



DEPARTMENT OF THE ARMY
HEADQUARTERS, III CORPS AND FORT HOOD
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FORT HOOD, TEXAS 76544-5000

COMMAND POLICY
SURG-01

REPLY TO
ATTENTION OF

AFZF-MD

02 NOV 2009

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 DoD 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 shall lead the way in promoting strong behavioral health at Fort Hood by publicizing this policy change and utilizing command directed behavioral health evaluations only when appropriate.
 - c. Immediately, I want Commanders to: a) personally inform their Soldiers about the change in DoD policy; and b) continue to actively encourage Soldiers to seek professional care for any behavioral health related issues that could affect their well-being.
 - d. While Soldiers should be encouraged to seek behavioral health counseling on their own, Commanders bear the ultimate responsibility for determining whether or not a Soldier should be referred for a command directed behavioral health evaluation. If a Commander is considering a command directed behavioral health evaluation, they must comply with all the requirements of DoDD 6490.1.

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e. Behavioral Health Evaluations of Members of the Armed Forces. For example, prior to referral, Commanders must personally consult with a behavioral 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 other 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 SJA 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. 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 18 December 2008, and will remain in effect until superseded or rescinded.



ROBERT W. CONE
Lieutenant General, USA
Commanding

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