United States Coast Guard

BEHAVIORAL HEALTH PLAYBOOK

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Introduction

"People are the heartbeat of our Service. We must look out for one another and have the courage to take care of our mental and emotional well-being. It is paramount to our success." — Admiral Linda Fagan, U.S. Coast Guard Commandant

To prepare our teams for mission success, we must ensure each member of the team is ready in mind, body, and spirit to engage in the mission and support their team. For this reason, ensuring the health, especially the behavioral health, of our people is paramount.

This playbook is designed to assist all Coast Guard leaders and supervisors in preparing for, preventing, mitigating, and addressing behavioral health issues within their commands. According to the Centers for Disease Control and Prevention (CDC), ***one in five Americans*** will be diagnosed with a mental illness or disorder at some point in their lives, and our Coast Guard personnel and families are not immune.

As described in the Behavioral Health policy Commandant Instruction 6000.5, behavioral health is "the emotional, psychological, and social facets of overall health and the associated thoughts, feelings, behaviors, and moods. It relates to the impact of these things on daily functioning and the ability to relate to others, specifically in regard to mental illness and addiction."

The work of prevention begins well before a behavioral health issue occurs. It starts with the command climate our leaders create and how they lead the people in their care. Throughout the Coast Guard enterprise, leaders must become comfortable with the idea of preventive care, not just for our machines or equipment but, also, for our people. In the same way that we proactively take preventive action to ensure ongoing performance, we must shift this thinking into how we recognize the **three roles of strong leaders** and equip our people with the tools to maintain their positive well-being.

1) Set conditions

- Build a climate of trust and respect, with open two-way communication.
- Challenge conduct and poor leadership that erodes professionalism and creates a toxic climate.
- Eliminate stigma associated with pursuit of nonclinical or clinical support for behavioral health concerns.
- Encourage help-seeking behavior and widely share available resources.

2) Recognize behavioral health issues

- Use active listening and pursue conversations that move beyond professional performance.
- Look for behavior changes.
- Consult with both nonclinical (e.g., chaplains, Work-Life) and clinical (e.g., medical professionals) experts.

3) Get people the care they need, and *keep them engaged*

- Understand the differences between levels of care and start at the right level. There is no wrong door, but some doors are better in certain situations.
- Provide a warm hand-off. Communicate and follow up with gaining commands as well as clinical providers.
- Fix or elevate issues when presented with roadblocks.
- Facilitate your shipmate's reintegration back into your team with empathy and compassion.

For assistance with executing these duties, ***leaders should read this handbook from cover to cover*** in the same way that they would read a technical or training manual that is used to prevent operational failures. Engaging your team with the concepts in this playbook may support team members early to mitigate the need for crisis-level mental health interventions. Leaders should use the concepts in this playbook as they interact with their teams and in training efforts. Also, it is highly recommended that leaders complete or update their behavioral health point of contact list on the inside back cover of this handbook.

Throughout U.S. Coast Guard history, one thing has been clear: it is our people that make us great. Leaders should use this handbook to build up their people by creating teams that are connected, cohesive, inclusive, and prepared to perform any and every mission

Section 1 - Roles and Responsibilities

This playbook is intended to support Coast Guard commanders in building their crew's protective factors to increase resilience and prevent behavioral health issues from occurring. When issues do arise, leaders will know how to connect their people with the right support services, at the right level, at the right time. ***The goal is to create a community of support, where people feel connected to the mission, the command, and each other.***

In the Coast Guard, a triangular relationship exists amongst the service member, their Command, and the System of Care. Well-coordinated responses, built on relationships within this triangle, lead to better results for all hands.

FIGURE 1. RELATIONSHIP BETWEEN COMMANDS, SERVICE MEMBERS, AND THE SYSTEM OF CARE. PRIVACY AND CONFIDENTIALITY DETAILS EXPANDED IN SECTION THREE.

Command leadership is accountable for their command climate and for conducting preventive care to build protective factors for the people in their care.

Caring about the mission and caring about your people are not mutually exclusive--both are important components of positive leadership. ***Taking care of our people is foundational to everything we do.*** Command leadership is a major source of inspiration for our shipmates, ensuring members have a strong sense of purpose and understanding that their individual commitment to our Nation, through shared Coast Guard service, is valued and worthwhile.

Command Cadre

As referenced throughout this Coast Guard Behavioral Health Playbook, the term Command Cadre typically includes the commanding officer, executive officer/deputy, command master chief/senior enlisted advisor, officer in charge, executive petty officer, and other similar leaders.

The first responsibility of a Commanding Officer (CO) is to ***set conditions*** for their people to succeed by establishing a climate of trust, respect, and emotional safety. A command with high levels of trust and respect, both up and down the chain of command, establishes and maintains open communication channels. Empathy and nonjudgmental verbal and nonverbal cues are necessary for people to talk about underlying issues early and avoid delays in addressing issues until they become a crisis.

Critical to establishing the right type of preventive climate is ***eliminating stigma*** for talking about issues and seeking behavioral health care. The best way to do this is for leaders to be transparent and demonstrate their humanity by sharing experiences of when they have benefited by asking for help. It is important to model behaviors we desire all hands to practice.

With climate conditions set, COs ***must*** recognize that each person's experience is unique, be familiar with available prevention resources, implement primary prevention programs designed to identify the effects of stress, sustain a ready and resilient crew, and identify and mitigate the risk of harmful behaviors.

The end goal is that everyone in a command shares an ***understanding of how preventive care is conducted*** for their people while maintaining an open environment ***that supports help-seeking behavior with widest dissemination of available resources.***

The most powerful defense against mental health issues resides within a climate of trust and respect, caring peer-to-peer relationships, and engaged supervisors. External resources are critical, but cannot replace the command's role, or the role of a friend.

If the command climate, prevention resources, and peer-to-peer/leadership relationships are insufficient on their own, then assistance and/or interventions should be pursued. ***As behavioral health issues occur,*** it is imperative to balance compassion and privacy with action within statutory and regulatory responsibilities. Privacy issues are discussed in Section Three.

Too often, behavioral health concerns are brought to a command's attention because of the occurrence of a harmful behavior. If so, what reports and follow-up actions are required? Should precautionary administrative actions be taken such as securing access to weapons? Should personnel who have caused damage to persons or property remain on critical watches? If **temporary** actions are taken, what is the plan to keep members safe and ensure those who are struggling have a path to wellness and reintegration back into their unit?

Because the likelihood of encountering a behavioral health issue requiring external care may exist, it is incumbent upon leaders to ***understand how to navigate external support systems***. Here, consider assigning a command member with the collateral duty to become a subject-matter expert in navigating available support systems. The back cover of this guide contains a generic contact list that every command should customize and keep current.

For each of our shipmates receiving behavioral health care and treatment, COs must ensure that a ***well-understood plan is in place*** between the member, the command, and the treatment providers for how they will get the care needed to serve and perform at a high level, to include how their reintegration back into the command will be handled.

Above all, Coast Guard leaders must create an environment where the crew understand their well-being is paramount. This type of command environment will acknowledge and highlight meaningful crew efforts that enable mission success.

Supervisors

Though all unit personnel are responsible for building and maintaining a positive command climate, those in supervisory roles are particularly vital to this process. With consistent modeling of positive behaviors, to include treating others with dignity and respect, supervisors can enhance their positional authority with positive personal influence.

Supervisors encompass all levels of leadership below the Command Cadre (Lead Petty Officers, Chief Petty Officers, Division Officers, and Department Heads), and hold significant influence on climate and prevention because they have more frequent, direct engagement with personnel.

While leadership is often built upon professional, technical, or mission-critical competencies, every supervisor must ***develop strongly honed skills in how to best take care of their people***: the minds, bodies, and spirits entrusted to their leadership and care. Doing so involves becoming confident in having conversations with their people, understanding their own personal biases, practicing empathy, and using active listening techniques. This will help them identify stressors and other risk factors so that action can be taken as early as possible.

As a leader, it is critical not only to help the command navigate support options, but also to inform members needing or seeking behavioral health care about how to navigate the system. When members may be involved in one or more administrative or disciplinary processes, a key to preventing additional or escalating mental health issues and distress is helping them understand the process(es) and how long it might take, as well as the range of possible outcomes. This removes much of the mystery, allows them to make more informed decisions, manages expectations, and reduces overall stress and anxiety.

Leaders should strive to become ***fluent in prevention programs and available resources***, so they can understand how to identify behavioral health warning signs and symptoms, navigate support systems (see Section 4), and promptly respond to a behavioral health concern. They should recognize that there are different levels of prevention. Primary prevention can stop harmful behaviors before they occur, while secondary and tertiary levels are interventional and post-event response functions.

When in doubt, supervisors must be courageous in ***elevating issues they cannot fix or resolve at the deckplate***. These could be concerns about individual or collective issues, and/or identifying mismatches when someone does something differently than what they say regarding taking care of their people and preparing for the mission.

Moreover, leaders must reinforce the self-care concept not only by being good role models, but also by engaging and teaching these principles at each level of the chain of command. Learning

to assess stressors and protective factors is important. We must take time for leave, demonstrate self-care, and talk with our crew about mindfulness, healthy lifestyles, and ways to achieve them. A tangible example is that Coast Guard policy allows members and employees to exercise three hours/week during the duty day. Another example is ensuring members at all levels use their earned leave. Senior leaders should take advantage of these examples and others for their own well-being and to empower subordinates to do the same. Setting this example will go a long way to help the crew engage in this healthy practice. Leaders must show service members that ***self-care is essential***.

Service members

Each member of the Coast Guard team must consistently assess their stressors and protective factors to determine how they are taking care of their body, mind, and spirit. service members should also assess if they are trying to get better every day or are losing hope in what today and tomorrow will bring. The Coast Guard uses a Total Force Wellness Assessment tool to identify areas of well-being and resilience that members can focus on improving.

Current research consistently suggests that many factors contribute to having a higher risk of behavioral health issues. These factors can be physical (e.g., poor sleep, unhealthy eating/drinking, and lack of exercise), interpersonal (e.g., lack of constructive, meaningful connections), or emotional (e.g., missing a sense of purpose). Leaders must honor this science through preventive care, putting the right systems and support in place and avoiding those elements that numb or deflect the challenges of our environment. Many of these concepts are built into Coast Guard Operational Stress Control. ***The goal is to make Coast Guard personnel more resilient.***

The stressors related to Coast Guard operations will test this framework and mindset. ***Stress is not the enemy***; in most cases, it should make individuals and teams stronger and better. The chain of command is an important resource for members who need behavioral health care. Research shows that chronic or long-term stress can be problematic. Leaders must recognize how well they are personally coping with various stressors and reflect upon what they can do to strengthen their own resilience. Just as critically, leaders must be able to identify when their people seem to be struggling with increasing stressors. Leaders must set conditions that encourage help-seeking behavior and allow their personnel opportunities to participate in self-care and recovery time from prolonged periods of stress.

Engaging well before someone gets to a moment of crisis is the most critical element. As levels of stress increase, interpersonal relationships with family, peers, and supervisors matter most. Having an established network to rely on for support and access to supportive resources is critical to coping, strengthening, and returning service members to optimal performance. Here, ***the value of a connected, cohesive, inclusive team cannot be overstated***.

Lastly, if behavioral health care and treatment are required, it is the ***responsibility of the individual to precisely follow the plan provided***, keeping leaders informed of progress or the need for additional support. However, the Command Cadre must stay engaged to encourage and support members when they are struggling.

Nonclinical Personnel

Leader and peer-to-peer relationships are the primary prevention mechanism to help our shipmates succeed.

In addition, Command Cadre should ***be deliberate in identifying influencers within their commands;*** people who, via raw charisma and/or skillful leadership, have influence at levels higher or wider than their positional authority ordinarily enables. Identifying shared goals with unit influencers can be a powerful means of building unit cohesion, connectedness, and inclusion. If shared goals are not established, there is potential risk of allowing creation and/or growth of poor command climate conditions.

When possible, leaders should ***encourage their influencers to assume collateral duties connected to prevention programs or affinity groups***. Prevention program duties may include things like: safeTALK and Applied Suicide Intervention Skills Training (ASIST), Operational Stress Control (OSC) Team Leaders, and Victim Advocates. Affinity groups are collections of individuals who share a common identity characteristic.

All nonclinical personnel (Employee Assistance Program Coordinator, Family Resource Specialist, Personal Financial Manager, Transition Relocation Manager, etc.) should be given opportunities to build rapport with and train the command, especially through command sponsorship, command indoctrination, command training days, and/or periodic stand-downs. This approach helps ***ensure all hands are aware of appropriate skills and how to apply them before members they serve need these resources.***

At the individual level, nonclinical personnel should be able to recognize when a shipmate is experiencing an issue that may be addressed through a nonclinical response or provide access to a system for referral when additional resources in the clinical arena are warranted. However, even if this shipmate is receiving clinical services, a ***comprehensive strategy should also include nonclinical support***. Nonclinical personnel can advise how and when to seek help, including how to communicate needs up the chain of command.

Finally, nonclinical personnel are trained in recognizing signs of distress that require involvement by a higher level of care and are expected ***to keep their command informed*** so senior leaders can expeditiously help their shipmate.

Medical/Clinical Providers

Unit readiness relies on medical readiness to help accomplish the mission, and behavioral health care is a vital part of medical readiness. Clinical providers deliver medical support to prevent, treat, and help people to recover from illness and injury. With stress-related problems, ***clinical providers are brought in once other non-clinical interventions have been unsuccessful, or if the situation cannot be managed safely outside of a clinical environment.*** These resources focus on a different level of acuity; the guide on the back cover of this playbook was created to help leaders of all levels understand the differences in scope between clinical and nonclinical support and the available services appropriate to the level of care.

Roles and responsibilities of clinical behavioral health support include assessment, treatment, and referral to appropriate adjunctive support services and coordination of behavioral health

care. Clinical behavioral health providers will communicate with commands when a service member's behavioral health concerns impact assigned duties, the mission, or safety of the member and/or others.

Chaplains

Chaplains have an important role in preventing, mitigating, and addressing behavioral health challenges. They cultivate and support service members' resilience and spiritual readiness across the fleet. Chaplains' efforts enhance the capacity of individuals to access sources of strength, purpose, hope, and connectedness. This is particularly helpful in successfully navigating periods of hardship and trauma. The service of Chaplains extends to all ranks and members, regardless of religious/spiritual affiliation or absence thereof.

Research suggests a correlation between spiritual readiness and behavioral health resilience. Spiritual readiness can be strengthened by one or more of the following: connecting with the divine; participation in faith communities; self-sacrifice for the greater good; and the pursuit of meaning, purpose, value, and service. Exercising spiritual readiness has proven to effectively enhance behavioral health. Regardless of the specific faith tradition or absence thereof, spiritual readiness is a key component in ensuring members' well-being.

Roles of Chaplains for Commanders:

- Chaplains possess a unique attribute within the Service: They offer ***100 percent confidentiality***--guaranteed to all members and their families. This absolute privileged communication policy makes them an invaluable resource for providing essential guidance to commands, supervisors, and individuals who may have uncertainties about resource utilization or who need answers to challenging questions within a safe, non-judgmental setting.
- In the course of their duties, Chaplains are exempt from reporting requirements and do not contribute to health record documentation when an individual engages their support and care services. This element of chaplain interaction further enhances the privacy and trust integral to their role.
- Beyond Active-Duty Chaplain support, there are additional Chaplain services available within Auxiliary Chaplain Support (ACS) and the Reserve Component. These Chaplains extend the same level of confidentiality, care, and support to the units and members they are assigned to serve.
- Chaplain services, regardless of component, are accessible to all units and individuals 24/7 without the need for a referral. This commitment to round-the-clock support underscores the Chaplain Corps' dedication to the well-being and spiritual readiness of all members.

Ombudsmen

Coast Guard Ombudsmen are liaisons between commands and families. They serve as highly trained volunteers providing support, referrals, and guidance to Coast Guard members and their families.

Through their efforts, an Ombudsman allows Coast Guard members to better achieve mission readiness by knowing their families have an available resource when issues or emergent situations arise. An Ombudsman:

- Functions as a communication link between the command and families.
- Provides resource and referral support to assist unit personnel and their families (Work-Life referral, points of contact, etc.).
- Responds to crisis within and/or affecting the command.
- Can participate in official events (pre-deployment briefings, resource fairs, Disaster Preparedness, Yellow Ribbon events, safeTALK and other Work-Life Trainings).

Section 2 - Conversations That Matter

It is important for Command Cadre and all supervisors to engage in conversations about behavioral health and normalize help-seeking behaviors. All leaders play a vital role in removing barriers and reducing the stigma that surrounds help-seeking behavior for mental health issues. Prior preparation ensures that you will have the right tools to skillfully navigate a potentially challenging moment when you need it most. While some specific techniques can be helpful in this area, the best starting point is going out into your command with ***an attitude of openness, care, and empathy, with a willingness to engage in active listening.***

Creating Time & Space

Starting conversations that matter is simple. ***Take time out from your busy day to ask your shipmate how they're doing and focus your attention on their reply***. Active listening requires listening to understand, not forming your response as the other person is speaking or impatiently waiting for your moment to contribute to the conversation. The benefits from this approach are many:

- Active listening sets the tone for you as a leader or a peer, showing that you care.
- Asking questions about life outside of work is a tiny (but worthwhile) investment in connectedness.
- Connecting provides key building blocks that strengthen teams and build culture.
- Creating frequent conversations that matter will help open the door to important discussions when they are needed the most.
- Showing empathy is the foundation of building trust and indicates that you care about members' well-being.
- Discussing life outside of work reveals your human side, which makes others feel more comfortable sharing what's on their mind.

Any conversation can shift into a conversation on mental health.

Having conversations that matter doesn't fall exclusively on the shoulders of the Command Cadre. These conversations should happen at all levels of leadership and can be supported by enrolling in specific trainings to develop such skills. ***Our shipmates are more likely to trust engaged leaders who ensure they are aware of behavioral health and prevention resources***.

Service members or commands will not turn to their leadership in times of hardship if there has never been a conversation with them about anything other than the mission or work. ***Conversations that matter are often deeply personal or controversial and can be uncomfortable***. However, nuanced conversational and honed listening skills are helpful to resolve situations in which your shipmates are hesitant to speak up. This most frequently occurs because they don't trust that others will listen or empathize with their point of view, or the organizational culture has not embraced connectedness.

Developing emotional intelligence (EQ) is important in shaping the ability to have conversations that matter. *EQ is the ability* ***to recognize, understand, and manage our own emotions****; and the ability to* ***recognize, understand, and influence the emotions of others***. It's okay to be uncomfortable with certain topics and emotions but understanding and acknowledging where you struggle will help you to **build your personal resilience**. Tips on how to improve your EQ are part of the CG OSC curriculum and include the following:

- Slow down to really ***think*** about what you're hearing and then what you are saying.
- ***Practice*** putting yourself in another person's position or rehearsing ahead of time.
- Pay attention to body language. ***Identify and comment on changes to acknowledge challenging emotions by saying, for example,*** "I can see you seem overwhelmed" or "You seem stunned. I can tell this is upsetting to you."
- In situations with where you and the other person have very little in common or may come from very different backgrounds, expressing empathy may be more readily received and appreciated than expressing understanding.

If an everyday conversation shifts and it becomes evident that a shipmate needs care outside the unit, the leader will be positioned to talk positively about the ***option to use additional resources***.

Having Effective Conversations with People in Need

Behavioral health problems are so common that ***every Coast Guard leader needs to become comfortable talking about the behavioral health of shipmates and their family members***. Knowing how to enter a conversation about behavioral health requires some knowledge, skills, and tools--but most of all, a positive attitude. Here are some additional suggestions:

Optimizing conversations that matter:

- ✓ Meet in a quiet space without distractions.
- ✓ Make the other person comfortable.
- ✓ Think about your body language (EQ). Are you conveying support or annoyance?
- ✓ Be authentic—you really care and want to hear what's on their mind.
- ✓ Set up another time to talk if you are pressed for time. Make sure to follow-up!
- ✓ Understand sources of stress. Don't assume you know the source.
- ✓ Observe non-verbal cues.

Use Empathy: In the online age with reduced face-to-face interaction, one key element for healthy communication is often missing: ***empathy***. While sympathy involves feeling for others, empathy feels with someone (e.g., "I empathize with you because of your situation of not being selected for promotion—I remember when I was passed over. I felt sad and mad.") Empathy is necessary for healthy relationships and conversations that matter—when talking with someone in need, it is better to engage with the person empathically. ***Empathy says, "You are not in this alone," and provides a pathway to hope and help.***

Active Listening: Active listening requires ***intentionality***—directing your eyes, ears, and conscious awareness toward the person you are talking with. Active listening allows individuals to express themselves freely without feeling judged and includes paying attention to non-verbal clues, like the ones mentioned in the box above. Up to ***70 percent of interpersonal communication is non-verbal***. Active listening means giving the speaker your undivided attention. A few key features of active listening are doing the following:

- Give verbal responses based on what is being said, and show you are listening.
- Offer responses to bad news that include, "That must be difficult" or "I can appreciate your feelings."
- Responses do not need to convey agreement but only that the individual is being heard.
- ***Avoid the "fix-it" reflex*** and focus on the message by reflecting what you heard, rather than your recommendation of how to "fix it."

Be Engaged: To show respect for the other person, avoid having furniture or a desk between each other as that may communicate the use of power, an interpersonal distance, or barrier.

Preplan and be sure to hold phone calls until after the conversation ***so you won't be interrupted***. When interruptions are unavoidable, briefly assess if the current conversation should be rescheduled. If you must reschedule, express that you want to respect what is being said and you will reach out soon to set up another time to talk. Additional best practices include the following:

- Position yourself in ***a non-threatening way*** with body posture to put the other person at ease. Directly facing someone and hands lowered is typically understood as a non-offensive posture. Always give those you are talking to space to move and even walk away, if necessary.
- Avoid being animated with your hands; ***your hands could hinder you*** in talking with someone about behavioral health issues.
- Look directly at the person, but do not make it a staring game. Do not look at your watch or smartphone. ***Keep a clock visible to you in your office if needed***. Give your undivided attention.
- Nod in response. Do not smirk and rock your head side to side. ***Match your facial expressions with your emotions***. Smile when appropriate and show concern when needed. Manage your emotional response. Do not keep a "poker face" or over-react.
- Avoid "mind-reading." If someone looks uncomfortable, do not assume why. Simply ask them calmly, "I appreciate you talking with me, and I want you to be comfortable in discussing this matter with me. ***Is there anything I can do to make you feel more comfortable?"***

Understand Stressors: Meeting operational commitments is our central focus but cannot cause tunnel vision leading us to miss our people problems. Our shipmates experience stress from a variety of sources, both inside and outside of work. What may at first glance appear to be a workplace interpersonal issue might be a symptom of a bigger problem on the home front. ***CG's OSC training*** describes how to use stress to build resilience and the negative impact associated with being either over-challenged or under-challenged.

Recognize and Mitigate Personal Bias: The human brain is hardwired to make snap decisions based on previous experiences and judgments. These then become our biases. Biases are ***reflexive*** signals that can turn into stereotypes, preferences, prejudices, or habitual reactions we may have towards others. Bias can be ***either conscious or, more dangerously, unconscious***. Bias is a natural part of life, and it is not always negative, but left unchecked can cause great harm. Common examples in a military organization might include differences in rank, age, gender/gender identity, sexual orientation, ethnic background, religion, or leadership position. For more information, review Diversity and Inclusion Foundations Course (course # 100455) on the Coast Guard's Learning Management System.

Introversion/Extraversion and Personality: Introverts and extraverts may approach human interactions differently. The extravert seeks out conversations and interactions with others as they are energized by the human interaction. In contrast, the introvert finds energy in their private time away from others. You may find that the person you are talking with may be the opposite of your personality. ***Recognizing differences and adapting to their style will help build rapport.***

Stigma: The stigma associated with getting help for mental health illness or disorders has unfortunately been historically rooted in our culture. As a leader, you should ***be explicit in letting people know it's ok to ask for help***. Further, when appropriate, asking, "Are you thinking about suicide?" can be essential to getting someone help. For additional information on reducing

or preventing stigma, please consult the Centers for Disease Control and Prevention's Reducing Stigma Web site. Talking about suicide does not promote suicidal behavior; on the contrary, talking about suicide can unburden someone and lead to their asking for help.

Some Conversations Will Become Hard: Behavioral health professionals, counselors, and chaplains are trained to have difficult conversations with those they serve. For others, it's more challenging. The person in need may not be forthcoming, and they may not want to open up, no matter what you do. As a leader, you may want to have all the answers and may feel uncomfortable having hard conversations with people experiencing a behavioral health challenge or suicide-related behavior. You are not alone! When possible, seek assistance from behavioral health professionals, counselors, Work-Life staff, and chaplains. The next important step is to ***be prepared, know yourself, know your limitations, and know who to refer to or confer with*** before you talk with someone about their behavioral health. Additionally, Mentalhealth.gov provides useful information about how to discuss behavioral health concerns with your crew.

Command-directed Conversations: When someone is unwilling to get help, a command-directed mental health evaluation (MHE) *may be required*. There are policies and procedures for commands to use when conversations that matter go beyond your ability to help (See *Section 3 - Identifying and Responding to a Behavioral Health Related Concern.*). Remember, if someone is thinking about harming themselves or others, you have an obligation to warn others and get help. ***You may even have to call 911 or 988.***

Conclusion

Final tips on Conversations that Matter:

- Find a quiet place to talk if possible.
- Be positive.
- Avoid minimizing language, such as: "You are just having a bad day."
- Use appropriate language that does not stigmatize.
- Ask questions like, "How are you feeling?", "What support do you need?", or "Can I help you?".
- Actively listen.
- Do not be judgmental.
- Know your limitations; know how and where to refer.
- Never leave someone alone whom you think may harm themselves or others.
- Rank matters. If you are senior to the person you are talking with, make sure you do not use your rank as power. Instead, use it for empowerment!

And finally, in our organization, stress is part of the job. While we may be managing our stress and assisting others with theirs, at the end of the conversation, we need to remember to return inward and take care of ourselves. ***If we do not take care of ourselves, we won't be able to help take care of others***.

Section 3 - Identifying and Responding to a Behavioral Health Concern

Look for behavioral changes like:

- ✓ Concerning statements
- ✓ Harmful behaviors (e.g. alcohol/substance use)
- ✓ Declining performance at work
- ✓ Interpersonal conflicts
- ✓ Social withdrawal

Identifying a Shipmate in Distress Can be Challenging: For most people, mentorship, support, and problem-solving skills will give them what they need to stay in the fight. While there is no single pattern to indicate that a situation requires a clinical response, there are signs that leaders can use to determine when the supportive approach within the chain of command needs to be augmented. Sometimes, negative emotions are normal for the situation (e.g., relationship problems, failing to advance/promote) but ***when negative emotions or anxiety clearly get in the way of normal functioning at work or home, the person may benefit from professional care***. Family, friends, or other shipmates may recognize changes or problems that a person doesn't see in themselves.

Patterns of Behavior: A key element of determining whether a clinical issue has developed is ***identifying departure from your shipmate's usual behavior and performance***. A command's knowledge of their crew is critical to determine whether people are behaving differently. Red flags can include a wide range of behaviors from small deviations in normal patterns to suicidal ideation and suicide-related behaviors. Suicide-related behaviors are the end manifestation of behavior changes that may be evident or noticeable over time such as withdrawal from team activities or social events, an expression of not being important or burdensome to others, or increased anxiety or signs of depression. A team member may be more sensitive and may manifest more tearfulness or anger in the form of outbursts or increased alcohol or other substance use.

Safety Concerns: Suicidal statements, attempts, or related behaviors are all a basis for ***immediate referral*** and assessment. In addition, indications of impulsivity, or potential for violence without provocation, should be referred for evaluation. Warning signs in your shipmate may include a distinct decline in appearance, attention, concentration, behavior, or impulse control. If leaders observe warning signs in a member, such impairments may affect the ability of that shipmate to safely perform their duties. Leaders should talk with the person to better understand the circumstances and implement corrective steps, as appropriate. They can also offer resources for support (Chaplain, Employee Assistance Program Coordinator, for example), involve a professional counselor (behavioral health professional), or refer for a medical evaluation.

Misjudging Signs: There is broad concern about the consequences of misjudging how distressed an individual might be. All leaders and their crews are encouraged to know their members and to use skills learned from annual Workforce Resilience training and supplemental trainings (found in Section 5) to identify warning signs, and to ask direct questions about thoughts of harming oneself or others. Clear and decisive action must be taken to ensure evaluation and treatment, when necessary. Additional resources are available on the CG Suicide Prevention webpage to include downloadable handouts and the Standdown Toolkit.

Responding with Compassion

Connecting with your shipmate in need, providing encouragement, asking for ways that the command can support them, and encouraging a process of continuing dialogue are critical to ***ensure that your shipmate stays engaged with the command as the matter evolves***. All members of the command are positioned to encounter a fellow crewmember who is struggling. Balancing administrative and operational responsibilities of leadership will set the stage to successfully reintegrate them back into the command later.

How to provide an empathic response to a distressed service member:

- ✓ Engage in Active Listening.
- ✓ Ask, "How can I help?".
- ✓ Encourage service member to engage leadership.
- ✓ Engage leadership to ensure safety of the impacted service member.
- ✓ Stay engaged with member/maintain ongoing dialogue/conversation.

Unique Considerations at Each Level of the Chain of Command

Peer Support: Peers are frequently the first in the command to learn about a shipmate's struggles. Problems like suicidal thinking or substance misuse are discussed among them with the belief that they will be kept in confidence. Problems shared in confidence can create a unique moral dilemma which must be approached carefully for the welfare of the member in crisis and others. Peers may also be first-hand witnesses to harmful behaviors, such as binge drinking, reckless driving, or performance problems. Shipmates who are bystanders to these problems may be fearful to report them based on self-incrimination for their own participation. Let your crews know that they have multiple options on how to manage this:

- A ***chaplain*** can offer guidance.
- An ***Employee Assistance Program Coordinator (EAPC)*** can help refer members to counseling or offer other resource suggestions.
- The command ombudsman may be another resource to assist.
- All shipmates should seek assistance on behalf of their peer if there is risk of self-harm, harm to others, or harm to mission.

Ultimately, the priority is safety. ***Taking action could be the difference between life and death. When there is any question about a shipmate's safety, information must be passed up the chain of command***. Keeping confidentiality is important in building trust, but safety must be the priority.

Supervisors: Supervisors are expected to maintain a culture where their shipmates are treated with fairness and respect so that all members are comfortable bringing forward concerns. If supervisors believe that it can be handled at their level, they should keep the chain of command informed throughout the process. Additionally, supervisors should actively seek assistance from command experts, such as the medical representative, behavioral health personnel, work-life staff, or a chaplain to assist their shipmates.

Command Cadre: The Command Cadre is charged with receiving information from the impacted member and chain of command in a manner that ***supports not only the individual, but the command climate and mission***. COs need to exercise compassion and care of each individual shipmate while balancing their operational and administrative requirements. The Command Cadre may also receive information about a service member from the command ombudsman or via family members as well.

Command Communication with Medical

Key provisions of DoDI 6490.08:
- ✓ Medical providers follow a presumption not to notify commands for mental health unless there is a requirement for disclosure.
- ✓ A CO can designate an individual in writing to receive protected health information.
- ✓ Protected Health Information can be shared within the command if it is "necessary for the conduct of official duties."

The Health Insurance Portability and Accountability Act (HIPAA) and DoDI 6490.08 guide the communication *from* a medical provider *to* a service member's command and specifies that medical professionals "shall follow a presumption that they are not to notify a service member's commander when the member obtains behavioral health care or substance abuse education services." However, there are several conditions where a behavioral health provider is ***required to share information*** with the provider's commander noted in Figure 2. Very often, information provided by the provider back to the command is essential to the leadership and support of the service member. Commandant Instruction Manual 6000.1(series) and Commandant Instruction 6000.5 provide additional guidance.

Escort Best Practices:
- ✓ Provide empathy, a supportive presence, and continuity throughout the process.
- ✓ Communicate command observations and contextual information.
- ✓ Affirmatively ensure that the patient was delivered to the right place, at the right time.
- ✓ More than one escort is recommended if the member is at risk of harming self or others.
- ✓ Provide a command contact with name and telephone number.
- ✓ Obtain medical POC with name and contact.
- ✓ Remain on-site until released by medical personnel.

COs should know that they are under ***no such limitations*** when communicating back to medical providers. Commands are ENCOURAGED to contact providers with ***contextual information*** that may affect the treatment team's understanding, treatment plan, and disposition for that service member. Communication may include factors like an uncharacteristic outburst or ongoing disciplinary factors. This could also include more general contextual information, like trends and patterns at the command, disciplinary actions among other crew members, previous suicide attempts, deaths, or other adverse events, deployments, changes in operational tempo or even trends in substance misuse, alcohol-related incidences, or DUIs. Let the service member know ***in advance*** that you will be calling their provider and explain why. If they find out later and were not informed, it could damage trust and future communications.

COs can also delegate other individuals in their command (XO/XPO/CO of Enlisted Personnel, etc.) to receive protected mental health information from a receiving medical facility. Per DoDI 6490.08, "Notification to the commander concerned pursuant to this instruction shall be to the commander personally or to another person specifically designated in writing by the commander for this purpose." ***Designating personnel in advance, in writing, early on will support timely and direct conversation when acute issues arise***. In addition, information outside the limitations in DoDI 6490.08 can be shared with the patient's command if the patient consents.

CRITERIA FOR NOTIFICATION TO COMMAND

DODI 6490.08 Directs Command notification by healthcare providers when one of the following conditions or circumstances is met:

1. **Harm to Self**. Serious risk of self-harm by the service member either as a result of the condition itself or medical treatment of the condition.
2. **Harm to Others**. Serious risk of harm to others either as a result 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 Personnel Reliability Program (PRP) or a position that has been preidentified as having mission responsibilities of such sensitivity or urgency that normal notification standards would significantly risk mission accomplishment.
5. **Inpatient Care**. Service member is admitted or discharged from any inpatient mental health or substance abuse treatment facility as these are considered critical points in treatment and support nationally recognized patient safety standards.
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 the service member's ability to perform assigned duties.
7. **Substance Abuse Treatment Program**. Service member has entered into or is being discharged from an outpatient or inpatient treatment program for substance abuse or dependence.
8. **Command-Directed Mental Health Evaluation**. Mental health services are obtained as a result of a command-directed mental health evaluation.
9. **Other Special Circumstances**. As determined on a case-by-case basis by a health care provider or a commanding officer at the O-6 level or above.

FIGURE 2. MANAGING PRIVILEGED COMMUNICATION BETWEEN PROVIDERS AND COMMANDS. WHILE WRITTEN FOR PROVIDERS, FIGURE 2 OFFERS RESOURCES FOR COMMANDS, AS WELL.

DoDI 6490.08 also specifies that commanders can share information within the chain of command if sharing that information is ***"necessary for the conduct of official duties."*** For example, if a medical professional communicates to a CO that the service member has duty limitations, the CO may share that information down the chain of command as needed to execute the required duty limitations. However, only the minimal amount of information should be shared and only to individuals with a "need to know."

The Warm Hand-off

A warm hand-off in health care is used to describe the "hand-off" of care between medical providers. In general, a warm hand-off will provide collateral information to augment and/or de-conflict the narrative leading to the patient's encounter with medical. ***When necessary, an escort must be employed to coordinate safe transfer and facilitate communication.*** Timely drop-off and pick-up from appointments, coordinated contact with medical staff, and check-ins with your shipmate to inquire into how the process went can prevent the perception of being disregarded by the command.

Command-directed Evaluations

Command-directed Evaluations are rare and should be used only after attempting to gain voluntary compliance with seeking an evaluation. However, when needed, it is straightforward. The process to obtain a command-directed evaluation is clearly articulated in CG Commandant Instruction 6000.5, which heavily references DoDI 6490.04, and ***covers both emergent and non-emergent Command-directed Evaluations***.

USCG Commandant Instruction 6000.5 Highlights

- ✓ COs who in good faith believe a service member may require a MHE are authorized to direct an evaluation.
- ✓ A commander or supervisor will refer a service member for an *emergency MHE* as soon as is practicable whenever:
  - A service member, by actions or words, intends or is likely to cause serious injury to themselves or others.
  - When the facts and circumstances indicate that the service member's intent to cause injury is likely.
  - When the CO believes that the service member may be suffering from a severe mental disorder.
- ✓ When a CO, in good faith, believes that a service member may require a *non-emergency* MHE, they will:
  - Advise the service member that there is no stigma associated with obtaining mental health services.
  - Refer the service member to a mental health provider, providing both name and contact information.
  - Tell the service member the date, time, and place of the scheduled MHE.

Service Member-requested Evaluation

Service members may request a referral for a MHE by a behavioral health provider as soon as is practicable, ***for any reason including, but not limited to, personal distress, personal concerns, and trouble functioning in activities valued by the service member and performing duties that may be attributable to possible changes in behavioral health***. This request can be made by a service member to anyone within their chain of command. Commands have specific responsibilities regarding member-requested MHEs as covered by law in the Brandon Act. (link)

Admin/Reporting Considerations

Medical staff may recommend duty/deployment limitations to support the needs of both the Command and the member. In addition, a CO may take administrative action by suspending duties or responsibilities, such as access to firearms or removal from the watchbill for complex or dangerous evolutions. ***The focus of this action is on the safety of the affected individual and their shipmates***. This should be explained to your service member so they understand these actions are not punitive in nature and are part of the plan for their treatment and reintegration. Regarding access to classified material, some service members wrongly fear that seeking behavioral health care could adversely impact their security clearance eligibility. Seeking behavioral health services does not in and of itself affect one's ability to gain or hold a security clearance. Adjudicators regard seeking necessary behavioral health treatment as a ***positive*** step in the security clearance process.

Conclusion

Engaged and invested leadership is critical to the success of service members in supporting their behavioral health. This hands-on approach results in well-established lines of communication with service members, supervisors, and medical staff throughout the process of referral and treatment. COs are not expected to have all the answers, but they are expected to ***maintain relationships*** with subject matter experts to assist them in their decision-making.

Section 4 - Navigating Support Systems

Navigating behavioral health care support systems can be confusing. Our goal is to support shipmates in receiving the right care, for the right reason, at the right time. Strong relationships with key contacts in the local medical and behavioral health care system will equip COs to best advocate for their shipmates in need.

Commands and Behavioral Health resources/providers must build trust and support each other, recognizing that they are in this together.

As much as a commander may want to communicate to their shipmates that they are not in it alone, ***COs are not in it alone, either***. If you encounter barriers that you are unable to solve at your level, ask for help from your Work-Life staff, Regional Practice Manager, or the Health, Safety, and Work-Life Service Center (HSWL SC). These professionals will have more established relationships with regional health care systems, or knowledge of resources, to facilitate needed care. You may also contact CG SUPRT (1-855-247-8778) and request management consultation.

Networking and Discovering Resources

Relationship building and networking are foundational to this process. Successful commands will build relationships with local and nearby behavioral health resources well in advance of a difficult situation. It is imperative for commands to identify, reach out, and get to know the roles and responsibilities of Work-Life staff, such as the Work-Life Supervisor, Employee Assistance Program (EAP) staff, Family Advocacy Specialist (FAS), Sexual Assault Response Coordinator (SARC), Victims Advocate Program Specialist (VAPS) and also your Personal Financial Manager (PFM), Transition Relocation Manager (TRM), and Family Resource Specialist (FRS). In addition, the Command Ombudsman may be a good resource and is well connected with many Work-Life program staff and command leadership. In addition, connecting with the local medical staff is critical to understand the roles and responsibilities of these staff, especially the Medical Officer, Independent Duty Health Services (IDHS) Technician, Behavioral Health Provider (BHP), Behavioral Health Technician (BHT), Nurse Case Manager, and HSWL Regional Manager. Occasionally, some of the medical positions mentioned above are augmented by Coast Guard Auxiliarists and they can be an added network to tap into.

Similarly, the ***local mental or behavioral health community*** will want to build a relationship with any commands that will be referring their shipmates to them. As part of the triangular relationship described in *Section 1—Roles and Responsibilities*, they need to know who to call to get the correct information, such as overcoming administrative roadblocks and the impact of operational schedules. There is no way for behavioral health providers to keep up with changes in local leadership. As a result, ***it is up to the command to take the first steps in initiating contact and building the relationship***, whether that relationship is with military healthcare, Veterans Affairs (VA), or community resources.

Steps:

1. Ensure that leaders receive training in CG OSC's *Combat and Operational Stress First Aid* and *Core Leader Functions* modules. This will help leaders understand that they are an important link in the chain of care and coordination.
2. ***Make network building a priority.*** The "How" of navigation requires deliberate advanced planning to facilitate good communication even before problems arise.

3. ***Assign designated liaison(s)*** within the chain of command to take on this role and ***sign a delegation letter*** allowing them to communicate about matters related to HIPAA on behalf of the Command (See *Section 3—Identifying and Responding to a Behavioral Health Related Concern.*).
4. Periodically re-contact each resource to ensure contact information is accurate.

How to Find Support

Please note that there are staffing and resource limitations not only within the Coast Guard but also within local, state, and national agencies, especially for mental health professionals. It is encouraged to reach out to local services to help fill any identified gaps, while at the same time working with local Coast Guard leadership to address those known gaps.

Support and behavioral health services can be obtained through the following resources:

- Chaplain.
- CG SUPRT Management Consultations.
- HSWL Regional Manager.
- Work-Life Supervisor.
- Employee Assistance Program (EAP) Staff.
- Family Advocacy Specialist (FAS).
- Sexual Assault Response Coordinator (SARC).
- Independent Duty Health Services Technician (IDHS).
- Behavioral Health Technician (BHT).
- Behavioral Health Provider (BHP).
- Nurse Case Manager.
- CG Medical Clinic.
- DoD Military Treatment Facility (MTF), when available.

When requiring medical care, and that care is not available through Coast Guard behavioral health providers, a service member may be referred for care by their Primary Care Manager to behavioral health providers in the TRICARE network or other appropriate helping resources. In this case, members may see civilian providers in the community who have varying experience with military readiness and who may charge a copay in addition to billing TRICARE insurance. This type of care is appropriate for issues that do not involve fitness for duty issues. However, if fitness for duty is a major concern, every effort should be made to consult with a Coast Guard Behavioral Health Provider and/or Medical Officer. For more help with getting access to community behavioral health care, please visit MHSNurseAdviceLine.com for web chat and video chat, or dial 1-800-TRICARE (874-2273), option 1.

Commands are allowed to ask a member for contact information of their behavioral health provider and then, reach out directly. ***Be transparent with the member when communicating with their provider*** and emphasize that the purpose of the communication is to facilitate support of their treatment needs and reintegration back into the command. There are specific HIPAA and privacy protections for members and this link can provide more details.

Force Multipliers

Buddy Care and Peer Support: It is up to the Command to build a positive culture that empowers buddy care and peer-to-peer support. Buddy care is a form of peer support used to

engage individuals during times of stress. Training on these skills is a part of the CG's OSC program. A person providing buddy care or peer support can interact with their buddy (or peer) on a regular basis to provide early intervention to help with problem solving and normalizing the process of asking for help. Your shipmates may feel more comfortable talking to peers and may be more willing to seek support when it is delivered by a friend.

The Behavioral Health Roadmap: The Coast Guard "Behavioral Health Roadmap" (located in the back of this playbook) assists leadership with understanding how to access the right care, for the right person, at the right time. Using this stepwise approach also preserves function and confidentiality which ***allows the system to be more agile in responding to unexpected needs as they arise***.

Reintegration vs. Transition Away from the Command: Inevitably, some service members will be pulled away from the Command due to inpatient or partial hospitalization treatment, MEDEVAC, or temporary assignment to another command. All supervisory staff will benefit from the Coast Guard's OSC training on core leader functions, which provides best practices for their shipmate's reintegration. The process will be most successful if the Command ***maintains a vested interest*** in their shipmate throughout the duration of their absence. A command should be proactive in maintaining the relationship to include visits from a command representative or chaplain, when possible, and not place full responsibility for maintaining contact on their shipmate.

When a service member's behavioral health concerns are of such severity that they will not be able to return, commands should plan for them to transition into another role:

- A medical board process will transition the service member to VA care and medical retirement (if applicable).
- Administrative Separation will allow the Command to quickly remove the service member from a situation where they pose a potential for harm to themselves or others.

In either of these cases, there is a need to think about the long-term well-being of your shipmate as they transition. The Command should connect closely with the Coast Guard's Behavioral Health Providers making the recommendations. Commands should be sensitive to the fact that for those Coast Guard service members who are transitioning out of the military, this is a critical time for them and their family members. These service members and their dependents may be fearful of the change and will likely experience a cycle of emotions as they let go of old expectations and embrace new opportunities. Commands can further assist those service members who are separating by reminding them of available helping resources—e.g., Transition Assistance Program (TAP), Veterans Administration (VA), Military OneSource (up to 365 days post separation), Coast Guard Work-Life resources (PFMS, FRS, FAP, etc.), and any other community-based resource that can help the service member make a less stressful transition.

Section 5 - Coast Guard's Behavioral Health Capabilities and Resources

This section provides information on both resources and skill building opportunities and are organized by type. Using skill building approaches up front creates more resilient service members and will allow for the resources to be applied in a more agile and efficient manner, if needed. In addition to the resources below, local Work-Life offices, CG Clinics, and chaplain's workspaces may have a lending library or resource center available.

It should be noted that there are multiple non-governmental agencies or services that are available to members outside of the resources mentioned in the Coast Guard Behavioral Health Playbook. While it may be appropriate to utilize resources not mentioned specifically in this document, it is strongly recommended to allow for due diligence and vetting of non-governmental agencies or services. For further information regarding use of non-governmental review CI 1470.3 (series).

Nonclinical Tools within Your Command

Programs, Processes & Skills Training

CG Operational Stress Control (CG OSC): A Peer-to-Peer program that integrates Combat and Operational Stress Control (COSC) practices and principles with psychological resilience and mindfulness training to improve the overall readiness, resilience, and toughness of service members and units. The Coast Guard's OSC program includes modules on Stress & Resilience, Mindfulness, Valued Living, Flexible Thinking, Healthy Behaviors, Problem Solving, Core Leader Functions, EQ, COSC Principles, Combat Operational Stress First Aid, and Buddy Care. The CG OSC program also uses a Total Force Wellness Assessment tool that can give leaders a snapshot of stress levels and causes of stress within their units.

Substance Abuse Prevention Program: This program is available to active and reserve service members and is a resource for those needing to overcome a chemical or

substance abuse dependency. By contacting a unit's Command Drug and Alcohol Representative (CDAR), members can be assisted to receive specialized care. The goal of the Substance Abuse Prevention Program is to provide training, education, treatment, and administrative processing resources in support of Coast Guard's policy governing substance use, abuse, and chemical dependency.

Clinical Tools within Your Command

Behavioral Health Technician (BHT): These are Health Services Technicians (HSs) who attended a 4-month C-School training at the Medical Education and Training Campus in San Antonio, TX, with the U.S. Navy. BHTs are formally trained on communication techniques, human development, psychopathological disorders, psychological testing, consultation, interviewing, counseling, psychoeducational groups, and Operational Stress Control (OSC), as required to evaluate members in need of BH care. BHTs are designated in writing, act as BHP force extenders, and are closely supervised by privileged BHPs across the CG.

Independent Duty HS (IDHS): Medical subject matter expert who may provide first-line care to those in the Command. IDHSs provide general medical care to include diagnosis and treatment of a myriad of primary care conditions, like a Primary Care Manager (PCM), referring patients to specialists, as needed. They are the medical expert to that unit's CO. The IDHS is supervised by a licensed medical officer.

Medical Officer (MO): Licensed physician or Advanced Practice Provider (e.g., Physician Assistant, Nurse Practitioner) who may provide supervision to multiple medical staff, including IDHSs. MOs often have an empanelment of primary care patients under a patient-centered care model. MOs refer members to specialists within the DoD MTF or the TRICARE network.

Periodic Health Assessment (PHA): All Coast Guard service members are required to complete a PHA annually. The questions within the PHA ensure the maintenance of medical readiness by (1) reviewing the service member's physical and behavioral health, (2) assisting health care providers in making readiness determinations, and (3) recommending present or future care.

Nonclinical Tools Outside Your Command

American Red Cross: Service ranges from responding to emergency needs for food, clothing, and shelter; referrals to counseling services (e.g., financial, legal, behavioral health); respite care for caregivers; and other resources that meet the unique needs of local military members and their families. The American Red Cross Hero Care app can be downloaded from the app/play store, or by texting "GETHEROCARE" to 90999.

Chaplains: Coast Guard chaplains provide advice on all matters regarding the Command Religious Program, command climate, command morale, unit cohesion, and human factors within the command (command advice). Chaplains are trained to help service members solve personal problems in a way that supports positive behavioral health and spiritual readiness. Chaplains provide 100 percent confidentiality, and they should be involved whenever service members would like confidential, nonclinical support to manage challenges or distress.

Chaplains Religious Enrichment Development Operation (CREDO): CREDO offers transformational retreat-based programs and non-retreat events designed to assist service members and their families in developing the spiritual resources and resiliency necessary to excel in the military environment. CREDO provides commanders with a key resource by which to care for and strengthen their service members and families. You may request CREDO services via your local chaplain or District Work-Life office.

Coast Guard Legal Assistance: Coast Guard legal assistance attorneys provide advice and counsel regarding personal legal issues to service members, dependents, and retirees at no cost. Site includes additional resources and information.

Coast Guard Mutual Assistance: CGMA is known as the official relief society of the Coast Guard. More than 500 representatives through the country are available at shore units and cutters to provide counseling on short-term interest-free loans, grants, and other means to clients during times of financial need. In addition to financial support, CGMA also offers free online tutoring and homework help--tutoring is one-on-one, provided by professional educators, and available 24/7.

Coast Guard Spouses Clubs: Spouses' clubs provide a support system, offer community service, share educational information and may be valuable as an initial touch point.

CG Support: The Coast Guard EAP is designed to assist eligible service members, employees and their dependents in addressing personal issues including, but not limited to, marital and family conflict, interpersonal relationship problems, conflict at work, depression or anxiety, help with community resource referrals, career changes, substance abuse, stress management, grieving a loss, personal decision making, and child and eldercare services. It is not intended for problems requiring more than twelve (12) face-to-face counseling sessions to resolve. Health coaching, financial coaching, legal guidance, and more services are available and free for active-duty members, Reservists, full-time civil service employees, and their dependents. Call 1-855-CGSUPRT (247-8778).

Employee Assistance Program (EAP): The Coast Guard EAP Coordinators provide support with multiple programs to include connecting people with CG Support, Critical Incident Stress Management, Suicide prevention and workplace violence concerns. These services and resources can be accessed by contacting the EAPC at the servicing Work-Life Office.

Families Overcoming Under Stress (FOCUS): Provides resilience training to military children, families, and couples. It teaches practical skills to help families and couples overcome common challenges related to a military life. It helps build on current strengths and teach new strategies to enhance communication and problem solving, goal setting, and creating a shared family story.

Family Advocacy Program (FAP): The Coast Guard's Family Advocacy Program provides confidential services and resources related to advocacy and safety planning, domestic violence assessment and rehabilitation, clinical assessments, and treatment planning. In addition, FAP can provide referrals to programs, such as financial assistance for victims, anger management, domestic violence treatment programs, parenting classes, couple's communication, and substance abuse programs. FAP will provide ongoing case management and risk monitoring by the family advocacy specialist until the situation is resolved. These services and resources can be accessed by contacting the family advocacy specialist at the servicing Work-Life Office.

HSWL App: This smartphone application contains information about the many quality of life resources available for Coast Guard military and civilian personnel, family members, and retirees. The application includes information on work-life programs, as well as other individual and family support programs such as medical services, chaplain services, housing, legal assistance, and Morale, Welfare, and Recreation (MWR) services.

LivingWorks: Skills training is one of the most effective prevention approaches for the prevention of Suicide. Ensuring your team is trained to respond equips your service members to recognize important signs and provide life-saving support. The following training is available to anyone by contacting your Work-Life team or local chaplain.

- LivingWorks Start Program: is a 90-minute online training that teaches the learner to recognize when someone is thinking of suicide and connect them to help and support.

- LivingWorks safeTALK Program: 4-hour face-to-face workshop featuring presentations, audiovisuals, and skills practice. safeTALK provides learners with suicide prevention skills by recognizing signs of suicide, engaging someone with suicidal ideation, and connecting them to an intervention resource for further support.

- LivingWorks Applied Suicide Intervention Skills Training (ASIST) Program: 2-day face-to-face workshop. This workshop teaches learners how to prevent suicide by recognizing signs,

providing a skilled intervention, and developing a safety plan to keep someone alive. Interventions have been shown to increase hope and reduce suicidality.

Military and Family Counseling Centers: The Military and Family Life Counseling program supports service members, their families, and survivors with confidential non-medical counseling where they are stationed. Non-medical counseling can help individuals address issues such as improving relationships at home and work, stress management, adjustment difficulties, parenting, and grief or loss. Available support for Coast Guard members at DoD Counseling Centers (Marine Corps Community Services, Fleet and Family Support Centers, Soldier and Family Assistance Centers, etc.) will vary based on the center. Please contact your local center to determine their ability to support Coast Guard members and families with non-medical counseling resources.

Military and Veterans Crisis Line (MCL & VCL): Serves service members, Veterans, families, and friends. The MCL/VCL provides free, confidential support 24/7, 365 days a year. Connect with a real person qualified to support Veterans. Call 988, Option 1; Text 838255; or chat online.

Ombudsman Family Programs: This site has aggregated resources most useful to Coast Guard families, including family programs, national hotlines, disaster preparedness resources, health care, and unemployment assistance.

Personal Financial Management Program: The Coast Guard offers Personal Financial Managers as well as Command Financial Specialists at most Coast Guard locations. These, and other financial resources, are available on the Office of Work-Life's financial management page.

Sexual Assault Prevention, Response, & Recovery (SAPRR): This program provides 24/7, confidential, and compassionate victim support and advocacy. SAPRR personnel are subject matter experts on Restricted and Unrestricted Reporting options and assist victims as they navigate the command, legal, and medical systems (as applicable). By request, SAPRR personnel may provide training, education, and resources to boost Commands' knowledge of the impacts of trauma, SAPRR policies and procedures, and bystander intervention techniques.

Work-Life (WL) Office: WL programs directly support mission readiness by preparing service members and their families for the physical, emotional, interpersonal, and logistical demands of the military lifestyle. WL programs include deployment readiness and individual augmentee spouse and family support, the Ombudsman program, transition assistance, relocation assistance, family employment, personal financial management, and family support programs (including the Yellow Ribbon Program and special needs programs).

Clinical Tools Outside of Your Command

MTFs and Clinics: Found at military bases and posts around the world, MTFs provide urgent/emergency evaluations through urgent care centers and emergency departments, inpatient psychiatric services, outpatient therapy, and medications, as well as substance misuse treatment depending on the size and scope of the clinic or hospital. Outpatient behavioral health services can be accessed by a referral from PCMs and EMHP Providers; some locations have walk-in access.

DEPARTMENT OF DEFENSE MTF BEHAVIORAL HEALTH SERVICES

Integrated Behavioral Health Consultant: Mental health provider stationed in a primary care clinic.

Outpatient Programs: Support and care for service members struggling to manage the symptoms of a mental illness who are stable enough to be treated outside of a hospital.

Inpatient Programs: Locked and secure facility to manage psychological problems which are imminently dangerous to the patient or those around them. Typically, a short-term stay option for crisis stabilization and then a return to outpatient treatment. Some facilities have the certification to hold patients on an "involuntary" status for a short period of time.

Residential Treatment Center: A place where individuals can experience 24-hour care, pursuing therapy in a more structured setting than their home environment.

Substance Abuse Rehabilitation Program: Provides screening, preventive, and dual diagnosis treatment for substance use disorders. Care levels offered at DoD-approved MTFs:

- Level 0.5: Early Intervention and Education Program, IMPACT
- Level 1: Outpatient Treatment Services
- Level 2: Intensive Outpatient or Partial Hospitalization
- Level 3: Dual Diagnosis Residential Treatment, Continuing Care
- Level 4: Medically Managed Intensive Inpatient Treatment

-- Alcohol Rehabilitation Treatment Failure can only be considered for Care Levels 2-4

TRICARE Network: Any care that Coast Guard Medical Clinics and MTFs cannot directly provide (other than emergency care) may be referred to the TRICARE

network and requires a referral from the military PCM (emergency care does not require a referral). To schedule TRICARE appointments:

- Call assigned MTF appointment line or use the MHS GENESIS Patient Portal.
- If a service member is unable to go to their PCM or military hospital or clinic, they will need a referral or pre-authorization to seek outside care with a network provider. Pre-authorizations are required for acute or urgent care, but not required for emergency care.
- If a service member is on leave away from their duty station and requires urgent or routine care:
    - They must still have a referral from their PCM.
    - If after hours, they can call the Nurse Advice Line at 1-800-TRICARE (874-2273).
    - The service member must call their PCM the next duty day to inform them of care received.

The TRICARE Network includes the following services:

WHEN MIGHT A SERVICE MEMBER SEE A…

Tricare Network Provider?

1. If enrolled in *TRICARE Prime*

- A member's PCM is a network provider if they're not enrolled at a military hospital or clinic.
- A member will be referred to network providers in their region for specialty care if they can't be seen at a military hospital or clinic.

2. If stationed in a remote location for duty and not close to a military hospital or clinic, a member may have to be enrolled in *TRICARE Prime Remote* and have slightly different rules for seeing a doctor.
3. If using *TRICARE Select* or *TRICARE Reserve Select*, the member will pay less for care received from network providers but is not required to use network providers.

Non-Network Provider?

1. If enrolled in *TRICARE Prime*, a member may see a non-network provider only if approved by a regional contractor because no other providers are available.
2. If enrolled in *TRICARE Select* or *Reserve Select*, or if enrolled in *TRICARE Prime Remote* and there are no network providers available in their remote location.

Network Providers: Have a formal agreement with the TRICARE regional network. These providers will only charge copays and accept a negotiated rate as payment in full. Member pays only network copays and cost shares.

Non-Network Providers: Have no formal agreement with regional network and may require full payment upfront. Non-network providers can choose to be either "participating providers" or "non-participating providers." Participating providers accept TRICARE-allowable charges as payment in full; however, non-

participating providers may charge up to 15 percent more than the TRICARE-allowable charge.

Military Health System Nurse Advice Line: For web chat and video chat, use link, or dial 1-800-TRICARE (874-2273), option 1 for 24/7 access to a registered nurse.

TRICARE Virtual Telemental Health: Both **Telemynd** and **Doctor on Demand** provide telemental health services and can be accessed via link, depending on which TRICARE Region you are enrolled. You can also contact Telemynd via phone at 1-866-991-2103 and Doctor on Demand via phone at 1-800-997-6196.

VA Vet Centers: Community-based counseling centers that provide a wide range of social and psychological services, including professional counseling to eligible Veterans, service members, including Coast Guard members and their families. Individual, group, marriage, and family counseling are offered in addition to referral and connection to other VA or community benefits and services. Vet Center counselors and outreach staff, many of whom are Veterans themselves, are experienced and prepared to discuss the tragedies of war, loss, grief, and transition after trauma. The Vet Center Call Center can be reached at 1-877-927-8387. The Vet Center Call Center can be reached at 1-877-927-8387.

Other Non-Military Services Available to You & Your Command[1]

Disaster Distress Helpline: This helpline is for those experiencing an emotional natural or human-caused disaster and is available 24-hours a day, seven days a week. Spanish speakers are also available. Visit the Web page or call 1-800-985-5990.

National Sexual Assault Hotline: Confidential and trained support personnel will help you find a health facility that offers forensic exams and can assist you in the next steps toward your recovery. The hotline is 1-800-656-HOPE (4673).

National Suicide Prevention Lifeline: Don't hesitate to call this local center for emotional distress—it's available 24 hours a day, 7 days a week. Call 1-800-273-8255 (TALK) or simply dial "988." When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen, understand how their problems are affecting them, provide support, and connect them to resources, if necessary.

[1] Private organizations mentioned are not affiliated with the Coast Guard, Department of Defense (DoD), or any Military Service. Mention of any non-federal entities is provided only to inform personnel of other possible information resources and is not an official endorsement of the organization by the Coast Guard, DoD or any Military Service. Personnel are free to utilize resources of their own choosing.

Safe Helpline: The DoD provides anonymous and confidential support for people who have survived sexual assault and need help dealing with its impact. Please call 877-995-5247; live chat is available from the Web site.

Substance Abuse and Mental Health Services Administration: This site details counseling services for mental health and substance abuse and provides treatment locator resources.

Acknowledgement and appreciation are given to the U.S. Navy for allowing the Coast Guard to use the template and final product "U.S. Navy Mental Health Playbook" to assist in the development of this document.

To keep this document current and relevant, it is strongly recommended that if you have questions, comments, or feedback for the next revision of the CG Behavioral Health Playbook, please use the QR code below or the following link to provide feedback: https://forms.osi.apps.mil/r/JEbDDVKdb3

Resource	Name	Phone/e-mail
CG Legal		
CG Support		1 855-CGSUPRT (247-8778)
Chaplain		
Coast Guard Mutual Assistance		
Command Drug and Alcohol Representative (CDAR)		
Employee Assistance Program Coordinator		
Family Advocacy Specialist		
HSWL Work-Life Office		
Local Military Counseling Support Center (i.e., Fleet and Family Support Center, Marine Corps Community Counseling, etc.)		
Medical Clinic		
Military Treatment Facility (MTF)		
- Behavioral Health Department		
- Emergency Room		
Command Ombudsman		
OSC Trainer		
Sexual Assault Response Coordinator (SARC)		
Victims Advocate Program Specialist (VAPS)		
Unit Victim Advocate		
Unit Medical (IDHS, BHT, MO)		
VA Veterans Center		
Victim and Witness Assistance Program		
Other		

COs should understand the resources available to their command and have contact information for the relevant POCs for each resource ***before they need to call them***. Work with your chain of command to understand the resources for your area.

U.S. COAST GUARD **BEHAVIORAL HEALTH ROAD MAP**

SELF

- Self-care activities including getting adequate sleep, healthy eating, exercising, and engaging in hobbies

FRIENDS & FAMILY

- Main support system
- Provides a sense of belonging and purpose

COMMAND LEADERSHIP/ SUPERVISORS

- Local command leadership, gaining understanding of member's difficulty, providing support and empathy

PEER SUPPORT

- Suicide prevention (ASIST, SafeTALK), CG OSC, Victim advocate, command financial specialist, Command Drug and Alcohol Advisor

CHAPLAINS

- 100% confidential for religious and non-religious needs
- No referral needed and no health record documentation

WORK-LIFE PROGRAMS

- CGSUPRT, Family Advocacy Program, Employee Assistance Program, Sexual Assault Response and Recovery Program, Substance Abuse Prevention Program, Special Needs Program

MEDICAL, INCLUDING BEHAVIORAL HEALTH PROVIDERS

- Coast Guard Clinics, DOD Clinics, Tricare Providers
- Military duty determinations and medical treatment, documented in the medical record

EXTERNAL VIRTUAL BEHAVIORAL HEALTH

- Telemynd
- Doctors on Demand

MILITARY TREATMENT FACILITIES

- Inpatient treatment and intensive outpatient treatment. Military duty determinations.

EMERGENCY SERVICES

- Danger to self, others, or gravely disabled
- Not for routine access to care

THE STRESS CONTINUUM