



# Brandon Act Self-Referral for Mental Health Fact Sheet

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**BLUF:** MARADMIN 463/23 announces policy to the Marine Corps to implement DoD Directive-type Memo 23-005, "Self-Initiated Referral Process for Mental Health Evaluations of Service Members." Mental health is health. Every Service Member deserves a deliberate strategy for strengthening their mental health.

Any Marine or attached Sailor (hereafter referred to as Marines) serving on active duty with a Marine command who specifically requests a Mental Health Evaluation (MHE) from a Supervisor E-6 and above must be scheduled for an appointment with a local military mental health clinic or closest Military Treatment Facility (MTF), and provided the opportunity to attend. This is not the same as a command-directed MHE.

## WHO NEEDS TO KNOW?

- All Marines can learn more about self-referral for Mental Health.
- Supervisors E-6 and above have new responsibilities delineated in the MARADMIN.
- Chain of Command Leadership
- Mental Health Care Providers

## WHAT YOU NEED TO KNOW—KEY POINTS

- Any Marine who has or expresses thoughts of harming themselves should seek emergency care either by contacting the Veterans Crisis Line (CONUS call 988 Press 1, OCONUS chat with a representative online <https://www.veteranscrisisline.net/get-help-now/military-crisis-line/>) or go to the nearest emergency room.
- Mental health and wellness are critical to warfighting readiness, and it is every leader's duty to ensure their Marines have access to resources they need. Some of those resources include:
  - Military OneSource
  - Embedded Mental Health Providers, typically called OSCAR Provider
  - Marine Corps Community Services (MCCS)
  - Military and Family Life Counselors (MFLCs)
  - Navy Chaplains
- Marines seeking a mental health care appointment in the military health care system can make an appointment without a referral.
  - Marines in units with an assigned embedded mental health care provider should first contact their embedded provider.
  - Marines in units without an embedded mental healthy provider can call the TRICARE center appointment line, local mental health clinic, or the closet military treatment facility. Marines can also make an appointment in person.
  - Marines who prefer to have their chain of command involved with scheduling a mental health care appointment through the military health system can request assistance from their commanding officer or an E-6 or above supervisor. This is voluntary and is not the same as a command-directed mental health evaluation.



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## WHAT YOU NEED TO KNOW—KEY POINTS

### Commanding Officers & E-6 and above Supervisors

- Ensure Marines understand all resources available to receive mental health care. If a Marine requests a mental health evaluation through the chain of command, refer the Marine to a mental health provider as soon as practicable.
  - There are resources available. Consider your Marine's access to an MTF, clinics, or your command's embedded mental health provider.
  - For Marines in locations with no mental health providers, use telehealth options.
  - Supervisors may call the central appointment line, local mental health clinic, or the closest MTF to schedule your Marine's initial mental health evaluation. Supervisors may accompany their Marine in-person to schedule an appointment.
  - Supervisors are expected to provide the Marine a time, date, and place of the scheduled mental health evaluation, however, they are not entitled to information from the mental health provider beyond the fact that it was completed.

## FREQUENTLY ASKED QUESTIONS (FAQs)

### Q. What does this MARADMIN change? I thought I could already self-refer to mental health?

A. Self-referral without chain of command involvement remains an option for Marines seeking mental health services. This MARADMIN directs responsibility to Commanders and E-6 and above supervisors to assist Marines who request referral for a mental health evaluation. All Marines are encouraged to use resources available to improve mental well-being.

### Q. What should commanders do if they have concerns about a Marine's behavior, significant changes in performance, or fitness for duty?

A. Commanders should review DODI 6490.04 Mental Health Evaluations of Members of the Military Services for command-directed mental health evaluation procedures. If a Marine requests assistance with a self-initiated referral while a command-directed evaluation is pending, the command may decide whether to cancel the command-directed evaluation in favor of the self-initiated referral.

### Q. How do I reduce stigma for seeking mental health services?

A. Treat referrals for mental health similar to referrals for other medical services. Encourage your Marines to use the resources available to them. Support attendance to scheduled appointments. Check out the Marine and Family Leaders Resource Guide for key resources available at any time, for any issue — from Marines and their families seeking non-medical counseling services — to transitioning Marines looking to the next stage in their career. The Marine and Family Leader's Guide is located at [http://marineforlife.org/marketing/2021%20MF%20Leadership%20Resource%20Guide%20\(Interactive\).pdf](http://marineforlife.org/marketing/2021%20MF%20Leadership%20Resource%20Guide%20(Interactive).pdf)

### Q. What should I do if a Marine is in distress?

A. If a Marine is exhibiting distress, *ASK* if someone is having thoughts of suicide in a non-judgmental way, show *CARE* through the use of active listening, and escort them to *TREATment*. Help create a safer environment and ask if they would consent to storing their personal firearms outside of the home while in distress. Reinforce the importance of routine safe storage of firearms and medication.



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**Q. Does my commander or supervisor have to give me a referral for a MHE even if it impacts the mission or is “not a good time”?**

**A.** Yes. However, in non-emergency cases, operational requirements and appointment availability may impact the amount of time it takes to get a MHE. If this is the case, non-medical resources should be maximized, such as chaplains, MCCS, MFLCs, and Military OneSource.

**Q. Do I have to talk about why I want a mental health referral to my commander/supervisor?**

**A.** No.

**Q. Can my commander/supervisor talk to me when I ask for a referral or do they just give me the referral?**

**A.** Yes, your commander/supervisor may speak with you about the referral and what type of support you need. You do not have to discuss your medical concerns or why you want a mental health referral with your commander/supervisor. Alternatively, you may voluntarily discuss with your commander/supervisor whatever you wish to disclose.

**Q. If I come in to see mental health and need continuous care, will I have a voice in the care that I desire to enroll in?**

**A.** Yes, your voice is respected. You should always voice your desires and work to understand the treatment plan by raising questions.

**Q. The DTM 23-005 states that command plans and arrangements will be made for reservists, so may a reservist who is not on active-duty order for more than 30 days request a MHE?**

**A.** Not at this time. The self-initiated referral process for MHE will be completed in a phased approach. Currently, we are in phase one, that pertains only to members on active-duty, to include those in active component and those in the reserve component who are on active-duty order of more than 30 days and are eligible for the same health and dental benefits as active-duty service members. Phase two will be implemented later and will include guidance for the reserve component.

**Q. Will my commander/supervisor be notified of the results of the MHE?**

**A.** No. Command notification is not required unless there is a safety, readiness, or duty concern. Pursuant to DTM 23-005, providers may confirm a completed MHE to commanders/supervisors for accountability purposes only.

**Q. Does this mean I have to go through my commander/supervisor any time I want or need to be seen in mental health?**

**A.** No. DTM 23-005 and the self-initiated referral process for MHE are not intended to be barriers to care, rather provide another method for obtaining a commander/supervisor assisted referral for a MHE. You can still request an appointment through the MTF, your primary care team, or other healthcare provider.