b. This training can be included in the training requirements described in DoDI 6490.04.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ACRONYM	MEANING
ASW(HA)	Assistant Secretary of War for Health Affairs
DHA	Defense Health Agency
DoDI	DoD instruction
DoW	Department of War
DTM	directive-type memorandum
MHE	mental health evaluation
OSW	Office of the Secretary of War
USW(P&R)	Under Secretary of War for Personnel and Readiness

PART II. DEFINITIONS

These terms and their definitions are for the purpose of this DTM.

TERM	DEFINITION
commanding officer	Any commissioned officer who exercises command authority over a Service member. The term includes a Service member designated in accordance with this DTM to carry out any activity of a commanding officer.
embedded mental health	The process of placing mental health providers directly into operational units to ensure the availability and utilization of individual and population-level prevention and intervention strategies that increase mission readiness and fitness for duty.
mental health	An individual's psychological, emotional, and social well-being that influences how a person feels, thinks, and acts. It establishes a person's capacity to pursue and maintain constructive relationships and cope with life's stressors.
mental health provider	A psychiatrist or clinical psychologist, a person with a doctorate in clinical social work, or a psychiatric nurse practitioner. In cases of outpatient MHEs only, licensed clinical social workers who possess a master's degree in clinical social work will also be considered mental health providers.

TERM	DEFINITION
MHE	A psychiatric examination or evaluation, a psychological examination or evaluation, an examination for psychiatric or psychological fitness for duty, or any other means of assessing a Service member's mental health.
self-initiated referral	The process of seeking information about or obtaining an appointment for an MHE or treatment initiated by a Service member with a commanding officer or supervisor without being ordered or directed by a commanding officer or supervisor.
Service member	Members of the armed forces who are serving on active duty; members of the Selected Reserve (including Selected Reserve members of the National Guard), regardless of duty status; and members of the Individual Ready Reserve as described in Section 10144(b) of Title 10, U.S.C.
sexual assault	A nonconsensual sexual act prescribed by Federal, tribal, or State law in which the victim lacks capacity to consent
supervisor	A member of the armed forces within or out of a Service member's official chain of command who exercises supervisory authority over the Service member owing to the Service member's duty assignment and is authorized in accordance with this DTM to make a referral for an MHE.