



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE

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JUL 2 2009

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
UNDER SECRETARIES OF DEFENSE  
DEPUTY CHIEF MANAGEMENT OFFICER  
ASSISTANT SECRETARIES OF DEFENSE  
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE  
DIRECTOR, OPERATIONAL TEST AND EVALUATION  
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ASSISTANTS TO THE SECRETARY OF DEFENSE  
DIRECTOR, ADMINISTRATION AND MANAGEMENT  
DIRECTOR, PROGRAM ANALYSIS AND EVALUATION  
DIRECTOR, NET ASSESSMENT  
DIRECTORS OF THE DEFENSE AGENCIES  
DIRECTORS OF THE DoD FIELD ACTIVITIES

SUBJECT: Directive-Type Memorandum 09-006—Revising Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Military Personnel

References: See Attachment 1

Purpose. In accordance with the authority in Department of Defense (DoD) Directive 5124.02 (Reference (a)), this Directive-Type Memorandum (DTM):

- Establishes policy to act on the conclusions of the Department of Defense Task Force on Mental Health Report (reference (b)), which finds that the current low thresholds for notifying commanders of Service members' involvement in mental health care result in members not seeking treatment, yet continuing in their operational roles, while their problems grow worse.
- Provides more specific standards for health care providers regarding when to notify commanders of the involvement of military members with mental health services pursuant to paragraph C7.11.1. of DoD 6025.18-R (reference (c)) and parts 160 and 164 of Title 45, Code of Federal Regulations (reference (d)).
- Provides more explicit balance between patient confidentiality rights and the commander's right to know for operation and risk management decisions.

- Reduces stigma through notification standards parallel to those for reporting any other health issue.
- Is effective immediately. This DTM shall become a new DoD Instruction within 180 days.

Applicability. This DTM:

- Applies to the Office of the Secretary of Defense, the Military Departments, 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 DoD.
- Does not affect health care provider disclosures to command authorities when a member obtains mental health services other than those listed in attachment 2.

Policy. It is DoD policy that:

- Health care providers shall balance notification of a member's commander with operational risk management, as with any other health concern.
- In making a disclosure pursuant to the circumstances in attachment 2, health care providers shall provide the minimum amount of information to satisfy the purpose of the disclosure. In general, this shall consist of the diagnosis, a description of the treatment prescribed or planned, impact on duty or mission, recommended duty restrictions, and the prognosis.

Responsibilities. Medical treatment facility commanders will assure providers are aware of command notification policies and the requirement for compliance.

Procedures. See attachment 2.

Releasability. UNLIMITED. This DTM is approved for public release and is available on the Internet from the DoD Issuances Web site at <http://www.dtic.mil/whs/directives>.

A handwritten signature in black ink that reads "Gail H. McGinn". The signature is written in a cursive style with a large initial "G".

Gail H. McGinn

Deputy Under Secretary of Defense (Plans)  
Performing the Duties of  
the Under Secretary of Defense  
(Personnel and Readiness)

Attachments:  
As stated

ATTACHMENT 1

REFERENCES

- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (b) Section 5.1.4. of the Department of Defense Task Force on Mental Health Report, "An Achievable Vision: Report of the Department of Defense Task Force on Mental Health Final Report," June 2007<sup>1</sup>
- (c) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
- (d) Parts 160 and 164 of title 45, Code of Federal Regulations
- (e) DoD Directive 6490.1, "Mental Health Evaluations of the Members of the Armed Forces," October 1, 1997
- (f) DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997
- (g) DoD Instruction 6400.06, "Domestic Abuse Involving Military and Certain Affiliated Personnel," August 21, 2007
- (h) DoD Instruction 5210.42, "Nuclear Weapon Personnel Reliability Program (PRP)," October 16, 2006
- (i) DoD Instruction 1010.6, "Rehabilitation and Referral Services for Alcohol and Drug Abusers," March 13, 1985

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<sup>1</sup> Available through the Internet at <http://www.ha.osd.mil/dhb/mhtf/MHTF-Report-Final.pdf>.

ATTACHMENT 2PROCEDURES1. HEALTH-CARE PROVIDERS. Health care providers shall:

a. Notify a commander when a member presents with a mental health condition in these circumstances:

(1) Harm to Self. The provider believes there is a serious risk of self-harm by the member.

(2) Harm to Others. The provider believes there is a serious risk of harm to others. This includes any disclosures concerning child abuse or domestic violence consistent with Department of Defense (DoD) Instruction 6400.06 (reference (g)).

(3) Harm to Mission. The provider believes there is a serious risk of harm to a specific military operational mission. Such serious risk may include disorders that significantly impact impulsivity, insight, and judgment.

(4) Special Personnel. The member is in the Personnel Reliability Program (DoD Instruction 5210.42 (reference (h))) or is in a position that has been pre-identified by Service regulation or the command as having mission responsibilities of such potential sensitivity or urgency that normal notification standards would significantly risk mission accomplishment.

(5) Inpatient Care. The member is admitted or discharged from any inpatient mental health or substance abuse treatment facility, as these are considered critical points in treatment of Active Duty members in mental health systems and support nationally recognized patient safety standards.

(6) Acute Medical Conditions Interfering With Duty. The member is experiencing an acute mental health condition or acute medical regimen that impairs the member's ability to perform his or her duties.

(7) Substance Abuse Treatment Program. The member has entered into a formal outpatient or inpatient treatment program consistent with DoD Instruction 1010.6 (reference (i)) for the treatment of substance abuse or dependence. Those who seek alcohol-use education, who have not had an alcohol referral incident (such as arrest for driving under the influence) do not require command notification unless they also choose

to be formally evaluated and are diagnosed with a substance abuse or dependence disorder.

(8) Command-Directed Mental Health Evaluation. The mental health services are obtained as a result of a command-directed mental health evaluation consistent with reference (f).

b. When commander notification is required, provide the minimum amount of information to satisfy the purpose of the disclosure.

c. Maintain records of disclosure of protected health information consistent with chapter 13 of reference (c).

2. COMMANDER DESIGNATION. Notification to a commander pursuant to this DTM shall be to the commander personally or to another person specifically designated in writing by the commander for this purpose.

3. COMMANDERS. Commanders shall protect information provided pursuant to this DTM, as they should with any other health information. Information provided shall be restricted to personnel with a need for the information. Such personnel shall also be accountable for protecting the information. Commanders must also reduce stigma through positive regard for those who seek mental health assistance to restore and maintain their mission readiness, just as they would view someone seeking treatment for any other medical issue.

LIST OF COORDINATING OFFICIALS FOR DTM 09-006  
 “Revising Command Notification Requirements to Dispel Stigma in Providing Mental Health  
 Care to Military Personnel”

Director of Program Analysis and Evaluation	E. N. Gardner, LtGen, USMC Principal Deputy	April 17, 2009
General Counsel, DoD	Paul S. Koffsky Deputy for Personnel and Health Policy	April 14, 2009
Inspector General, DoD	Donald M. Horstman Deputy for Policy and Oversight	April 14, 2009
Director of Administration and Management	Craig H. Glassner, Director, Executive Services Directorate for Michael L. Rhodes, Acting	April 28, 2009
Under Secretary of Defense for Intelligence	John C. Koziol Deputy Under Secretary of Defense for Joint and Coalition Warfighter Support	May 7, 2009
Assistant Secretary of Defense for Legislative Affairs	No response	
Assistant to the Secretary of Defense for Intelligence Oversight	William Dugan	April 2, 2009
Secretary of the Army	Danny Pummill Director of Operations, Office of the Assistant Secretary (Manpower and Reserve Affairs) Performing the Duties of Principal Duty Assistant Secretary (Manpower and Reserve Affairs)	April 23, 2009
Secretary of the Navy	Harvey C. Barnum, Jr., Acting Assistant Secretary (Manpower and Reserve Affairs)	April 27, 2009
Secretary of the Air Force	Ronald A. Winter, Acting Assistant Secretary (Manpower and Reserve Affairs)	May 1, 2009
Chairman of the Joint Chiefs of Staff	No response	