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BUREAU OF MEDICINE AND SURGERY
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From: Chief, Bureau of Medicine and Surgery

Subj: Clinical Practice Guidance for Deployment Limiting Mental Health Conditions, Psychotropic Medications, and Psychotherapy

Ref: (a) DoD Instruction 6490.07 of 5 February 2010
(b) ASD(HA) memo, Clinical Practice Guidelines for Deployment-Limiting Mental Health Disorders and Psychotropic Medications, of 7 Oct 2013
(c) DoD Instruction 3020.41 of 27 November 2024
(d) BUMEDINST 1300.6
(e) BUMEDINST 1300.2B
(f) BUMEDINST 1300.3A
(g) DSM-5-TR® (Fifth Edition)
(h) DoD Instruction 6490.08 of 6 September 2023

1. Purpose. To provide clinical practice guidance for deployment limiting mental health conditions, psychotropic medications, and psychotherapy for Sailors and Marines evaluated and treated by Navy Medicine Medical Department personnel in the Military Health System as described in references (a) and (b).

2. Scope and Applicability. This notice applies to all Department of the Navy Medical Department personnel providing healthcare service delivery and medical readiness assessments in the Military Health System regardless of platform. For purposes of this notice, deployment is defined by reference (a) as “the relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental United States, inter-theater, and intra-theater movement legs, staging, and holding areas.” This notice also applies to shipboard operations.

3. Background

a. The demand for Sailors and Marines seeking mental health services has increased, resulting in increased numbers of mental health diagnoses, treatment recommendations, and, in some cases, initiation of psychotropic medications. Naval forces continue to function in an increasingly complex and resource constrained environment. Unplanned losses of personnel will

significantly impact mission accomplishment, as the loss of a single Sailor or Marine may compromise the overall readiness of a unit. References (a), (b), and (d) through (f) serve as guidance in suitability screening of an Active Component or Reserve Component Service member.

b. This notice reinforces and expounds upon the clinical practice guidance for deployment-limiting mental health conditions outlined by reference (b). Reference (b) is available at <https://www.health.mil/Reference-Center/Policies/2013/10/07/Clinical-Practice-Guidance-for-Deployment-Limiting-Mental-Disorders-and-Psychotropic-Medications>. Individuals diagnosed with mental health disorders should demonstrate a pattern of stability without significant symptoms or impairment for at least 3 months prior to deployment. For forces operating ashore, these individuals are eligible for a deployment waiver request if a commander wishes to deploy them. Please refer to subparagraph 4h of this notice.

c. Force health protection guidance by combatant commands may be more restrictive than referenced here.

d. Fitness for duty, suitability for continued military service, and fitness for special duty are not addressed in this clinical practice guidance. For personnel in a special duty status or special duty assignment, refer to the Manual of the Medical Department, Marine Corps Order 1326.6, and other applicable guidance to determine continued fitness for that duty.

e. Force Health Protection guidance for civilian employees is outlined by references (a) and (b). Force Health Protection guidance for contractors authorized to accompany the force are outlined by reference (c). Clinical practice guidance for those populations is not addressed in this notice.

4. General Guidance

a. Healthcare providers are to exercise their best clinical judgment based on thorough evaluation of the Service member, diagnosis, risk factors, current functional capacity and job demands, length, type, and location of deployment, risk of the condition worsening in light of operational stressors, and availability of medical and mental health services during deployment when performing deployment suitability screening of a Service member, per references (a) and (b).

b. Assessment will be made as to the severity and impairment of a new mental health diagnosis or significant change in the status of a previous mental health diagnosis, and the impact thereof on the Service member's functional capacity or ability to perform occupational or deployment duties, prior to finding them non-deployable. Providers should consider the use of V or Z codes (e.g., occupational stress, relationship problems, or phase of life transitions) when appropriate for Service members who do not meet criteria for a mental health diagnosis as

defined by reference (g) to ensure symptoms or complaints are accurately described in the medical record. Reference (g) is available for purchase at [https://www.appi.org/Products/DSM-Library/Diagnostic-and-Statistical-Manual-of-Mental-Di\(1\)?sku=2576](https://www.appi.org/Products/DSM-Library/Diagnostic-and-Statistical-Manual-of-Mental-Di(1)?sku=2576).

c. Reference (b) specifies psychotropic medications require 3 months to adequately assess a patient's response to a medication, ensure tolerability, and limit iatrogenic effects prior to deployment. Prior to starting new psychotropic medications, consideration will be made regarding a Service member's prior functioning, safety risk, current performance, and medication response time. Discussion will occur prior to initiating a new medication with Service members regarding medication benefits, risks and potential limitations regarding deployability, allowing the Service member to make informed decisions regarding their care.

(1) Suitability for deployment and overseas, remote, and operational duties is addressed in references (a), (b), (e), (f), and combatant commander force health protection guidance. Initiation of psychotropic medication, by itself, does not necessarily indicate a clinical need to initiate light duty or limited duty for Active Component personnel or Temporarily Not Physically Qualified for Reserve Component personnel. Refer to the provider logic workflow in reference (d) as an aid. Specific deployment limiting medications are outlined in references (a) and (b); however, these are not an all-inclusive list.

(2) Medical department personnel planning for the medical care of deploying Service members may contact the Defense Health Agency Pharmacy Operations Division by sending DHA Form 249 Pharmacy Data Warehouse Data Report Request Form to dha.jbsa.pharmacy-ops.mbx.pass-dmt@health.mil to access the Deployment Medication Analysis and Reporting Tool program for prescription medication data and analysis. Alternatively, medical department personnel may leave a voicemail with the Defense Health Agency at 1-866-275-4732 or 1-210-536-6650.

d. To amplify reference (b), if new or ongoing psychotherapy treatment is recommended, consideration of frequency, duration, and length of treatment must be taken into consideration when determining deployability. If the Service member is considered stable and low risk for deployment, such as requiring monthly to quarterly follow ups or minimal medication management, it may be determined they are able to perform their duties for the duration of the deployment, resuming follow-up after their return. This includes clearance to remain on deployment and adjusting follow-up to accommodate unit missions as needed, as long as treatment and stability are not compromised.

e. Expanding upon the guidance in reference (b), individuals diagnosed with an alcohol or substance use disorder should demonstrate a pattern of stability without significant symptoms or impairment prior to deployment based on level of severity listed in subparagraphs 4e(1) through 4e(5):

(1) Severe: at least 6 months of clinical stability following successful completion of the acute phase of treatment.

(2) Moderate: at least 3 months of clinical stability following the successful completion of the acute phase of treatment.

(3) Mild: deployable upon the successful completion of Prime for Life, MyPrime, or the acute phase of Substance Abuse Rehabilitation Program Level 1.5 outpatient treatment.

(4) Service members who do not meet the expected level of recovery during recommended alcohol or substance use disorder treatment should not be considered for a waiver.

(5) A combatant commander's force health protection guidance often contains unique deployment limitations and waiver requirements for deployments ashore to these theaters. Their requirements may be more restrictive than those specified in higher headquarter guidance or this notice. Please review the applicable guidance available from the combatant command Surgeon's office.

f. As per reference (b), for mental health conditions identified during deployment, the healthcare provider will consider the factors listed in subparagraphs 4f(1) through 4f(5) in making a disposition determination:

(1) The severity of symptoms or medication side effects.

(2) The degree of functional impairment resulting from the disorder or medications.

(3) The risk of exacerbation if the Service member were exposed to trauma or severe operational stress.

(4) Estimation of the individual's ability to tolerate the rigors of the deployment.

(5) The prognosis for recovery while the Service member remains in the deployed environment.

g. Per reference (d), at every encounter all healthcare providers will clearly document in the electronic health record an overall deployability assessment for each mental health condition being addressed. This documentation should include any accommodations, limitations, and considerations impacting on a Service member's duty, deployability, and assignability. Command notifications for exigent circumstances including, but not limited, to a serious risk of harm to a specific military operational mission or acute medical conditions or treatment interfering with duty are required per reference (h).

h. For forces operating ashore, refer to reference (f) and the combatant commander's force health protection guidance for detailed instructions on the procedure to request a deployment waiver from the combatant commander.

5. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-InformationManagement/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).



D. K. VIA

Releasability and distribution:

This notice is cleared for public release and is available electronically only via the Navy Medicine Web site, <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>