

DEPARTMENT OF THE ARMY HEADQUARTERS, III CORPS AND FORT HOOD 1001 761ST TANK BATTALION AVENUE FORT HOOD, TEXAS 76544-5000

COMMAND POLICY SURG-01

OCT 5 2011

AFZF-MD

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commanders Guidance to Reduce Stigma of Behavioral Health Assistance and Protect the Rights of Soldiers for Behavioral Health Evaluations

- 1. PURPOSE. To define the responsibilities of Commanders in publicizing Department of Defense efforts to eliminate the stigma associated with behavioral health assistance, encouraging Soldiers to seek behavioral health counseling on their own, and following the requirements when command directed behavioral health evaluations are necessary.
- 2. APPLICABILITY. This policy applies to all military personnel on Fort Hood.

3. POLICY.

- a. I expect leaders to do everything possible to eliminate any stigma or adverse consequences for Soldiers associated with behavioral health assistance. For example, the Department of Defense successfully advocated a revision of the SF-86, Questionnaire for National Security Positions, to exclude counseling related to marital, Family and grief issues, and counseling for adjustments from service in a military combat environment.
- b. This policy change recognizes that, as a Nation at war, Soldiers' well-being must be given the highest priority. Commanders will lead the way in promoting strong behavioral health at Fort Hood by continuing to publicize this policy change and utilize command directed behavioral health evaluations only when appropriate.
- c. I want Commanders to continue to actively encourage Soldiers to seek professional care for any behavioral health related issues that could affect their well-being.
- d. Commanders and leaders at all levels will create an environment of encouraging Soldiers to seek behavioral health counseling on their own; thus, reducing the stigma of behavior health assistance. This stigma can be reduced by not discriminating against Soldiers who receive mental health counseling; supporting confidentiality between the Soldier and their behavioral health care provider; reviewing unit policies and procedures that could preclude Soldiers from receiving all necessary and indicated assistance; educating all Soldiers and Family members about anxiety, stress, depression, and treatment; increasing behavioral health visibility presence in

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Soldiers' area (using the Combat Operational Stress Control tactics, techniques, and procedures: COSC; HQ DA, FM 4- 02.5(FM 8-51)); and reinforcing the "power" of the buddy system in helping each other in times of crises (TRADOC Pamphlet 600-22).

- e. Commanders bear the ultimate responsibility for determining whether or not a Soldier should be referred for a command directed behavioral health evaluation. Commanders must <u>personally consult</u> with a behavioral healthcare provider or other healthcare provider to determine whether a command directed behavioral health evaluation is appropriate. This requirement may not be delegated. If a referral is appropriate, the Commander must notify the Soldier of certain rights. DODD 6490.1 contains these requirements and timelines to protect the Soldier and outlines special rules for emergency behavioral health evaluations.
- f. Commanders should consult their servicing Staff Judge Advocate office to ensure compliance with applicable regulations when pursuing command directed or emergency behavioral health evaluations.
- g. I expect Commanders at all levels to make behavioral healthcare a priority for Soldiers, create an environment that reduces the stigma of behavioral health assistance, and to protect the rights of Soldiers for behavioral health evaluations. Our Soldiers deserve nothing less than the best care possible in an environment free of negative perceptions or adverse consequences.

4. EXPIRATION. This policy memorandum supersedes the policy memorandum dated 02 November 2009, and will remain in effect until superseded or rescinded.

DONALD M. CAMPBELL, JR. Lieutenant General, USA

Commanding

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