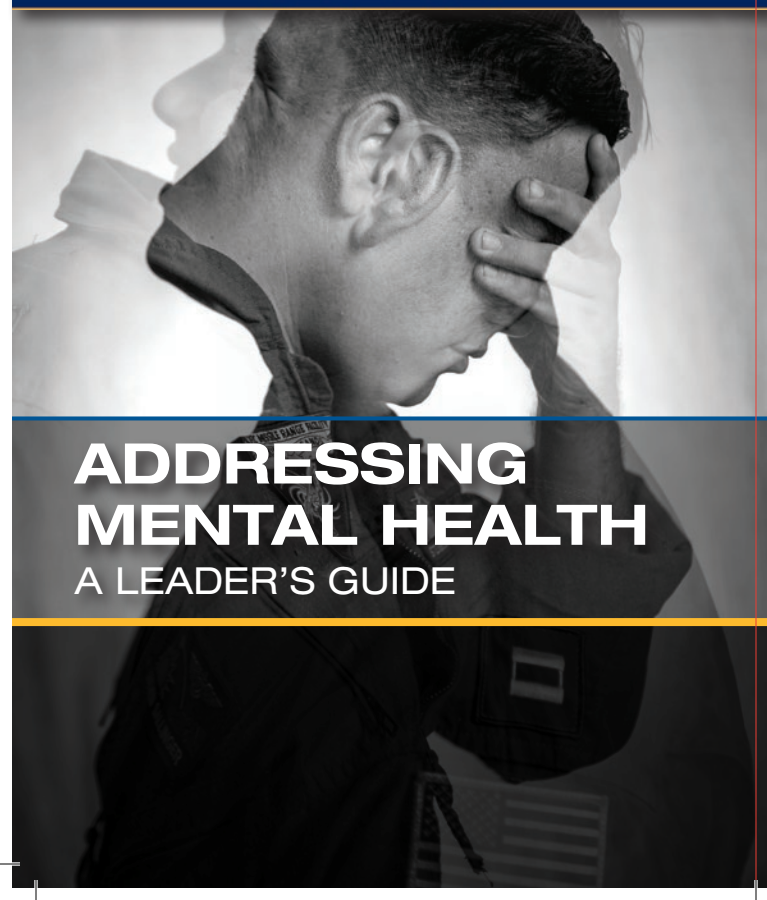
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NAVY



ADDRESSING MENTAL HEALTH

A LEADER'S GUIDE

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INTRODUCTION

The process of preventing mental health problems begins well before a mental health issue occurs. It starts with the type of climate you create and how you treat people under your leadership. Equipment and machinery need regular preventative maintenance. It is equally as important to apply this principle to our people.

This guide is intended to help you, Navy leaders, address, mitigate, and prevent mental health issues within your commands. Read it in its entirety and make its lessons a part of your training. Use it to help you build cohesive teams and cultivate an inclusive and connected atmosphere for all those you lead.

QuickNote

Taking care of our people must be foundational to everything we do.

Command leadership should be a source of hope so our people have a sense of purpose and view their commitment to their Nation as valued and worthwhile.



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From deckplate to the Command Triad, each leader should:

1. Set conditions.

- → Promote open, two-way communication to build trust and respect.
- → Challenge those who exhibit poor conduct and spread toxicity.
- → Help eliminate stigma for those who ask for help.

2. Recognize mental health issues.

- → Use active listening.
- → Have conversations that go beyond professional performance.
- → Consult with clinical (e.g., health care professionals) and nonclinical experts (e.g., chaplains) to further your own education and understanding.

3. Get Sailors the care they need.

- → Choose the right time and place to discuss mental health. There is no wrong door, but some doors are better at certain times.
- → Provide the Sailor with a warm handoff if needed. Follow up on individuals with gaining commands and any clinical providers.
- → Fix and elevate issues when needed.
- → Facilitate the Sailor's reintegration into your team.

QuickNote

Over the history of the U.S. Navy, one thing is clear: it is our people that make us great. This guide will help you build teams that are connected, cohesive, inclusive, and ready to dominate in any mission.

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ROLES & RESPONSIBILITIES

A leader's ultimate goal is to create a supportive community where Sailors feel connected to the mission, the command, and each other.

Command Triad

Commanding Officers (COs) should create a climate of respect and trust to help Sailors succeed. By establishing and maintaining open channels of communication, Sailors suffering with mental health problems can talk about underlying issues before they become crises.

The following factors are critical in establishing the desired type of preventative climate:

- → Eliminating the stigma that surrounds talking about mental health problems. Leaders should be transparent and vulnerable, modeling the behavior they need all hands to practice.
- → Remaining aware of prevention resources and implementing programs that help identify signs of stress and mitigate the risks of destructive behaviors.
- → Understanding how to navigate external support systems.

COs must ensure there is a well-defined plan for every Sailor receiving mental health treatment. This includes how the Sailor receives care and how they will return to a command after an absence.

Everyone in a command must understand how preventative maintenance is being conducted for their people and where they can find additional resources when needed.

QuickNote

External resources are essential, but cannot replace the role of command or that of a friend.

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Deckplate Leaders

Successful Deckplate Leaders (Leading Petty Officers, Chief Petty Officers, Division Officers, Department Heads, etc.) are able to use their position and authority for personal influence. These individuals can have a significant impact on climate and prevention because they are in more constant contact with key personnel.

It is essential that every Deckplate Leader develop a solid competence in how to best take care of the minds, bodies, and spirits of those under their leadership. This involves:

- → Employing active listening techniques.
- → Understanding their own personal biases.
- → Practicing empathy.
- → Knowing how to confidently hold substantial conversations.
- → Becoming fluent in prevention resources and programs.



These techniques will help you identify stressors and other risk factors before they become a problem.

Leaders must also understand when and how to elevate issues and concerns that cannot be resolved at the deckplate. If deckplate leadership believes it can be resolved at their level, they should keep the chain of command informed at every step of the process.

QuickStat

According to the Centers for Disease Control and Prevention (CDC), one in five Americans will be diagnosed with a mental illness or disorder at one point in their lives. Navy personnel are not immune to this.

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All Sailors

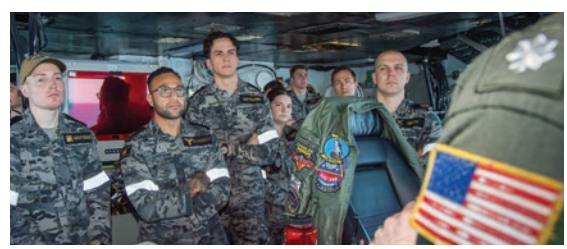
Every Sailor is taught to develop a "Warrior Tough" mindset. To achieve this, they must:

1. Understand their "why" (the personal philosophy they live by).
2. Prepare and nourish their body, mind, and soul through vigorous training.
3. Perform at their highest possible level, display a mindful response instead of an emotional one, and align themselves with Navy values.
4. Practice regular self-reflection so they can continue to improve on an individual and organizational level.

The stressors that come with Navy life can test this mindset. In many cases, stress can make a person stronger. However, it is vital that Sailors acknowledge when they are being pushed beyond their boundaries.

Equally as important, leaders must set limits that allow Sailors to recover from stress and practice self-care. Each Navy member must continuously assess how they are caring for their body, mind, and soul, and whether they are trying to get better every day.

If mental health treatment is needed, it is up to the Sailor to follow the plan they are provided and keep leaders informed of their progress or their need for more support.



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Nonclinical Practitioners

Positive leader and peer relationships can have a big impact on helping Sailors succeed. Command Triads should be deliberate in identifying "influencers" within their commands who can influence others at a level higher than what their own positions enable. These individuals can help build unit cohesion, inclusion, and connectedness.

When possible, influencers should become nonclinical practitioners and be assigned duties that are connected to prevention programs or **affinity groups**.

QuickTerm

Affinity groups are groups of people who share a common identity characteristic.

Nonclinical practitioners should:

- → Have the opportunity to build rapport and train the command through command sponsorship, command indoctrination, command training days, and periodic stand-downs.
- → Be able to recognize when a Sailor in distress could benefit from a nonclinical response, or when they need to be referred for more support. **Even if a Sailor is receiving clinical support, a comprehensive strategy will also include nonclinical resources.**
- → Be comfortable advising Sailors how and when to get help, including how to communicate their needs up the chain of command.
- → Recognize when a Sailor's issue has escalated and keep their command informed so the Sailor can receive the right level of care.

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Clinical/Medical Practitioners

Unit readiness relies on medical readiness, and mental health is part of medical readiness. Clinical providers help Sailors prevent, treat, and recover from injury and illness. When it comes to stress, clinical practitioners are only brought in when other methods of treatment have failed, or if the situation cannot be effectively managed outside of a clinical setting.

Depending on the type of command and geographic location, clinical professionals may be embedded within the command and both the Command Resilience Team (CRT) and the Cultural Champion Network (CCN).

Clinical mental health practitioners should:

- → Provide timely mental health support via clinical assessments and treatment.
- → Communicate issues concerning a Sailor's psychological readiness to command.
- → Coordinate care with other clinical and nonclinical resources.
- → Offer subject matter expertise and support to help build resilience and mental toughness, and counter destructive behavior.



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MEANINGFUL CONVERSATIONS

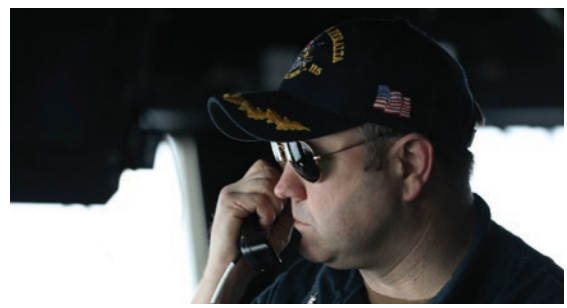
Navy leaders need to be comfortable having mental health-related conversations with Sailors and their families. Sailors will not turn to leadership for guidance in times of crisis if they have never had a conversation with them about more than just work or mission-related matters.

These types of discussions should happen at all leadership levels and can be supported by enrolling in topic-specific trainings. Sailors are more likely to trust leaders who are dedicated to learning about mental health and preventative resources.

You may feel unsure of how to start a conversation or feel pressured to say the right thing. Know that **you are not alone** and there is support personnel to help you.

QuickTip

Know who you can refer a person to or who to ask for help before speaking with someone about their mental health.



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Create Time and Space

To start a meaningful conversation, you must first be prepared. Know your strengths and your limitations. The right conversational tools will help you navigate challenging moments. It is important to acknowledge that **you are human and so is your crew.**

Simply take the time to ask a Sailor how they are and listen to their answer. This type of approach will:

- → Set the tone for the discussion and show you care.
- → Ensure conversations that matter happen regularly.
- → Show empathy and build trust.
- → Reveal your human side and make others feel comfortable sharing what is on their mind.

Initiating mental health conversations does not fall solely on the shoulders of the Command Triad. These kinds of discussions should happen at all levels of leadership.



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Develop Emotional Intelligence

Emotional intelligence (EQ) is the ability to recognize, understand, and manage our emotions, as well as recognize, understand, and influence the feelings of others. It is OK to be uncomfortable with certain feelings and topics, but understanding where you struggle will help you improve.

Tips for Improving EQ

- → Slow down to think about what you are really hearing and how you are responding.
- → Put yourself in the other person's position or rehearse the conversation ahead of time.
- → Pay attention to body language.
- → Acknowledge the person's emotions with statements such as, "You seem overwhelmed" or "I can see this is upsetting you."



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How to Have Effective Conversations

It takes the right skills, knowledge, and a positive attitude to have effective conversations about mental health. The following techniques can help you strengthen the necessary skills to navigate these kinds of discussions.

Practice Empathy

While sympathy involves feeling for others, empathy is feeling **with** someone (e.g., "I empathize with you for being passed over for that promotion. I remember when that happened to me. I was disappointed and sad.") Empathy is crucial in maintaining healthy relationships and when having meaningful conversations. Having empathy shows the other person that they are not alone and that there is a path of hope.



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Employ Active Listening

Active listening involves listening with intention and giving a person your undivided attention. We direct our eyes, ears, and conscious thoughts toward the speaker.

Key features of active listening include:

- → Giving verbal responses to what is being said; showing you are listening.
- → Responding to bad news with caring statements, such as, "I see why you felt that way" or "That must be difficult for you."
- → Focusing on the message by repeating what you heard and avoiding the "fix-it" reflex.

Understand Personality Types

Some people are introverts and some are extroverts. Each personality type approaches human interactions differently. An extrovert may seek conversation with others and feel energized by the interactions they have, but an introvert finds energy in private time away from other people. Adapting to a person's distinct style will help you build rapport.



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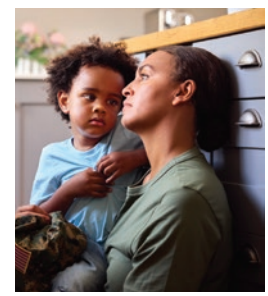
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Eliminate Stigma

Historically, there is a stigma associated with seeking help for mental health illnesses or disorders. Be explicit in letting Sailors know it is OK to ask for help. When appropriate, asking, "Are you thinking about suicide or hurting yourself?" can be critical in getting someone the help they need.

Avoid Personal Bias

For Sailors, stress can come from several sources, both inside and outside of work. What may present as a problem at work might be caused by an even bigger problem at home.



If someone is unwilling to get help, a command-directed mental health evaluation (MHE) may be required. There are policies to guide you when a situation goes beyond your ability to assist a Sailor in crisis. For more information on command-directed MHEs, flip to the "Identifying & Responding to Mental Health Concerns" tab.

If someone is thinking about harming themselves or others, you have an obligation to help. You can call **911** or the Veterans Crisis Line at: **988 (press 1)**

Be Engaged

A meaningful conversation benefits from mutual respect and trust. To show respect, avoid putting furniture between you and the other person. Having a barrier between you can communicate the use of power. Do not let people or phone calls interrupt you. If interruptions cannot be avoided, decide if you should reschedule so you can give the conversation your full attention. If you have to reschedule, express your desire to continue talking and set up a different time.

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Tips for an Effective Conversation

- → Find a quiet place to talk, if possible.
- → Be positive.
- → Use nonthreatening body language. Face the person with your hands lowered.
- → Always give those you are talking to space to move and walk away.
- → Look at the person directly, but do not stare. Do not keep looking at your watch or smartphone.
- → Nod in response. Match your facial expressions with your emotional response. Smile or show concern when it is appropriate. Do not overreact.
- → Avoid trying to read the person's mind. If they look uncomfortable, do not assume you know why. Just say, "I appreciate you speaking with me. Can I do something to make you more comfortable?"
- → Ask questions like, "Can I help you?" and "How are you feeling?"
- → Avoid minimizing the person's emotions with statements like, "You are just having a bad day."
- → Avoid stigmatizing and do not judge.
- → Know your own limitations and where and how to refer the person for more support.
- → If you are senior to the person, do not use your rank as power.
- → Never leave a person alone who you think might harm themselves or others.

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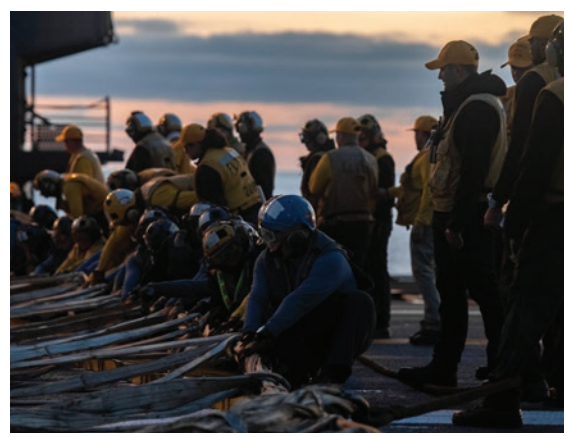
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IDENTIFYING & RESPONDING TO MENTAL HEALTH CONCERNS

It is normal to have negative feelings and reactions to certain situations (e.g., relationship problems, loss of promotion, money trouble), but when negative emotions interfere with daily functioning at home or at work, the person might benefit from professional help.

It can be difficult to recognize when a Sailor is experiencing trauma or distress. While there is no single pattern that indicates professional help is required, there are signs that can determine when command support needs improving.

Connecting with the Sailor in need, offering encouragement, and establishing a pattern of open communication are critical to ensuring the Sailor remains engaged with command as their situation evolves.



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Behavior Patterns

One key way to determine if clinical support is needed is to recognize any changes in a Sailor's usual performance and behavior. Red flags can range from small deviations in normal patterns to suicidal thoughts, statements, and ideations.

Behavioral changes may include:

- → Concerning statements.
- → Destructive behaviors.
- → Conflicts with team members.
- → Social withdrawal and isolation.

Suicidal statements, attempts, or related behavior all call for an **immediate** referral and assessment. If you notice a decline in a Sailor's attention, concentration, appearance, or behavior control, first talk with them about it and discuss corrective measures. The next step would be to involve a mental health professional, such as a counselor.



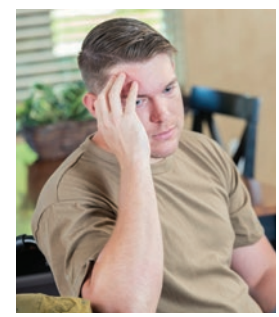
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Peer Support

Peers are usually the first ones to notice that a fellow Sailor is struggling as they can be first-hand witnesses to risky behaviors like binge drinking, reckless driving, or poor performance. Sometimes, people discuss personal problems with the belief that they will be kept confidential. However, issues shared in confidence can create a moral dilemma that must be dealt with carefully for the welfare of the Sailor. Bystanders may avoid reporting their peers for fear of self-incrimination. Leaders should assure all Sailors that they have different options to manage the problem:

- → A command Chaplain can offer guidance under the protection of confidentiality.
- → A Military and Family Life Counselor (MFLC) does not keep records of counseling sessions.
- → Sailors can seek help on behalf of their peer even if it breaks their confidence.



Misjudging Signs

It can be concerning to think about the consequences of misjudging how a person is feeling. All Sailors should rely on their general military training for suicide prevention and the key tenets of **Ask-Care-Treat** to help a Sailor get the evaluation and treatment they need.

QuickAlert ⚠

Safety is always the priority. **Your action could mean the difference between life and death.**

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Command Communication with Medical

Department of Defense Instruction (DoDI) 6490.08 guides communication between a medical provider and a Sailor's command and specifies that medical professionals shall "follow a presumption that they are not to notify a Service member's commander when the Service member obtains mental health care of substance abuse education services."

However, there are many conditions where a mental health care provider is required to share information with a Sailor's commander. Frequently, the information the provider gives back to command is vital to the support of the Sailor.



Commanding Officers (COs) are **under no such limitations** when communicating back to medical providers. However, commands are encouraged to contact providers with relevant information that could affect a Sailor's treatment plan, such as any uncharacteristic outbursts, substance misuse, ongoing disciplinary actions, etc. You should let a Sailor know in advance that you will be contacting their provider and explain your reasons for doing so.

QuickNote

You are not expected to have all the answers. Maintaining relationships with subject matter experts can assist you in your decision-making. If barriers are encountered at your leadership level, you are expected to elevate the issue to your Immediate Superior in Command (ISIC) or Type Commander (TYCOM) to help find a solution.

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Criteria for Notification to Command

DoDI 6490.08 specifies that clinical providers should notify the line commander when any of the following conditions are met:

1. **Harm to Self:** Serious risk of self-harm by the Service member either because of the condition itself or medical treatment of the condition
2. **Harm to Others:** Serious risk of harm to others because of the condition itself or medical treatment of the condition
3. **Harm to Mission:** Serious risk of harm to a specific military operational mission. Such serious risk may include disorders that significantly impact impulsivity, insight, reliability, and judgment
4. **Special Personnel:** Service member is in the Physical Readiness Program (PRP) or a position that has been pre-identified as having mission responsibilities of such sensitivity or urgency that normal notification standards would significantly risk accomplishment
5. **Inpatient Care:** Service member is admitted or discharged from an inpatient health or substance abuse treatment facility
6. **Acute Medical Conditions Interfering with Duty:** Service member is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs ability to perform assigned duties
7. **Substance Abuse Treatment Program:** Service member has entered or is discharged from an outpatient or inpatient treatment program for substance abuse
8. **Command-Directed Mental Health Evaluation (MHE):** Mental health services are obtained because of a command-directed MHE
9. **Other Special Circumstances:** As determined on a case-by-case basis by a health care provider/CO at the 0-6 or equivalent level or above

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The Warm Handoff

A "warm handoff" in health care is used to describe the hand off of care between medical providers. You can positively support a Sailor's handoff by providing timely drop-off and pick-ups from appointments, coordinating regularly with medical providers, and checking in with the Sailor to discuss their progress. A failure to perform these types of supportive actions can potentially damage the good rapport that has already been established between a Sailor and command.

In some circumstances, an escort may be needed to coordinate communication and ensure a safe transfer of care.

Tips for a Successful Warm Handoff

- → Offer continuous empathy and a supportive presence throughout the handoff process.
- → Communicate command observations and any other relevant information to health care providers.
- → Ensure the patient was delivered to the right place at the right time.
- → Provide a command contact with a name and phone number and obtain the name and phone number of a medical point of contact (POC).
- → Stay onsite until released by medical personnel.



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Command-Directed Evaluations

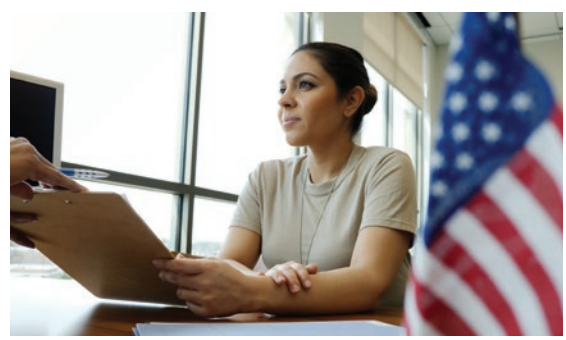
The process for command-directed evaluations, when needed, is very straightforward. DoDI 6490.04 describes this process in more detail.

COs who believe a Sailor may need an MHE are authorized to direct an evaluation. Refer a Sailor for an emergency MHE as soon as possible if:

- → By actions or words, a Sailor intends/is likely to cause harm to themselves or others.
- → Circumstances indicate that the Sailor is likely to cause injury.
- → You believe that the Sailor is suffering from a serious mental disorder.

If you believe that a Sailor may need a nonemergency MHE:

- → Assure the Sailor that there is no stigma associated with asking for and receiving mental health services.
- → Refer the Sailor to a mental health provider, providing both their name and contact information.
- → Advise the Sailor of the date, time, and place of the scheduled MHE.



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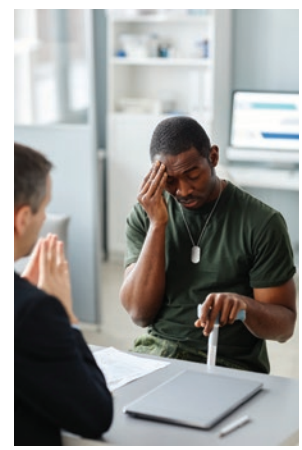
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Self-Referred Evaluations

For most Sailors, support, mentorship, and problem-solving skills give them what they need to stay in the fight. However, there are times when our people need additional help. Seeking this help is a sign of strength.

Active-duty Sailors desiring a mental health care appointment through the military health care system can schedule one directly without a referral from their Primary Care Manager (PCM). This option is the most direct route and specific steps will depend on available resources. (This option is currently unavailable for Selected Reserve [SELRES] and Individual Ready Reserve [IRR] Service members.)

- → For commands with an Embedded Mental Health Program (EMHP), the EMHP is the primary source for Sailors to receive mental health care.
- → For units without an EMHP, Sailors can contact their local mental health clinic or closest military treatment facility (MTF) to schedule an appointment with a behavioral health provider.



Any Service member who has thoughts of harming themselves or others should seek immediate care.

- → Call the Veterans Crisis Line: **988 (press 1)**
- → Go directly to the nearest emergency room.

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Self-Initiated Referral Through the Chain of Command

Sailors who prefer to involve their chain of command in scheduling mental health care appointments can receive help from their CO or a supervisor in grade E-6 or above.

A Sailor is permitted to request a referral for an MHE at any time on any basis (e.g., personal concerns or distress, trouble performing duties or daily activities) and in any environment.

QuickNote

Sailors **do not** need to specify the reason for the evaluation request.

Commanding Officers and Supervisors (Grade E-6 and above)

COs and supervisors must:

→ Make sure those in their command know how to initiate a self-directed referral for an MHE and have access to mental health resources.

→ Refer the Sailor to a military mental health provider as soon as possible.

- Supervisors can call the local mental health clinic or MTF to schedule the Sailor's MHE. A supervisor also may accompany the Sailor in person to the clinic to schedule their appointment.
- Supervisors are not entitled to the results of a Sailor's MHE. However, they may call the clinic to ask if it has been completed and inquire on any duty limitations.

→ Explore telehealth options for Sailors assigned to locations without a mental health provider.

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NAVIGATING SUPPORT SYSTEMS

Finding the right support systems can be challenging, which can delay Sailors in getting the care they need at the right time. You can best advocate for those in your leadership by developing and maintaining strong relationships with professionals in the local medical and mental health care system.

You must make Sailors understand that they are not alone. However, you should note that you are also not alone.

If you encounter barriers at your own level, ask for help!

QuickNote

Command and mental health providers should recognize that they are in this together and work to build each other up.



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Network and Discover Resources

Commands should build relationships with local mental health resources well before difficult situations arise.

- → **For commands with an Embedded Mental Health Program (EMHP):** EMHP providers should fill this position.
- → **For commands without embedded mental health resources:** The Medical Officer, Independent Duty Corpsman (IDC), or other Command Resilience Team (CRT) member should take on the role of building these relationships.

There is no way for mental health providers to keep up with changes in local leadership. As a result, leaders should be the ones to initiate contact and build the relationship, whether it is with the Department of Veterans Affairs (VA), military health care, or community services.

QuickFlip

To find more resources both within and outside your command, flip to the "Resources" tab.

QuickNote

When care is unavailable through uniformed or on-base services, a Sailor can be "referred to the network" by their Primary Care Manager (PCM). This type of care is suitable for issues that do not involve fitness for duty.

If fitness for duty is a concern, every effort should be made for the Sailor to be seen by a Navy mental health provider.

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Steps to Facilitate Communication with Providers

1. Ensure you are trained in the Expanded Operational Stress Control (E-OSC) Module 9 (Combat and Operational Stress First Aid) and Module 10 (Core Leader Functions). This will help you to understand that you are an integral link in the chain of care.
2. Prioritize network building for your CRT. The "how" of navigation requires deliberate planning to ensure effective communication even before mental health issues come up.
3. Assign a dedicated liaison within the chain of command to fill this role and have them sign a delegation letter allowing them to communicate on Health Insurance Portability and Accountability Act (HIPAA)-related matters on behalf of the command.
4. Periodically reach out to each resource to make sure their contact information is still accurate.

How to Find Support

There are many people whose job it is to advocate for the needs of the Sailor and the command:

- → Military treatment facility's (MTF) Fleet Liaison
- → Military hospital's Director of Mental Health
- → Type Commander (TYCOM) Senior Medical, Senior Nurse, or Senior Mental Health Officer
- → Fleet and Family Support Center (FFSC)

QuickNote

You may ask Sailors for their clinical provider's contact information and reach out directly. **Always be transparent with the Sailor when communicating with their provider** and emphasize that the purpose of the communication is to support their treatment and reintegration.

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Force Multipliers

Buddy Care and Peer Support

Buddy care is a form of peer support used to engage individuals in times of stress. Command is responsible for building a positive culture that emphasizes buddy care and peer support. Someone providing buddy care can interact with their buddy regularly to provide early intervention and normalize asking for help. Sailors might feel more at ease talking to a peer and may be more open to seeking support when it comes from a friend.

Mental Health Roadmap

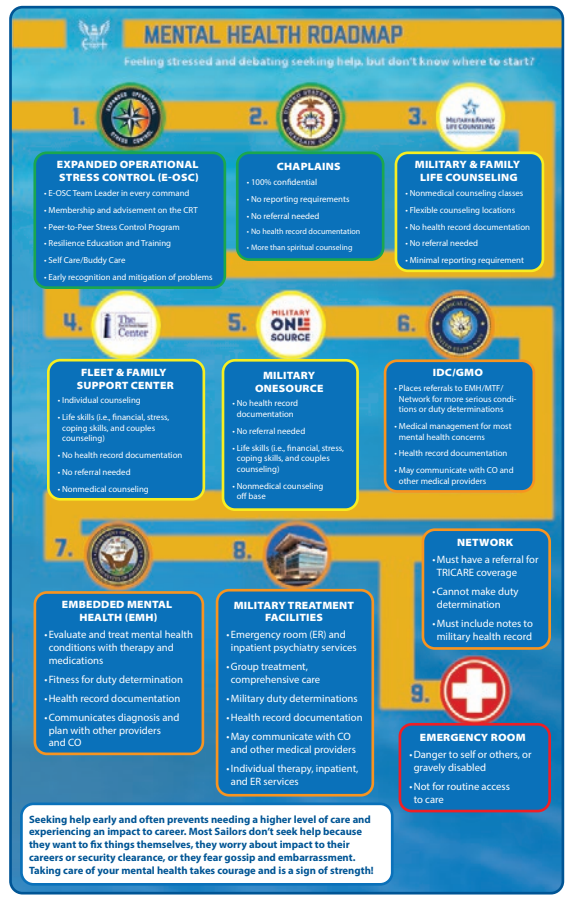
Many Navy commands and regions have developed a Mental Health Roadmap to help Sailors understand how to access the right level of care at the right time. This approach preserves function and confidentiality, which allows the system to be more agile in responding to unexpected needs as they arise. Commands are encouraged to modify this diagram to meet their local needs.



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Reintegration vs. Transition Away from Command

Inevitably, some Sailors will be pulled away from the command due to a temporary assignment to another command, medical evacuation (MEDEVAC), or inpatient or partial hospitalization treatment. Supervisory staff will benefit from E-OSC training on core leader functions, which offers best practices for Sailor reintegration. Be proactive in maintaining the relationship for the duration of the absence, including visits from a command representative or Chaplain (when possible). Responsibility for maintaining contact should not be placed fully on the Sailor.

When a Sailor's mental health prevents their return, commands should plan for them to transition to another role:

- → A medical board will transition the Sailor into VA care.
- → Administrative separation will allow command to swiftly remove the Sailor from a situation where they may cause harm to themself or others.



In both cases, consider the long-term well-being of the Sailor. Leaders should also connect with the medical providers making the recommendations. An on-base VA representative should be contacted to help the Sailor determine benefit eligibility depending on their type of discharge.

QuickNote

Command needs to be sensitive to the fact that it is a critical time for the transitioning Sailor. They may fear change and experience confusing emotions as they let go of old expectations and embrace new opportunities.

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RESOURCES

Nonclinical Tools Within Your Command

Expanded Operational Stress Control (E-OSC)

A peer-to-peer program that integrates Combat and Operational Stress Control (COSC) principles and practices with psychological resilience and mindfulness training to improve Sailor and unit readiness.

www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/E-OSC

Full Speed Ahead (FSA) 3.0

This program builds on the previous courses in the FSA series and addresses themes and behaviors that are foundational to the Navy's Culture of Excellence.

www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Culture-of-Excellence/Full-Speed-Ahead

Warrior Toughness (WT)

WT leverages performance psychology skills and teaches the Warrior Mindset.

www.netc.navy.mil/Warrior-Toughness



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People and Teams

Chaplain

Chaplains are trained to help Sailors solve personal problems in a way that supports their mental health. They should be involved in any situation where Sailors need nonclinical, confidential support.

Command Resilience Team (CRT)

The CRT provides Commanding Officers (COs) with trend visibility across the command and a means to improve support services and boost overall command readiness.

www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Equal-Opportunity/CRT

Cultural Champion Network (CCN)

The CCN includes the CRT, Human Factors Council, and Deckplate Leaders. It combines leaders, partners, processes, and products to make up an integrated Sailor support system at each command.

www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Culture-of-Excellence

Human Factors Council (HCF)

HCFs assist commanders in better understanding the overall well-being of personnel and help recommend personalized risk mitigation plans when needed.

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Clinical Tools Within Your Command

Embedded Mental Health Program (EMHP)

The EMHP supports psychological readiness of commands and Service members. Members of an EMHP team may include behavioral health technicians, licensed clinical social workers, psychiatric mental health nurse practitioners, psychologists, and psychiatrists.

Independent Duty Corpsman (IDC)

An IDC can provide first-line general care to command, including diagnosis of many medical conditions. The IDC is supervised by a licensed physician.

Operational Medical Officer (OMO)/General Medical Officer (GMO)

The OMO/GMO is a licensed physician who supervises several IDCs. They may have their own primary care patients and refer to specialists at the military treatment facility (MTF).

Nonclinical Tools Outside Your Command

Fleet and Family Support Program/Work and Family Life (WFL)

WFL programs help prepare Service members and their families for the demands of military life (physical, mental, interpersonal, logistical, etc.).

https://ffr.cnic.navy.mil/Family-Readiness/Fleet-And-Family-Support-Program

Military OneSource

Military OneSource counselors provide free, nonmedical, confidential counseling on a wide range of issues, including deployment, marital conflict, stress management, and grief after loss.

800-342-9647

www.militaryonesource.mil

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Military and Family Life Counselor (MFLC)

MFLCs offer confidential, nonclinical counseling to Service members, families, and survivors. Unit commanders may request MFLCs for additional support.

www.militaryonesource.mil/non-medical-counseling/military-and-family-life-counseling

Clinical Tools Outside Your Command

TRICARE Network

Any care that Navy Medicine cannot directly provide (other than emergency care) may be referred to the TRICARE network.

https://tricare.mil

TRICARE Military Health System Nurse Advice Line

www.tricare.mil/GettingCare/PatientResources/ContactUs/CallUs/NAL

800-TRICARE (874-2273), option 1

Department of Veterans Affairs (VA)

The VA offers counseling services to Veterans and Service members through Vet Centers.

www.va.gov

Veterans Crisis Line

https://988lifeline.org

988, press 1



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CONTACT SHEET

Resource	Name	Phone/Email
Unit Medical Lead (IDC, OMO, GMO, SMO)		
ISIC Medical Lead		
Deployed Resiliency Counselor		
Embedded Mental Health Provider		
Military Treatment Facility		
→ Emergency Room		
→ Mental Health Department		
Embedded Integrated Prevention Coordinator/Deployment Resiliency Educator		
Chaplain		
E-OSC Team Leader		
Suicide Prevention Coordinator		
SAPR VA		
Family Advocacy Program Coordinator		
Victim and Witness Assistance Program		
Staff Judge Advocate		
Command Fitness Leader		
Fleet & Family Readiness Center		
Fleet & Family Support Center		
Military & Family Life Coordinator		
Military OneSource		**800-342-9647**
Navy Marine Corps Relief Society		
VA Vet Center		

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★ ★ ★ NAVY ★ ★ ★

The process of addressing and preventing mental health problems begins with the type of climate you create for your leadership. This guide is intended to help Navy leaders support mental health in their Sailors and connect them with the right resources, at the right level, at the right time.

- ✪ Roles and responsibilities
- ✪ How to have meaningful conversations
- ✪ Identifying and responding to mental health concerns
- ✪ Navigating support systems

Based on OPNAV N17, Mental Health Playbook, version 1.1.



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