DEPARTMENT OF THE AIR FORCE
88th MEDICAL GROUP
WRIGHT-PATTERSON AIR FORCE BASE OHIO

1 November 2005

MEMORANDUM FOR COMMANDERS

FROM: 88 MDOS/SGOHC
4881 Sugar Maple Drive
WPAFB OH 45433

SUBJECT: Updated Procedures for Command-Directed Mental Health Evaluations

1. In the course of your duties as a commander you are occasionally asked to make decisions concerning the mental health status of your people. In the case of problematic behavior on the part of your personnel, you may question whether the behavior is due to stress or mental illness. In order to ascertain if an individual's behavior or duty performance is impacted by mental health problems you may request a Commander-directed Mental Health Evaluation (CDE). The purpose of a CDE is to assist you in making decisions relating to such behavior.

2. The Department of Defense has specific guidelines which must be followed when requesting and completing CDE's. As part of a continuous effort to improve our services, I have prepared this packet for commanders to use when requesting CDEs. Please keep this guide as a reference for future use and utilize the enclosed attachments when making CDE requests. Feel free to call the Life Skills Support Center (937-257-6877) at any time for additional guidance. We look forward to assisting you with members of your organization.

//SIGNED//
KENNETH A. FURMAN, Major, USAF, BSC
Chief, Life Skills Support Center

Commander's Guide To Requesting a Mental Health Evaluation at Wright-Patterson Medical Center

1 November 2005

88th Medical Group
Life Skills Support Center
Wright-Patterson Air Force Base

Running head: Commander-directed Mental Health Evaluation

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1. <u>Purpose</u>. This handbook outlines procedures for Commander-directed Mental Health Evaluation (CDE). The Life Skills Support Center (LSSC) is the OPR for CDE and can be contacted at (937) 257-6876/6877. Commanders are encouraged to consult with LSSC whenever there are questions about the psychological well being or the fitness for duty of a military Service member. After hours emergency CDE requests are initiated by contacting the Wright-Patterson Medical Center Emergency Room at (937) 257-3203 /0770

2. <u>References</u>.

a. AFI 44-109, *Mental Health, Confidentiality, and Military Law*.

b. Department of Defense (DoD) Directive 6490.1, *Mental Health Evaluations of Members of the Armed Forces*.

c. DoD Instruction 6490.4, *Requirements for Mental Health Evaluations of Members of the Armed Forces*.

d. Department of Defense (DoD) Directive 7050.6, *Military Whistleblower Protection*

e. Section 546 of Public Law 102-484, *National Defense Authorization Act for Fiscal Year 199.3*

3. <u>Procedure For "Routine" Referrals</u>.

a. Requesting an evaluation at Wright-Patterson Medical Center begins with contacting the Chief of the Life Skills Support Center (currently Major Furman) or another Doctoral level mental health provider at (937) 257-6877 (commercial) or DSN 787-6877. They will assess the request and help you formulate specific referral questions. IAW AFI 44-109, the mental health provider must verify there is a legitimate psychiatric concern that may affect military duty before approving a CDE request. Examples of **appropriate** referral questions are: Is this person fit for continued duty in my unit or in his AFSC? Is this person fit for flying, weapons bearing, bomb loading, or air traffic controlling duties? It would be **inappropriate** to request a CDE when there is no evidence that behavior is out of the norm, when there is no direct military need to know, or when the commander is building support for an administrative action or decision.

b. Once the request has been approved, you will be given an appointment time for the evaluation. You must then notify your member **at least 2 business days** in advance of the appointment time, the reason for the evaluation and review a number of legal rights. The best way to "cover all the bases" is to use the provided notification form (attachment 1). Using this form will provide assurance that all proper notifications were made prior to the evaluation. Copies of the signed memorandum will be provided to the Service member and to the mental healthcare provider who will conduct the evaluation of the Service member. The commanding officer is responsible for ensuring the original copy of the notification letter and any other requested documentation to include "Background Information for CDE" (attachment 3) is submitted to LSSC prior to or on the date of the evaluation.

c. Commanders must also complete and forward a written request for the CDE to the 88th Medical Group Commander. You may use the provided form (attachment 2) for this requirement. This form should be delivered to, Commander, 88th Medical Group, Wright-Patterson Medical Center, Wright-Patterson AFB, 45433-5300.

d. After the evaluation is complete, you will receive a telephone call the same day from the evaluator with verbal feedback regarding your specific referral questions – note that for the evaluation to be completed, it will often require more than one appointment, the completion of medical evaluations, etc. You will also receive a comprehensive written report with evaluation results within three business days of the completed evaluation.

5. Procedure For "Emergency" Referrals.

a. When the commanding officer makes a clear and reasoned judgment that the case constitutes an emergency, the commanding officer's first priority will be to protect the Service member and potential victims from harm.

b. The commanding officer will make every effort to consult a mental healthcare provider, or other privileged healthcare provider if a mental healthcare provider is not readily available, prior to referring or sending a Service member for an emergency mental health evaluation. During duty hours contact the Life Skills Support Center. After hours emergency CDE requests are initiated by contacting the Emergency room at Wright-Patterson Medical Center at (937) 257-3203 /0770 and asking for the Mental Health on-call provider.

c. The commanding officer will take actions to safely convey the Service member to the nearest mental healthcare provider or, if unavailable, a physician, or the senior privileged non-physician provider present, as soon as is practical.

d. An escort from the unit must accompany the Service member to LSSC. This escort must remain at LSSC during the entire time of the evaluation. Should the results of the evaluation indicate that inpatient psychiatric hospitalization is warranted, the escort will accompany the Service member to the local emergency room for further evaluation.

e. For further guidance on emergency procedures contact the LSSC and refer to the appropriate references.

6. EXCEPTIONS: These procedures outlined in paragraphs 4 and 5 do not apply to:

a. Voluntary self-referrals.

b. Criminal responsibility and competency inquiries conducted under Rule for Court-Martial 706 of the Manual for Court-Martial (i.e. sanity board evaluations).

c. Interviews conducted according to the Family Advocacy Program.

d. Referrals to the Alcohol and Substance Abuse Program.

e. Referrals for evaluations expressly required by regulation, without any discretion by the service member's commander.

f. Security clearances/nuclear surety program.

g. Diagnostic referrals from other health care providers not part of the service member's chain of command when the service member consents to the evaluation.

7. Questions regarding the procedures for CDEs should be addressed to the staff of LSSC, telephone: (937) 257-6876, DSN: 787-6876, FAX (937) 656-1192.

Attachments:
1. Sample memorandum, *Service Member Notification of Commanding Officer Referral For Mental Health Evaluation*
2. Sample memorandum, *Commanding Officer Request for Mental Health Evaluation*
3. Sample memorandum, *Background Information For CDE*
4. CDE Referral Procedure Checklist

Attachment 1

DATE

MEMORANDUM FOR (Service Member)

FROM: (Commanding Officer)

SUBJECT: Notification of Commanding Officer Referral for Mental Health Evaluation

References.

a. AFI 44-109, *Mental Health, Confidentiality, and Military Law.*
b. Department of Defense (DoD) Directive 6490.1, *Mental Health Evaluations of Members of the Armed Forces.*
c. DoD Instruction 6490.4, *Requirements for Mental Health Evaluations of Members of the Armed Forces.*
d. Section 546 of Public Law 102-484, *National Defense Authorization Act for Fiscal Year 1993*
e. Department of Defense (DoD) Directive 7050.6, *Military Whistleblower Protection.*

1. This letter is to inform you that I am directing you to report to the 88th Medical Group Life Skills Support Center for an evaluation. You are to report to the Life Skills Clinic located on the first floor of the Wright-Patterson Medical Center (Bldg 830, Room 1DDC6) at _____ hours on _____. (Rank/name) will provide/conduct the evaluation.

2. Prior to making this decision, I have discussed this referral with _____, a mental health professional, who agreed with my decision and need for this referral. I am specifically asking a mental health provider to provide me feedback on this issue.

3. The following is a brief factual description of the behaviors and/or verbal co0mmunications that led to my decision to refer you for mental health evaluation:

a._____
_____
_____

b._____
_____
_____

c._____
_____
_____

d._____
_____
_____

4. I am asking your mental health evaluator to answer these specific questions about you:

a._____
_____

b._____
_____

c._____
_____

5. In making this referral, I am obliged to inform you of the following:

a. The results of this evaluation are not confidential. A summary of the findings will be sent to the commander. Your evaluator will provide conclusions and recommendations, along with an opinion of your ability to function in the military environment. All medical notes and files related to this evaluation are subject to subpoena in military court, and are therefore not considered completely confidential.

b. You have the right , upon your request, to speak with an attorney who is a member of the Armed Forces or is employed by the Department of Defense who is available for the purpose of advising you of the ways in which you may seek redress should you question this referral.

c. You may refuse to participate in this evaluation but there are potential administrative and legal consequences. If you consider this option, I suggest you discuss the issue with the Area Defense Counsel (ADC) to seek redress or challenge the appropriateness of this evaluation.

d. You have the right to submit to your Service Inspector General or to the Inspector General of the Department of Defense (IG, DoD) for investigation an allegation that your mental health evaluation referral was a reprisal for making or attempting to make a lawful communication to a member of Congress, any appropriate authority in your chain of command, an IG, or a member of a DoD audit, inspection, investigation, or law enforcement organization.

e. You have the right to obtain a second opinion and be evaluated by a mental health provider of your own choosing, at your expense, if reasonably available. Such an evaluation by an independent mental health provider shall be conducted within a reasonable period or time, usually within 10 business days, and shall not delay nor substitute for an evaluation performed by a DoD mental health provider.

f. You have the right to communicate without restriction with an IG, an attorney, Member of Congress, or others about your referral for a mental health evaluation. This provision does not apply to a communication that is unlawful.

g. You have the right, except in emergencies, to have at least two business days before the scheduled mental health evaluation to meet with an attorney (Area Defense Council) (Phone #), IG (Phone #), Chaplain (Phone #), or other appropriate party. If I believe that your situation constitutes an emergency or that your condition appears potentially harmful to your well being and I judge that it is not in your best interest to delay your mental health evaluation for two business days, I shall state my reasons in writing as part of the request for the mental health evaluation.

h. If you are assigned to a naval vessel, deployed, or otherwise geographically isolated because of circumstances related to military duties that make compliance with any of the procedures above impractical, I shall prepare and give you a copy of the memorandum setting forth the reasons for my inability to comply with these procedures.

i. You are entitled to feedback about the evaluation results from your mental health provider. Requests for feedback and a copy of the evaluation report should be made through the Life Skills Support Center.

j. Results of this evaluation will only be released to those who have a legitimate military reason to know its content.

Commander please note any of the following special circumstances:

_____Unable to consult with a Mental Health Provider before referral (Attach explanation).

_____Unable to notify member 48 hours (Business hours) in advance (Attach explanation).

_____Member refused to acknowledge receipt of notification. (Attach explanation).

Member acknowledges receipt by signature below. Your signature does not indicate agreement with the reason for this referral, but only that you have been briefed by the commander and that you understand your rights as listed above.

I do / do not wish to consult with an attorney before participating in this evaluation.
_____ (initial)

I do / do not agree to participate in this evaluation.
_____ (initial)

Service Member's Signature:_____ Date:_____
(Signature Block)

Commander's Signature:_____ Date:_____
(Signature Block)

Attachment 2

DATE

MEMORANDUM FOR 88th MDG/CC

FROM: (Commanding Officer)

SUBJECT: Request for Mental Health Evaluation of (Service Member's Name and SSN)

1. I am requesting a formal mental health evaluation of (Service Member). This individual has (years) and (months) of active duty service and has been assigned to my command since (date). Past performance ratings in his assigned duties have ranged from ____ to ____. Legal action is / is not pending on this individual. (If charges are pending, please list them). Past legal actions include: (List charges and dates).

2. I have forwarded to the Service Member a memorandum that advises (Name) of his or her rights in this process. This memorandum also states the reasons for this referral, the name of the mental health provider with whom I consulted, and who may advise and assist him or her in challenging this request. A copy of this memorandum is attached for your review.

3. (Service Member) has been scheduled for evaluation by (name and rank of mental health provider) at Wright Patterson Medical Center, Life Skills Support Center on (date) and (time).

4. Should you wish additional information, you may contact me at (telephone number).

5. Please forward this request letter to the Chief, Life Skills Support Center for review. Thank you in advance for your assistance.

Signature Block

Attachment:
Notification of Commanding Officer Referral for Mental Health Evaluation

Attachment 3

Background Information for CDE

Member's Name:_____ Rank:_____ Age:_____

SSN:_____ Unit:_____ Sex:_____ Duty Phone:_____

PRP Member: Yes / No On Flying Status: Yes / No

1. Describe the incidents that led to this request for an evaluation:

2. Describe any social, marital, or relationship problems that you are aware of:

3. Describe any disciplinary actions taken or anticipated:

4. List any previous disciplinary actions (dates and reasons):

5. Please list a chronological evaluation of previous duty performance:

6. Please list specific referral question(s) you would like the mental health evaluator to address:

_____ _____

Unit Commander's Signature Telephone

Attachment 4

CDE Referral Procedure Checklist

Routine Requests:

___ Consulted with Chief of the Life Skills Support Center.

___ Notified member of intent for CDE, date and time of appointment, and legal rights using Attachment 1.

___ Complete Background Information Form (Attachment 3) and send to Chief of the Life Skills Support Center.

___ Complete and send formal written request (Attachment 2) for a CDE to the 88th Medical Group Commander.

Emergency Requests:

___ Contact Chief of the Life Skills Support Center during duty hours and the Emergency Room after hours.

___ Notify member of the intent for CDE, date and time of the appointment, and legal rights using Attachment 1, prior to evaluation if possible. If not, notification must be made as soon as possible after the evaluation.

___ Make arrangements to escort member to the evaluation. Do not send patient alone if this is an emergency.

___ Complete and send formal written request for a CDE to the 88th Medical Group Commander using Attachment 2 as soon as possible after the evaluation.