



ANG Psychological Health Program Frequently Asked Questions

Who can receive services from the WDPH?

- All ANG members, regardless of status, may receive the full scope of services.
- ANG family members and members of other branches of service are given information and referral services.

Referral management services are not provided with this information and referral.

- When a family member is seen in conjunction with an ANG service member, only the ANG service member receives referral management services.

What are the key activities of the WDPH?

- The WDPH provides leadership consultation regarding the psychological health of a unit. They do this by making frequent routine visits to the units/workplaces in the wing to create awareness of the program and provide informal consultations.
- The WDPH will work within the wing and local community to build professional partnerships, outreach services, and a referral network.
- The WDPH will also provide prevention planning, skill-building psychoeducational training sessions, presentations, and briefings.
- When working with individual ANG service members, the WDPH will provide brief biopsychosocial assessments, problem-solving skills, and referral facilitation/management.

Who has access to the ANG Psychological Health Program (PHP) records?

- The PHP records are the property of ANG.
- The WDPH will be solely responsible for the content and maintenance of these records.
- In periods of transition or absence related to the WDPH position, the Wing POC will safeguard these records until responsibility can be resumed by either the assigned WDPH or designated PHP official.



- As a state-licensed mental health professional, the WDPH is responsible for fulfilling any and all requirements specified by their state licensure board and be in full compliance with the ethical code of conduct; therefore, confidentiality is an absolute necessity.
- The POC and/or Wing personnel will not have access to these records.

How can referrals be made to the WDPH?

- The ANG Psychological Health Program is a completely voluntary service. Any ANG member, regardless of status, can voluntarily seek services from the WDPH.
- In addition, facilitated referrals can be made by Wing personnel. A facilitated referral occurs when another person encourages the member to see the WDPH. However, the service member must feel free of any coercion to seek services.
- To ensure the voluntary nature of the program, WDPHs will not initiate contact with a potential client. If the service member refuses to seek voluntary services, the WDPH can provide consultation to Wing leadership regarding a further course of action.

What happens after referrals are made to the WDPH?

- When an ANG service member voluntarily seeks services from the WDPH, the WDPH will have the member review the Professional Disclosure and Privacy Statement and sign a Statement of Client Understanding. These documents provide information regarding the relationship between the WDPH and the service member as well as detail the specific incidences where limits of confidentiality apply.
- The WDPH will then complete a brief biopsychosocial assessment and, if indicated, make an appropriate referral to a mental health provider. If no referral is indicated or if the service member does not desire a referral, the WDPH will provide preventative resources as necessary.
- If the service member accepts referral to a mental health provider, the WDPH will conduct referral management services to ensure that the service member is receiving appropriate mental health services.

If Wing Personnel facilitate a referral, will they be notified of the status of the service member?



Information can only be released when a service member receiving the services of the WDPH voluntarily signs a release of information. This release of information will delineate to whom information can be provided and what specific information the service member will allow the WDPH to provide.

What are the specific limitations of confidentiality?

The WDPH may release information regarding a service member in the following situations:

1. The member provides written consent.
2. The member poses a danger to self or others. (This could involve notification of leadership, law enforcement, mental health or other agencies. In cases of harm to others, the potential victim may be notified if identifiable.)
3. The member provides any information suggesting child abuse/neglect or vulnerable adult abuse/neglect. (The WDPH must report this information to appropriate State and/or local authorities in accordance with State law.)
4. If a direct supervisor requires confirmation the member has made or kept appointments with the WDPH during duty hours.
5. If disclosure is made in a **non-identifiable** form to qualified personnel for research, audit, or program evaluation; however, the member's case record may be audited or peer reviewed by an ANG PHP licensed mental health professional bound by the same standards of confidentiality for quality purposes.
6. If disclosure is required by court order.
7. If the member is a PRP/PSP status Airmen, the visit must be reported to the Competent Medical Authority (CMA).
8. If the member is a 1042 Cardholder (e.g., flyer, controller, etc.) suspected of abusing alcohol or other drugs the WDPH will report this information to the Flight Surgeon.
9. In cases where State law mandates mental health providers report information to designated authorities.

Can the WDPH release information in client records requested by official Government investigations or inspections?

In the event of a Government investigation or inspection, either internally or externally driven, pertinent data and records will only be released upon receipt of



a Government-issued subpoena or with a release of information form signed by the client.

Can the WDPH provide written or verbal testimony either for or against a client for use in a legal proceeding?

- The WDPH is assigned as a direct asset to the Wing commander and therefore is a representative of the Wing for matters pertaining to psychological health.
- The WDPH represents neither the Wing nor the client on legal matters and must direct any legal counsel requests to the Wing Staff Judge Advocate (SJA) for review and await guidance from the SJA
- The WDPH will consult with their RDPH as needed to clarify their responsibilities in maintaining confidentiality of client information through the process of any legal proceedings associated with a client.

Can the WDPH conduct fitness for duty determinations or command directed evaluations?

No. The WDPH cannot conduct fitness for duty determinations or command-directed evaluations.

- If a CDE appears to be the appropriate course of action, the WDPH may consult with leadership regarding their decision. The WDPH will also refer a supervisor to their commander and a commander to the Wing Inspector General (IG), Wing Staff Judge Advocate (SJA), and Mental Health at the servicing Military Treatment Facility (MTF) for guidance on the process.
- The WDPH also cannot conduct a “safety check” on an Airman. A “safety check” is any suggestion or direction by a supervisor or commander for the WDPH to contact and/or assess a service member.
- Military personnel must make the final determination of a service member’s fitness for duty. If additional evaluation is needed the military personnel can refer the service member to the nearest military MTF for evaluation.
- The WDPH will not disclose member information to be used in ANG official fitness for duty, line of duty, or command-directed evaluation processes without a signed release from the member.



- In addition, the WDPH is not a privileged provider within the military medical unit's credentialing process and therefore may not have access to medical records without the member's consent, nor make entries into medical records.

Can the WDPH be the treatment provider for mental health issues?

No. The WDPH oversees and manages any treatment provided by referral mental health professionals. In addition, the WDPH will maintain the following guidelines and services for all ANG members:

- Provide brief bio-psychosocial assessments and problem solving.
- The WDPH is permitted a maximum of 3 sessions for non-clinical issues.
- If a service member requires mental health treatment and agrees to receive services, the WDPH will make an appropriate referral and provide referral management.
- The WDPH will not accept anyone eligible to become an ANG PHP client or their family members as a private client.

Can the WDPH see Airmen who fail their drug screen or who report a DUI?

The WDPH can assist ANG members in addressing their substance abuse issues, provided the members contact the WDPH voluntarily.

- The ANG PHP is NOT an Alcohol and Drug Abuse Prevention and Treatment Program (ADAPT; referenced in AFI 44-121).
- Except as noted in the Professional Disclosure and Privacy Statement, member substance use issues are kept confidential.
- The WDPH will inform the member of the NGB Prevention, Treatment, and Outreach Program (PTO). As with the ANG PHP, PTO services are voluntary.

Can the WDPH receive Sexual Assault Victim referrals?

Yes. The WDPH may receive sexual assault victim referrals.

- The WDPH, similar to the SARC, may assist the member in obtaining confidential help without revealing the incident to any official or to the unit leadership.
- The member retains the right to pursue their restricted reporting status with the SARC even if they have revealed the assault details to the WDPH.



- The WDPH will encourage the member to seek the services of the SARC to utilize their specialized training and knowledge; however, that decision is made by the member.
- The WDPH is not required to report sexual assault cases to the SARC or to unit leadership, and will not do so without the service member's signed consent.

Can the WDPH serve as a member of the Casualty Assistance team (CAT)?

No. The WDPH may not visit private homes. The WDPH supports CAT members involved with casualty notification and assistance. This team's duty is difficult and members may benefit from discussing the visit ahead of time to prepare for and afterward to discuss the impact.

What should be done in emergent situations?

- If an emergent situation arises (harm to self or others) during regular business hours, the WDPH can assist in contacting the appropriate authorities to ensure the safety of the service member and others.
- After regular business hours, the service member should be escorted to the nearest emergency room for assessment.
- If contacted by Wing leadership after regular business hours, the WDPH will respond to their urgent calls as soon as possible, otherwise calls will be returned within 24 hours.

What are the regular business hours of the WDPH?

WDPHs are expected to work a 40-hour week on average. However, in accordance with the following guidelines, they are allowed and expected to adjust their schedule to support the needs of their Wing:

- In order to accommodate hours worked on UTA weekends, the WDPH will need to coordinate flex-time with the wing POC and Regional Director of Psychological Health (RDPH).
- The WDPH will establish an appropriate work schedule with the wing POC. This work schedule may include some evening and weekend hours in order to best serve the wing.
- As a contractor, the WDPH must have a supervisory uniformed person in the area where the office is located while working.



- The WDPH, in coordination with the wing POC and the RDPH, will avoid overtime work if at all possible.
- The WDPH will observe the same holidays as ANG. However, when Federal organizations are granted additional leave, the WDPH may be required to be on duty at an assigned location to ensure an acceptable level of service is maintained.

Is the WDPH able to travel in Government vehicles?

The WDPH may travel in Government vehicles to support Wing needs, but are required to maintain the following guidelines:

- The WDPH is permitted to travel in a Government vehicle, but the WDPH may not drive a Government vehicle.
- The WDPH may also travel as a passenger with a military member in the military member's privately owned vehicle (POV), but the WDPH may not drive his/her own POV with military members as passengers.
- The WDPH may not fly in a Government aircraft.
- Additionally, the WDPH may not utilize Wing funds in order to travel or attend any events.

How is coverage provided in the absence of the WDPH?

If the WDPH will be unavailable or on leave, a written contingency plan will be provided to the Wing POC.

- This contingency plan will include contact information for each backup.
- The WDPH will form the contingency plan and have it approved by the RDPH before providing it to the Wing POC.
- If an unexpected or emergent absence occurs the RDPH should be notified immediately.
- If necessary, on-site back-up coverage will be provided.

What is the reporting structure for the WDPH?



The ANG PHP is aligned under the ANG Behavioral Health Branch (NGB/SGPK), Clinical and Operational Medicine Division, Office of the Air Surgeon. At the installation level, however, the WDPH is aligned under the Wing Commander. The WDPH is a contract employee and as such reports to a Regional Director of Psychological Health. Should the Wing Commander have any concerns about the WDPH or need further direction on permitted activities of the WDPH, the chain of-contact would be as follows:

1. Regional Director of Psychological Health (RDPH) – Part of the management team for the WDPHs. RDPHs oversee program regulations and policies and provide ongoing training and guidance to WDPHs. RDPHs conduct WDPH case audits to ensure program quality control. They conduct site visits for quality assurance and program promotion with leadership to ensure appropriate integration of the WDPH within the Wing structure. RDPHs support WDPHs in their roles at the Wings.
2. National Director of Psychological Health (NDPH) – Responsible for fielding the ANG Psychological Health Program and providing guidance for policies and procedures as well as ensuring the quality and efficacy of the program. The two NDPHs (West and East) work in the Air National Guard Office of the Air Surgeon's Behavioral Health Branch, which is located at the ANG Readiness Center, Joint Base Andrews, MD.
3. Chief of the ANG Behavioral Health Branch – Operates as the military POC for Wing Commanders in the event that an issue cannot be resolved either through the RDPH or the NDPH.