



Department of Defense **INSTRUCTION**

NUMBER 6490.12
February 26, 2013

USD(P&R)

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)).

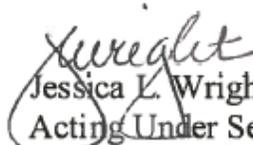
c. Incorporates and cancels Assistant Secretary of Defense for Health Affairs (ASD(HA)) Memorandum (Reference (d)) and Directive-type Memorandum 11-011 (Reference (e)).

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 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. Between 90 and 180 days after return from deployment.
 - c. Between 181 days and 18 months after return from deployment.
 - d. Between 18 and 30 months after return from deployment.
4. RESPONSIBILITIES. See Enclosure 2.
5. PROCEDURES. See Enclosure 3.
6. RELEASABILITY. **Unlimited**. This instruction is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.
7. EFFECTIVE DATE. This instruction:
- a. Is effective February 26, 2013.
 - b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with DoD Instruction (DoDI) 5025.01 (Reference (f)). If not, it will expire effective February 26, 2023 and be removed from the DoD Issuances Website.


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Acting Under Secretary of Defense
for Personnel and Readiness

Enclosures

- 1. References
- 2. Responsibilities
- 3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (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, as amended (hereby cancelled)
- (f) DoD Instruction 5025.01, "DoD Directives Program," September 26, 2012
- (g) DoD Instruction 6200.05, "Force Health Protection (FHP) Quality Assurance (QA) Program," February 16, 2007
- (h) DoD Instruction 6490.03, "Deployment Health," August 11, 2006
- (i) DoD Instruction 6040.45, "Service Treatment Record (STR) and Non-Service Treatment Record (NSTR) Life Cycle Management," October 28, 2010
- (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. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR FORCE HEALTH PROTECTION AND READINESS (DASD(FHP&R)). Under the authority, direction, and control of the ASD(HA), the DASD(FHP&R) will ensure that the Force Health Protection Quality Assurance Program performs verification of provider training and compliance, as described in this instruction, in accordance with DoDI 6200.05 (Reference (g)).

4. ASSISTANT SECRETARY OF DEFENSE FOR RESERVE AFFAIRS (ASD(RA)). Under the authority, direction, and control of the USD(P&R), the ASD(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.

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 conditions including post-traumatic stress disorder, suicidal tendencies, and other behavioral 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 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"), 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 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.

2. DEPLOYMENT MENTAL HEALTH ASSESSMENTS

a. The deployment mental health assessment follows a three-stage process (described in the mental health assessment training slides available at <http://fhpr.osd.mil/mentalhealthassessment> or <http://fhpr.osd.mil/mha>).

(1) Stage 1 involves the completion of a self-report survey which includes initial screening questions that are completed by all deploying Service members. 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), 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 conduct a deployment mental health assessment are included in the deployment health assessment forms (DD Forms 2795 and 2900).

c. 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 deployment mental health assessments is available at: <http://fhpr.osd.mil/mentalhealthassessment> or <http://fhpr.osd.mil/mha>. A certificate of completion of the training will be provided following the successful completion of the post-test assessment.

4. QUALITY ASSURANCE. The Force Health Protection Quality Assurance Program will perform verification of provider training and compliance with this instruction in accordance with Reference (g).

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(RA)	Assistant Secretary of Defense for Reserve Affairs
DASD(FHP&R)	Deputy Assistant Secretary of Defense for Force Health Protection and Readiness
DoDI	DoD instruction
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.