



Department of Defense INSTRUCTION

NUMBER 6490.09

February 27, 2012

Incorporating Change 1, Effective October 2, 2013

USD(P&R)

SUBJECT: DoD Directors of Psychological Health

- References:
- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R)), June 23, 2008
 - (b) DoD Directive 1010.10, "Health Promotion and Disease/Injury Protection," August 22, 2003
 - (c) Department of Defense Task Force on Mental Health, "An Achievable Vision: Report of the Department of Defense Task Force on Mental Health," July 2007
 - (d) *DoD Instruction 5025.01, "DoD Directives Program," September 26, 2012, as amended*

1. PURPOSE. This Instruction:

- a. Establishes policy, assigns responsibilities, and prescribes procedures to ensure visible leadership and advocacy for the psychological health and mental health disease and injury protection of the Military Service members in accordance with the authority in Reference (a) and the guidance in Reference (b) and section 5.4 of Reference (c).
- b. Designates specific roles for psychological health advocacy at the installation, Military Departments, and DoD level to provide consultation to operational leadership and facilitate coordination of clinical, counseling, and other services promoting the psychological health of Service members and their families.
- c. Designates reporting structures within the DoD to inform enterprise-wide strategic planning and monitoring of psychological health.
- d. Outlines a uniform psychological health leadership structure for the Reserve Component (RC) that parallels the Active Component (AC) structure, to ensure that the psychological health needs of Reservists and National Guard (NG) members and their families are met.

2. APPLICABILITY. This Instruction applies to OSD, 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 (IG) of the DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (hereinafter referred to collectively as the “DoD Components”).

3. POLICY. It is DoD policy that a psychological health leadership and advocacy structure, focused on operational readiness and integration of health promotion and clinical services, shall be established throughout the DoD, and Directors of Psychological Health (DPHs) shall be designated in key positions across the Military Services, including the RC.

4. RESPONSIBILITIES. See Enclosure 1.

5. PROCEDURES. See Enclosure 2.

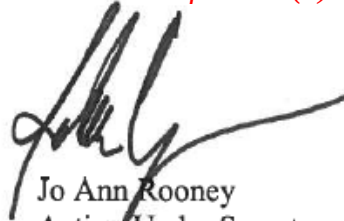
6. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

7. EFFECTIVE DATE. ~~This Instruction is effective upon its publication to the DoD Issuances Website.~~ *This instruction:*

a. Is effective February 27, 2012.

b. Must be reissued, cancelled, or certified current within 5 years of its publication to be considered current in accordance with DoD Instruction 5025.01 (Reference (d)).

c. Will expire effective February, 27, 2022 and be removed from the DoD Issuances Website if it hasn't been reissued or cancelled in accordance with Reference (d).



Jo Ann Rooney
Acting Under Secretary of Defense
for Personnel and Readiness

Enclosures

1. Responsibilities
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ENCLOSURE 1

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). The USD(P&R) shall:

a. ~~e~~Ensure that DoD Psychological Health Council (PHC) representatives are designated from:

~~a~~(1) Deputy Assistant Secretary of Defense for Military Personnel Policy (DASD(MPP)) (two representatives: one from MPP and one from the Armed Forces Chaplains Board).

~~b~~(2) Deputy Assistant Secretary of Defense for Civilian Personnel Policy (DASD(CPP)).

~~e~~(3) Deputy Assistant Secretary of Defense for Military Community and Family Policy (DASD(MC&FP)).

~~d~~(4) Deputy Assistant Secretary of Defense for Readiness (DASD(R)).

~~e~~(5) Deputy Assistant Secretary of Defense for ~~Wounded Warrior Care and Transition Policy~~ *Warrior Care Policy* (DASD(~~WWC&TP~~ *WCP*)).

b. *Appoint the co-chairs to the DoD PHC.*

2. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). The ASD(HA), under the authority, direction, and control of the USD(P&R), shall:

~~a. Assume operational management for policy implementation and monitoring of the DPH program and development of the DoD PHC charter.~~

~~ba.~~ Make recommendations through the Medical Personnel Executive Steering Committee (MEDPERS) to the USD(P&R) regarding the direction and effectiveness of the DPH program with respect to deployment and clinical mental health objectives.

~~c. Incorporate individual, unit, and community psychological health metrics recommended by the DoD PHC into regularly reported force health and readiness measures.~~

~~d. Appoint the Force Health Protection and Readiness (FHP&R) Director of Psychological Health Strategic Operations or other designee to chair the DoD PHC and function as the DoD DPH.~~

eb. Direct representatives from the ~~Offices of the Deputy Director, TRICARE Management Activity (TMA), Defense Health Agency (DHA); and the Deputy Assistant Secretary of Defense for Clinical and Program Policy (DASD(C&PP))~~, and the ~~Deputy Assistant Secretary of Defense for FHP&R (DASD(FHP&R))~~ to serve on the DoD PHC.

fc. Ensure ~~that the charter for the DoD PHC is fulfilled and~~ that the reports and recommendations of the DoD PHC are relayed through the MEDPERS to the USD(P&R).

~~3. DIRECTOR, TMA. The Director, TMA, under the authority, direction, and control of the USD(P&R) and through the ASD(HA), shall direct the Director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) to serve on the DoD PHC.~~

3. DIRECTOR, DHA. The Director, DHA, under the authority, direction, and control of the ASD(HA), shall:

a. Assume operational management for policy implementation and monitoring of the DPH program and development of the DoD PHC charter.

b. Incorporate individual, unit, and community psychological health metrics recommended by the DoD PHC into regularly reported force health and readiness measures..

c. Ensure that the charter for the DoD PHC is fulfilled.

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

a. Ensure that relevant policies for all RC Services are consistent with DPH program policies established for their respective Active Component.

b. Appoint a Reserve Forces (RF) DPH.

c. Direct the RF DPH to serve on the DoD PHC.

5. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments shall:

a. Designate a Service-level RC and AC DPH to monitor the Military Service's DPH program and report directly to the appropriate authority as determined by the Secretary of the Military Department concerned in consultation with the Military Service Surgeon General or, for the Marine Corps, the Medical Officer of the Marine Corps, and direct such DPHs to serve on the PHC.

b. Within 6 months from the publication date of this Instruction, provide the DoD PHC with their strategic plans for establishing visible leadership and advocacy for psychological health within their respective Departments. The strategic plan will include timelines, milestones, and a report of progress in meeting the responsibilities and guidelines outlined in this Instruction and will be updated annually thereafter.

c. Ensure that each military installation has a designated individual who serves as the installation's principal consultant and advocate for psychological health and under the authority of the installation commander convenes meetings of all installation resources that support psychological health.

d. Ensure coordination among the medical department specialty leaders and consultants and other military organizations that support psychological health.

e. Ensure each Service Surgeon General's annual report to Congress addresses the psychological health of Service members and their families, and the efforts to improve psychological health.

f. Task Military Service IGs to evaluate compliance with Military Service and installation-level DPH staffing, roles, and functions and with oversight in areas of critical importance to meet the identified needs of Service members and their families. Military Service IGs must include subject-matter experts on programs related to psychological health to ensure compliance with the Military Services' psychological health strategic plan.

6. SECRETARIES OF THE ARMY AND AIR FORCE. The Secretaries of the Army and Air Force, in addition to the responsibilities under section 5 of this enclosure and through the Chief, National Guard Bureau (NGB), shall:

a. Appoint an NGB DPH and direct the NGB DPH to serve on the DoD PHC.

b. Establish provisions for a council networking all State and territory NG DPHs.

7. SECRETARY OF THE ARMY. *The Secretary of the Army, in addition to the responsibilities under section 5 and 6 of this enclosure shall direct the Director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) to serve on the DoD PHC.*

78. CHAIRMAN OF THE JOINT CHIEFS OF STAFF. The Chairman of the Joint Chiefs of Staff shall direct the Joint Staff Surgeon or other designee to serve on the DoD PHC.

89. COMMANDERS OF GEOGRAPHIC COMBATANT COMMANDS. The Commanders of geographic Combatant Commands shall:

- a. Ensure strategic plans for delivery of health services support include provisions for psychological health.
- b. Identify factors that stress the deployed force and refer policy recommendations to the DoD PHC via the Joint Staff Surgeon.

ENCLOSURE 2

PROCEDURES

1. GENERAL. The DPH program:

a. Is a commander's program providing both consultation to operational leadership on psychological health issues and vertical integration of Military Service and DoD-wide psychological health initiatives and population-health monitoring.

b. Addresses deficits outlined in Reference (c) and:

(1) Ensures coordination of clinical, counseling, and other services promoting the psychological health of Service members and their families.

(2) Ensures that clinical mental health services provided in military treatment facilities (MTFs) and mental health specialty clinics are integrated with other counseling and supportive services at the installation level, and from Federal, State, and territory, as well as military and non-military organizations external to the installation (e.g., Military OneSource, Military and Family Life Consultants, and TRICARE Network).

(3) Provides an installation-level leader to coordinate these clinical and counseling services and resources and to ensure that medical providers and line leaders are aware of the referral options available for particular psychosocial, spiritual, and family issues.

(4) Contributes to DoD and Military Service development of a strategic plan for delivery of comprehensive services to support psychological health.

c. Promotes the availability of and access to an adequate continuum of care to Active, Reserve, and NG members.

2. INSTALLATION DPH

a. Each military installation commander (or comparable activity commander or head, as determined by the head of the DoD Component involved) shall have a designated individual who serves as the installation's principal consultant and advocate for psychological health and under the authority of the installation commander convenes meetings of all installation or local DoD resources that support psychological health.

(1) For purposes of this Instruction, the installation-level psychological health consultant will be called an "Installation DPH." However, the Military Services may use existing titles for the designated individual performing this role.

(2) The position preferably should be full-time and devoted to developing and implementing the Military Service's strategic plan for psychological health; however, at installations where the mission or tempo is more suited to a part-time position, the roles and responsibilities of the DPH may be assigned as a significant additional duty.

(3) The individual may be military, civilian, or a Public Health Service officer as necessitated by the Military Services' organizational and operational needs. The DPH must be a licensed mental health professional.

b. The responsibilities of the Installation DPH include:

(1) Apprise the installation commander or local major command of the status of psychological health in the local beneficiary population, and the degree to which needs for prevention, early intervention, and treatment are being met.

(2) Report to the installation commander or local major command and the MTF commander about the adequacy of staffing and organizational processes and resources needed to meet the psychological health of the installation, and recommend courses of action to ensure that services and access to those services are provided throughout the deployment cycle and other surge situations.

(3) Ensure coordination of military and non-military services, using existing coordinating councils where appropriate, between the various programs for Service members and their families providing support for psychological health, including but not limited to family advocacy, chaplains, family centers, Casualty Assistance Calls Offices, and TRICARE.

c. Where different Military Service installations exist in proximity or different Service components operate at the same installation, the Service DPHs should establish a standing committee to ensure coordination of services to facilitate equitable coverage and access to care for all Service members and their families, regardless of Military Service affiliation.

3. MILITARY SERVICE DPHs

a. Each Military Service shall appoint or designate a Military Service DPH.

b. Each Military Service's DPH shall report to the appropriate authority as determined by the Secretary of the Military Department concerned in consultation with the Military Service Surgeon General or, for the Marine Corps, the Medical Officer of the Marine Corps.

c. The Military Service DPH's responsibilities include:

(1) Strategic planning and leadership to implement the Military Service's comprehensive psychological health strategic plan.

(2) Monitor and report on the availability, accessibility, quality, and effectiveness of the continuum of mental health services provided to Service members and their families.

(3) Monitor the psychological health of Service members and their families.

(4) Ensure communication with and between installation DPHs and Reserve component DPHs to provide guidance, share best practices, and resolve emerging issues.

(5) Manage the development and coordination, distribution, and effective utilization of training materials, not to be redundant with training materials produced by DCoE.

d. The Military Service DPH shall serve as a voting member of the DoD PHC.

4. NG DPH. Under procedures established by the Chief, NGB:

a. Each Joint Force Headquarters-State shall have a full-time NG DPH to ensure that psychological health is effectively addressed.

b. The NGB DPH duties will parallel the duties of the Military Service DPHs described in section 3 of this enclosure.

5. OTHER RESERVE COMPONENT DPH. For Reserve Components other than the NG:

a. The RF DPH duties will parallel the duties of the Military Service DPH described in section 3 of this enclosure.

b. Each Service RC shall appoint at least one full-time DPH to the staff of the RC Surgeon. Where Reservists are organized by region, a full-time Regional DPH shall be appointed.

6. DoD PHC

a. Co-Chairs. ~~The FHP&R Director of Psychological Health Strategic Operations or other ASD(HA) designees~~ shall serve as Co-Chairs of the DoD PHC. ~~and function as the DoD DPH.~~

b. Designated Authority. The DoD PHC shall report to the MEDPERS, and will provide a briefing to the MEDPERS annually or as necessary.

c. Meeting Frequency. The DoD PHC shall meet no less than quarterly commencing not later than 90 days following issuance of this Instruction.

d. Responsibilities. The DoD PHC shall:

(1) Develop a vision and strategic plan for supporting the psychological health of Service members and their families across AC and RC consistent with policies of the DoD Personnel and Health Systems to:

(a) Institutionalize a culture and structure to promote psychological health, fitness, readiness, mission performance, and prevention of psychological health problems and mental health illness.

(b) Examine all factors that stress the deploying, redeployed, and non-deployed force and support efforts to enhance psychological resilience, not only to reduce injury and illness, but also to improve the success of the warfighter in the psychological performance domain.

(2) Develop and adopt a standard set of indicators for each Military Service to use in reporting and responding to the state of psychological well-being of both its Active and Reserve Service members and their families.

(3) Employ those indicators to assess the adequacy of and access to Federal, State, and territory psychological health support programs and clinical mental health care for Service members and their families.

(4) Recommend policies to the USD(P&R) and the Military Services via the MEDPERS to address psychological health for Service members and their families.

e. Voting Membership. The ~~25~~ DoD PHC voting members include the:

- (1) ~~Co-Chairs, DoD DPH.~~
- (2) Joint Staff Surgeon or designee.
- (3) Air Force DPH.
- (4) Army DPH.
- (5) Marine Corps DPH.
- (6) Navy DPH.
- (7) NGB DPH.
- (8) RF DPH.
- (9) Air Force Reserve DPH.
- (10) Army Reserve DPH.
- (11) Marine Corps Reserve DPH.

(12) Navy Reserve DPH.

(13) Director of the DCoE for Psychological Health and Traumatic Brain Injury.

(14) ASD(HA) representative(s).

~~(15) DASD(C&PP) representative.~~

~~(16) DASD(FHP&R) representative.~~

~~(1715)~~ Executive Director of the Armed Forces Chaplains Board.

~~(1816)~~ Senior Enlisted Advisor from a Military Service (rotating annually):

- (a) Sergeant Major of the Army;
- (b) Master Chief Petty Officer of the Navy;
- (c) Chief Master Sergeant of the Air Force;
- (d) Sergeant Major of the Marine Corps.

~~(1917)~~ DASD(MPP) representative.

~~(2018)~~ DASD(CPP) representative.

~~(2119)~~ DASD(MC&FP) representative.

~~(2220)~~ DASD(R) representative.

~~(2321)~~ DASD(~~WWC&TP~~ WCP) representative.

~~(2422)~~ ~~Deputy~~ Director, ~~TMA~~ DHA, representative.

~~(2523)~~ Chief Consultant or Deputy Chief Consultant, Office of Mental Health Services, Department of Veterans Affairs (VA), upon agreement of the Under Secretary for Health, VA.

f. Non-Voting and Ad Hoc Membership. Other members serving in a non-voting or ad hoc capacity per charter or discretion of the DoD PHC Chair may include:

- (1) Assistant Secretary of the Army for Manpower and Reserve Affairs (M&RA) representative.
- (2) Assistant Secretary of the Navy for M&RA representative.
- (3) Assistant Secretary of the Air Force for M&RA representative.

(4) Deputy Assistant Secretary of Defense for Safety and Occupational Health representative.

(5) Substance Abuse Mental Health Services Administration (SAMHSA) representative, upon agreement of the SAMHSA Administrator.

(6) National Institutes of Mental Health (NIMH) representative, upon agreement of the Director, NIMH.

GLOSSARYABBREVIATIONS AND ACRONYMS

AC	Active Component
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(RA)	Assistant Secretary of Defense for Reserve Affairs
DASD(C&PP)	Deputy Assistant Secretary of Defense for Clinical and Program Policy
DASD(CPP)	Deputy Assistant Secretary of Defense for Civilian Personnel Policy
DASD(FHP&R)	Deputy Assistant Secretary of Defense for Force Health Protection and Readiness
DASD(MC&FP)	Deputy Assistant Secretary of Defense for Military Community and Family Policy
DASD(MPP)	Deputy Assistant Secretary of Defense for Military Personnel Policy
DASD(R)	Deputy Assistant Secretary of Defense for Readiness
DASD(WWC&TP WCP)	Deputy Assistant Secretary of Defense for Wounded Warrior Care and Transition Policy <i>Warrior Care Policy</i>
DCoE	Defense Centers of Excellence
<i>DHA</i>	<i>Defense Health Agency</i>
DPH	Director of Psychological Health
FHP&R	Force Health Protection and Readiness
IG	Inspector General
M&RA	Manpower and Reserve Affairs
MEDPERS	Medical Personnel Executive Steering Committee
MTF	military treatment facility
NG	National Guard
NGB	National Guard Bureau
NIMH	National Institutes of Mental Health
PHC	Psychological Health Council
RC	Reserve Component
RF	Reserve Forces
SAMHSA	Substance Abuse Mental Health Services Administration
TMA	TRICARE Management Activity
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

VA

Department of Veterans Affairs