

**★ FOR INFORMATION ON MENTAL HEALTH AND COMBAT STRESS CONTROL ELEMENTS  
REORGANIZED UNDER THE MRI, SEE APPENDIX E.**

CHAPTER 2

**MENTAL HEALTH AND COMBAT STRESS CONTROL  
ELEMENTS IN THE THEATER OF OPERATIONS**

**Section I. UNIT MENTAL HEALTH SECTIONS IN THE THEATER**

**2-1. Locations and Assignments of Unit  
Mental Health Sections**

Mental health sections are located in the divisions, the corps, and the COMMZ. In the divisions, they are assigned to the medical company of the main support battalion (MSB). In the corps and COMMZ, they are assigned to the ASMB headquarters. In separate brigades, they are assigned to the medical company.

**2-2. Division Mental Health Section**

The division mental health section is assigned to the main support medical company (MSMC), which is a division support command (DISCOM) asset (see FMs 8-10-1, 8-10-3, and 63-21).

**NOTE**

The responsibilities of the division mental health section extend to all division elements and require a mental health/CSC presence at the combat maneuver brigades.

The division mental health section is the medical element in the division with primary responsibility for assisting the command in controlling combat stress. Combat stress is controlled through sound leadership, assisted by CSC training, consultation, and restoration programs conducted by this section. The division mental health section enhances unit effectiveness and minimizes losses due to BF, misconduct stress behaviors, and NP disorders. Under the direction of the division psychiatrist, the division mental health

section provides mental health/CSC services throughout the division. This section, acting for the division surgeon, has staff responsibility for establishing policy and guidance for the prevention, diagnosis, treatment, and management of NP, BF, and misconduct stress behavior cases within the division area of operations (AO). It has technical responsibility for the psychological aspect of surety programs. The staff of this section provides training to unit leaders and their staffs, chaplains, medical personnel, and troops. They monitor morale, cohesion, and mental fitness of supported units. Other responsibilities for the division mental health section staff include—

- Monitoring indicators of dysfunctional stress in units.
- Evaluating NP, BF, and misconduct stress behavior cases.
- Providing consultation and triage as requested for medical/surgical patients exhibiting signs of combat stress or NP disorders.
- Supervising selective short-term restoration for HOLD category BF casualties (1 to 3 days).
- Coordinating support activities of attached corps-level CSC elements.

The division mental health section normally collocates with the MSMC clearing station. For a listing of major equipment assigned, see Appendix A. The staffing of the division mental health section allows for this section to be split into teams which deploy forward to provide CSC support, as required, to

brigades in the division. Normally, each brigade is supported by a brigade CSC team. This team consists of a mental health officer who is designated the brigade mental health officer and a behavioral science NCO that is designated the brigade CSC coordinator. If no mental health officer is available, the senior behavioral science noncommissioned officer in charge (NCOIC) substitutes as the brigade CSC team leader. The division psychiatrist oversees all brigade CSC teams and provides consultation as necessary.

*a. Mental Health/Combat Stress Control Support.* The division psychiatrist provides input to the division surgeon on CSC-related matters. He works with the division medical operations center (DMOC) to monitor and prioritize mental health support missions in accordance with the division combat health support (CHS) operation plans (OPLANs) or operation orders (OPORDs). Coordination for mental health personnel augmentation is accomplished through the MSB Operations and Training Officer (US Army) (S3) and the DMOC.

*b. Division Mental Health Section Staff.* The division mental health section is staffed as shown in Figure 2-1. The consolidation of assigned mental health officers and behavioral science specialists in one division mental health section provides unity of CSC support for all division prevention, training, and treatment responsibilities of the section. It provides multi-disciplinary mental health professional expertise to—

- Supervise and train the behavioral science NCOs and specialists.
- Provide staff input to the commands within the division AO.
- Assure clinical evaluation and supervision of treatment for all NP and problematic BF cases before they leave the division.

- Maintain communications and unity of efforts when division mental health section personnel are dispersed to the brigades.

- Provide the points of contact to integrate reinforcing CSC teams throughout the division.

DIVISION MENTAL HEALTH SECTION STAFF
Psychiatrist
Clinical Psychologist
Social Work Officer
Senior Behavioral Science NCO (NCOIC, E-7)
Behavioral Science NCO (E-6)
Behavioral Science Sergeant (E-5) (two)
Behavioral Science Specialist (three)

*Figure 2-1. Division mental health section staff.*

(1) *Psychiatrist.* The division psychiatrist (Major [MAJ], Medical Corps [MC], area of concentration [AOC] 60W00) is the officer in charge of the division mental health section. The psychiatrist is also a working physician who applies the knowledge and principles of psychiatry and medicine in the treatment of all patients. He examines, diagnoses, and treats, or recommends courses of treatment for personnel suffering from emotional or mental illness, situational maladjustment, BF (combat stress reactions), and misconduct stress behaviors. His specific functions include—

- Directing the division’s mental health (combat mental fitness) program.

- Being a staff consultant for the division surgeon on matters having psychiatric aspects, which include—

- Personnel reliability program.
- Security clearances.