DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 Worth Road
Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation
No. 40-38

1 June 1999

Medical Services

COMMAND-DIRECTED MENTAL HEALTH EVALUATIONS

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from HQ MEDCOM, ATTN: MCHO-CL-C.

The word "he" (and its derivations) as used in this regulation is generic and, except where indicated, will apply to both male and female.

	PARAGRAPH	PAGE
HISTORY	1	1
PURPOSE	2	1
REFERENCES	3	2
EXPLANATION OF ABBREVIATIONS AND TERMS	4	2
APPLICABILITY	5	2
RESPONSIBILITIES	6	3
POLICY	7	4
PROCEDURES	8	5
ISSUES NOT ADDRESSED	9	9
APPENDIX A		10
APPENDIX B		11
APPENDIX C		13
APPENDIX D		16
APPENDIX E		18
APPENDIX F		19
APPENDIX G		21
APPENDIX H		24
APPENDIX I		25
GLOSSARY		27

1. HISTORY. This is the first printing of this publication.

2. PURPOSE. The purpose of this regulation is to--

a. In accordance with the references cited in paragraph 3, establish U.S. Army Medical Command (MEDCOM) policy, assign responsibilities, and prescribe procedures for the referral, evaluation, treatment, and administrative management of Service members who may require mental health evaluations, psychiatric hospitalizations, and/or related administrative actions.

b. Inform health care providers of the safeguards that protect the rights of Service members undergoing such evaluations.

c. Inform health care providers of the proper mechanism for reporting potentially inappropriate requests for evaluation.

3. REFERENCES.

a. AR 15-6, Procedures for Investigating Officers and Boards of Officers.

b. AR 20-1, Inspector General Activities and Procedures.

c. AR 40-68, Quality Assurance Administration.

d. AR 135-178, Separation of Enlisted Personnel.

e. AR 380-67, The Department of the Army Personnel Security Program.

f. AR 635-200, Enlisted Personnel.

g. Department of Defense Directive (DoDD) 1332.18, Separation or Retirement for Physical Disability.

h. DoDD 6490.1, Mental Health Evaluations of Members of the Armed Forces.

i. DoDD 7050.6, Military Whistleblower Protection.

j. Department of Defense Instruction (DoDI) 6490.4, Requirements for Mental Health Evaluations of Members of the Armed Forces.

k. Manual for Courts-Martial.

4. EXPLANATION OF ABBREVIATIONS AND TERMS. Abbreviations and special terms used in this publication are explained in the glossary.

5. APPLICABILITY.

a. This regulation applies to all MEDCOM personnel.

b. The specific procedures required by this regulation, DoDD 6490.1, and DoDI 6490.4 apply to mental health evaluations directed by a Service member's commander as an exercise of the commander's discretionary authority.

c. Evaluations not covered by these procedures include:

(1) Voluntary self-referrals.

(2) Criminal responsibility and competency inquiries conducted under Rule for Court-Martial 706 of the Manual for Courts-Martial.

(3) Interviews conducted according to the Family Advocacy Program.

(4) Referrals to the Alcohol and Drug Abuse Prevention and Control Program.

(5) Referrals for evaluations expressly required by regulation, without any discretion by the Service member's commander, such as enlisted administrative separations under AR 635-200 and AR 135-178.

(6) Security clearances/nuclear surety program referrals pursuant to AR 380-67.

(7) 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.

6. RESPONSIBILITIES.

a. The Commander, MEDCOM, will ensure that subordinate commanders are aware of this policy for command-directed mental health evaluations.

b. Commanders, Regional Medical Commands (RMCs) will--

(1) Within their region of responsibility, ensure integration of appropriate quality management measures--as required by this regulation, DoDD 6490.1 and DoDI 6490.4--into each military treatment facility's (MTFs) existing improving organizational performance (IOP) structure. This includes review of providers conducting command-directed mental health evaluations.

(2) Provide oversight, operational guidance, and assistance regarding mental health evaluations of Service members by ensuring appropriate training of health care providers.

(3) Ensure the presence of a regional support plan (e.g., memorandums of agreement with other Services, the Department of Veteran's Affairs, etc.) for providing evaluations to Service members at locations where there are no qualified mental health care providers to conduct evaluations.

c. The MTF commanders will--

(1) Ensure overall compliance with the provisions of this regulation and exercise oversight.

(2) Ensure that doctoral-level mental health care providers are fully trained to conduct command-directed mental health evaluations consistent with Department of Defense (DoD) and MEDCOM policy.

(3) Ensure that providers receive credentials review and privileging upon assignment.

(4) Ensure that safeguards and performance review processes are in place in accordance with DoDD 6490.1.

(5) Ensure that training is provided to all installation privileged health care providers on the recognition of Service members who may require mental health evaluations for imminent dangerousness, the safeguards that protect their rights, and the process for reporting potential violations.

(6) Establish written procedures for referring Service members in their command for mental health evaluations according to references delineated in paragraphs 3a through c.

d. Mental health care providers will--

(1) Familiarize themselves with the provisions of this regulation and related references.

(2) Obtain necessary training according to the requirements of DoDD 6490.1.

(3) Request clinical privileges from the MTF to conduct command-directed mental health evaluations by adding "Conduct Command-Directed Mental Health Evaluations" on their discipline-specific DA privileging form. (See AR 40-68.) Appendix A provides criteria required for this privilege.

(4) Ensure the referring commander has complied with the consultation, notice, and formal requirements for a nonemergency evaluation before proceeding with the evaluation.

(5) Inform the Service member of the reasons, circumstances, and possible outcome(s) of the evaluation and that the results of this evaluation are not confidential.

(6) Accomplish all of the notification requirements to command and other individuals as required by DoDI 6490.4. Appendix B is a sample memorandum for use by a mental health care provider to inform a Service member's commander of the results of a mental health evaluation. This sample memorandum format is suitable for use regardless of the circumstances leading to the referral or the results of the evaluation. Appendix C is an alternative sample format for use by a mental health care provider when evaluating Army Service members whose sole basis for referral is a proposed administrative separation under AR 635-200, Chapter 5-13 ("Personality Disorder") or 5-18 ("Other Designated Physical or Mental Condition").

(7) Accomplish the review process for involuntary psychiatric hospitalization required by DoDI 6490.4. (Such review is conducted by an impartial, disinterested privileged medical officer.)

(8) Assess the circumstances surrounding the request for evaluation to ensure that reprisal was not a factor.

(9) Report evidence indicating or suggesting an inappropriate request for evaluation. Reporting will be through the mental health care provider's command channels to the referring commander's superior.

e. Inspector generals (IGs)--

(1) May conduct or oversee inquiries/investigations of allegations that a Service member was referred for a mental health evaluation in violation of DoDD 6490.1.

(2) Will report findings of inquiries/investigations to appropriate commanders in accordance with AR 20-1.

7. POLICY. It is MEDCOM policy that--

a. Quality and comprehensive mental health services will be provided Service members, consistent with their rights, by qualified mental health care providers as defined in the glossary of this regulation.

b. Nondoctoral-level mental health care providers may participate in the assessment of patients referred for command-directed mental health evaluations when done in coordination with qualified mental health care providers as defined by DoDD 6490.1.

c. Commanders will consult with the appropriate mental health care providers before referring a Service member for a nonemergent mental health evaluation that is not exempted by the applicability statement of this regulation.

d. A Service member has certain rights when referred for a nonemergent mental health evaluation and additional rights when admitted to a treatment facility for an emergency or involuntary mental health evaluation. Appendix D is a sample patient rights orientation worksheet. Appendix E is a sample consent form for psychiatric hospitalization.

e. No person will refer a Service member for a mental health evaluation as a reprisal for making or preparing a lawful communication to:

(1) A member of Congress.

(2) Any appropriate authority in the Service member's chain of command.

(3) An IG.

(4) A member of a DoD audit, inspection, investigation, or law enforcement organization.

f. No person will restrict a Service member from lawfully communicating with an IG, attorney, member of Congress, or others about the Service member's referral for a mental health evaluation.

g. Any violation of the above by any person subject to the Uniform Code of Military Justice (UCMJ) is punishable as a violation of Article 92, UCMJ; violations by civilian employees are punishable under regulations governing civilian disciplinary or adverse actions.

8. PROCEDURES.

a. Nonemergency referrals.

(1) Commanding officers suspecting a mental health evaluation may be indicated will contact the appropriate MTF and speak directly with a mental health care provider to request a command-directed mental health evaluation. The mental health care provider will clarify the request, urgency of the referral, and schedule an appointment.

(2) Appendix F is a sample memorandum from the commanding officer to the MTF/clinic commander, subject: Command Referral for Mental Health Evaluation of (Service Member Rank, Name, Branch of Service, and SSN). Appendix G is a sample memorandum from the commanding officer to the Service member, subject: Notification of Commanding Officer Referral for Mental Health Evaluation (Nonemergency).

(3) The Service member may initially be evaluated by a nondoctoral-level mental health care provider to obtain information and conduct an initial assessment.

(4) The reported findings and treatment/disposition recommendations of this mental health evaluation remain the responsibility of the identified mental health care provider.

b. Emergency referrals.

(1) A commander shall refer a Service member for an emergency mental health evaluation as soon as is practicable whenever a Service member indicates an intent to cause serious injury to himself or others, and the commander believes that the Service member may be suffering from a mental disorder.

(2) Prior to transporting a Service member for an emergency evaluation, or shortly thereafter if the time and nature of the emergency does not permit, the commanding officer shall consult directly with a mental health care provider (or other health care provider if a mental health care provider is not available) at the MTF. The purpose of this consult is to communicate the observations and circumstances which led the commander to believe that the Service member's behavior constituted an emergency. The commander will then forward to the mental health care provider consulted a memorandum documenting the information discussed.

(3) The Service member may initially be evaluated by a nondoctoral-level mental health care provider to obtain information and conduct an initial assessment.

(4) The reported findings and treatment/disposition recommendations of this mental health evaluation remain the responsibility of the identified mental health care provider.

c. Admissions: General information.

(1) A Service member shall be admitted to a psychiatric unit (or medical unit if a psychiatric unit is not available) for inpatient evaluation or treatment if clinically indicated. The final decision to admit a Service member rests solely with a mental health care provider granted hospital admitting privileges. If a mental health care provider is not available, the member may be admitted by any health care provider with admitting privileges.

(2) Any Service member who has been admitted to an inpatient unit, voluntarily or involuntarily, and for whom dangerousness was an issue, shall, before discharge, receive a thorough evaluation and mental status examination to ensure that he is not imminently dangerous.

d. Voluntary admission. Voluntary hospital admission is appropriate if the provider, privileged to admit psychiatric patients, determines that admission is clinically indicated, and the Service member has the capacity to make an informed decision about treatment and hospitalization and voluntarily consents.

e. Involuntary admission.

(1) An involuntary hospital admission is appropriate only when a provider, privileged to admit psychiatric patients, makes a clinical judgment that the Service member has a severe mental disorder and poses a danger to himself and/or others. The provider must determine that the evaluation/ treatment cannot reasonably be conducted at a less restrictive level of care or less intensive treatment would result in inadequate care. Hospitalization is appropriate only when consistent with the least restrictive alternative principle under the American Psychiatric Association's guidelines on this subject.

(2) Continued involuntary psychiatric hospitalization beyond an initial period not to exceed 72 hours is appropriate only when a provider makes a clinical judgment that all of the following apply:

(a) The Service member is suffering from a serious mental disorder.

(b) The Service member is at continued risk for imminently dangerous behavior.

(c) There is a reasonable prospect that the condition is treatable at the MTF.

(d) The Service member refuses continued inpatient treatment or lacks the mental capacity to make an informed decision about continued inpatient treatment.

(3) The provider conducting the review in e(2) above must be an impartial, disinterested, privileged psychiatrist (or other medical officer if a psychiatrist is not available) who holds the grade of O-4 or above (or the civilian equivalent); is not in the Service member's chain of command; and is appointed in writing by the MTF commander for this purpose.

(4) Appendix H is a sample memorandum for use by the mental health care provider in notifying the Service member of continued involuntary hospitalization.

f. Return of Service member to command. When a mental health care provider returns a Service member to his command, either following an outpatient evaluation or upon discharge from inpatient status for which dangerousness was an issue, the provider must make written recommendations to the Service member's commander addressing, as a minimum, the following three issues:

(1) Proposed treatments. Treatments shall be based upon the potential for therapeutic benefit as determined by the mental health care provider. Serial clinical assessments and mental status examinations shall be performed to assess the Service member's ongoing risk of dangerousness. These should continue until the Service member is judged to be psychologically stable and no longer at significant risk of becoming imminently dangerous.

(2) Precautions. Recommendations shall be based on the doctoral-level mental health care provider's clinical judgment. These precautions must relate to the need for reducing or eliminating the Service member's ability to cause injury to himself or others or for avoiding any events that might lead to such injury. Recommendations for precautions shall be considered especially in cases of Service members who have demonstrated the potential

for dangerous or violent behavior and may include, but are not limited to, an order to move into the barracks for a given period, an order to avoid the use of alcohol, an order not to handle firearms or other weapons, an order not to go to specified places, or an order not to contact a potential victim or victims.

(3) Fitness and suitability for continued service. The mental health care provider shall recommend to the Service member's commander one of the following: return of the Service member to duty, referral of the Service member to a Medical Evaluation Board for processing through the Disability Evaluation System, or administrative separation of the Service member for personality disorder and/or unsuitability for continued military service.

(a) A medical board report shall be forwarded to the Physical Evaluation Board for determination of fitness for continued military service if the Service member is clinically determined to not meet retention standards as defined in DoDD 1332.18 based upon a Diagnostic and Statistical Manual (DSM) (of the American Psychiatric Association) IV Axis I or Axis III medical condition.

(b) A summary of the mental health evaluation and recommendation for expeditious administrative separation shall be forwarded to the Service member's commander under the following conditions: the Service member is clinically determined to be unsuitable for continued service based upon a DSM IV Axis II diagnosis of personality disorder or other conditions which render the Service member unsuitable for service as defined in AR 635-200, chapter 5-18. These conditions are sufficiently severe so as to preclude satisfactory performance of duty.

g. Threatened violence. In any case in which a Service member has communicated to a privileged health care provider an explicit threat to kill or seriously injure a clearly identified or reasonably identifiable person, or to destroy property under circumstances likely to lead to serious bodily injury or death, and the Service member has the apparent intent and ability to carry out the threat, the responsible health care provider shall make a good faith effort to take precautions against the threatened injury. Such precautions may include, but are not limited to, notification of the Service member's commander, notification of military and/or civilian law enforcement authorities, notification of a potential victim or victims, and notification of and recommendations to commanders about precautions or clinical treatments. The provider shall inform the Service member and document in the medical record that these precautions have been taken.

h. Separation from military service. Whenever a mental health care provider recommends to a Service member's commander that the Service member be separated from military service due to both a personality disorder and a pattern of potentially dangerous behavior (i.e., more than one episode), that recommendation shall be cosigned by the mental health care provider's commander. If the Service member's commander, in turn, declines to follow the recommendation(s) of the mental health care provider, the Service member's commander is required to forward a memorandum to his immediate commander within 2 business days with a copy furnished to the involved mental health care provider explaining the decision to retain the Service member against medical advice.

9. ISSUES NOT ADDRESSED. Specific issues concerning the mechanism of initiating a command-directed mental health referral not outlined above should be addressed to the local MTF, RMC, or MCHO-CL-C for further guidance.

APPENDIX A

Privileging Criteria
Mental Health Care Provider to Conduct
Command-Directed Mental Health Evaluations

A doctoral-level mental health care provider must possess all criteria listed below before clinical privileges to conduct command-directed mental health evaluations can be granted.

1. LICENSURE. Possess a current, valid, and unrestricted State license for clinical practice.

2. KNOWLEDGE.

a. Clinical interviewing and psychosocial assessments.
b. Model for assessment and management of dangerousness.
c. Dynamics of the different types of dangerous behavior (i.e., suicidal ideation and gestures, homicidal ideation and gestures, child abuse and neglect, spouse abuse, sexual assault, proclivity to hate crimes, impulsive and high risk behaviors, drug and alcohol abuse, stress disorders, alienation, paranoia, etc.).
d. Psychopathology/abnormal psychology.
e. Therapeutic communication.
f. Professional and organizational policies and procedures governing clinical practice (DoDD, DoDI, Army/MEDCOM regulations, and UCMJ).
g. Professional and organizational values and ethics.
h. Federal, State, and local laws concerning privileged communication, reporting responsibilities, and the protection of potential victims.

3. SKILLS.

a. Conduct a diagnostic interview.
b. Formulate a contextual history of client's presenting problem.
c. Conduct a mental status exam.
d. Consult with other health care providers, legal authorities, command, etc., as appropriate.
e. Document findings in medical records, reports, consults, etc.
f. Prepare and/or provide written and verbal reports to command detailing all findings and recommendations according to references cited in paragraph 3 of this regulation.

APPENDIX B

SAMPLE

Notification to a Service Member's Commanding Officer
of a Mental Health Evaluation

(Office symbol) (Date)

MEMORANDUM FOR Commander, (Unit)

FROM: (Rank, Name, Title of Provider)

THROUGH: Commander, (Name of MTF/Clinic)

SUBJECT: Mental Health Evaluation in the Case of:

(Service Member's Rank, Name, and SSN)

References (a) DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997.
(b) DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997.

1. The above named Service member was seen on (date) at the (clinic and MTF), by (name of provider) after referral by (name) for an (emergency) (nonemergency) mental health evaluation because: (state reason for referral)

2. Appendix I contains MEDCOM Form 699-R (Report of Mental Status Evaluation) for use in summarizing findings and recommendations.

(Signature Block of Hospital Commander)
(If Service member meets criteria of AR 635-200, Chapter 5-13 or 5-18.)

(Signature Block of Provider)
(Phone #)

APPENDIX B (cont)

NOTICE TO COMMANDERS (if checked)

☐ The results of this evaluation indicate the Service member meets the psychiatric criteria for separation IAW Chapter 5-13, AR 635-200.

If you do not concur with these recommendations, DoD Directive 6490.1 "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997, (reference (a)) requires you notify your next senior commanding officer within 2 business days explaining your decision to act against medical advice regarding administrative management of the Service member.

Administrative action (will) (will not) be initiated in this case. If no action will be taken, both the commanding officer and his or her immediate commander must sign this form and return a copy--within 3 business days from the date of the evaluation--to the Hospital Commander, along with an accompanying memorandum explaining the reason(s) why administrative action will not be taken despite this recommendation.

(Signature Block of Commanding Officer)

(Signature Block of Immediate Commander of Commanding Officer)

APPENDIX C

SAMPLE

Memorandum from Mental Health Care Provider
to Service Member's Commanding Officer

(Date)

MEMORANDUM FOR COMMANDING OFFICER (Name of Subject's Command)

FROM: (Rank and Name of Mental Health Care Provider)

THROUGH: COMMANDING OFFICER, (Medical Treatment Facility/Clinic)

SUBJECT: Mental Health Evaluation in the Case of (Service Member's Rank, Name, and SSN)

References: (a) DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997.

(b) DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997.

(1) The above named Service member was seen on (date) at (location) by (mental health care provider's rank and name) after referral by (rank and name of Service member's commanding officer) for an emergency evaluation because of (brief summary of pertinent facts).

OR

for a nonemergency command-directed evaluation because of (brief summary of pertinent facts).

(2) The evaluation revealed (brief description of findings).

(3) The diagnosis(es) is/are--

Axis I
Axis II
Axis III

(4) The Service member's diagnosis(es) do(es) not meet retention standards for continued military service and his/her case will be referred to the Physical Evaluation Board for administrative adjudication.

OR

The Service member is deemed unsuitable for continued military service on the basis of the above diagnosis(es). (Provide explanation on how the Service member's personality disorder to substance abuse, for example, is maladaptive to adequate performance of duty.)

APPENDIX C (cont)

(5) This Service member is considered (imminently dangerous OR potentially dangerous) based upon (summary of clinical data to support this determination).

(6) The following clinical treatment plan has been initiated:

a. The Service member has been admitted to (ward and name of MTF or hospital) for further evaluation/observation/treatment. His/her physician is (rank/title and name) who may be reached at (telephone number).

OR

b. The Service member has been scheduled for outpatient follow-up (or treatment) on (date and time) at (name of MTF or mental health clinic) with (rank/title and name of privileged mental health care provider) who may be reached at (telephone number).

(7) Recommendations to commanding officer: The Service member is returned to his/her Command, with the following recommendations (for potentially dangerous Service members only):

a. Precautions. (For example, order to move into military barracks, prevent access to weapons, consider liberty/leave restrictions, issue restraining order, etc.)

AND/OR

b. Process for expeditious administrative separation in accordance (with applicable regulations). The Service member does not have a severe mental disorder and is not considered mentally disordered. However, he/she manifests a long-standing disorder of character, behavior and adaptability that is of such severity so as to preclude adequate military service. Although not currently at significant risk for suicide or homicide, due to his/her lifelong pattern of maladaptive responses to routine personal and/or work-related stressors, he/she may become dangerous to him or herself or others in the future.

AND/OR

c. The Service member's suitability for continued access to classified material should be reassessed.

AND/OR

d. Other (describe).

(8) The above actions taken and recommendations made have been discussed with the Service member who acknowledged that he/she understood them.

OR

APPENDIX C (cont)

The Service member's condition (diagnosis(es)) prevent(s) him/her from understanding the actions taken and recommendations made above.

(9) If you do not concur with these recommendations, DoD Directive 6490.1 "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997 (reference (a)) requires that you notify your next senior commanding officer within 2 business days explaining your decision to act against medical advice regarding administrative management of this Service member.

(Signature Block of Mental Health Care Provider (Rank, Name, and Corps))

APPENDIX D

SAMPLE

PATIENT RIGHTS ORIENTATION WORKSHEET

You have been admitted to (MTF) Inpatient Psychiatry Unit because a staff psychiatrist has determined that your condition required emergency or involuntary evaluation and treatment that could not reasonably and/or safely be conducted on an outpatient basis.

STATE REASON(S) FOR YOUR ADMISSION:

Upon admission to (MTF):

1. A Psychiatric Technician will:

   a. Take your vital signs and orient you to the ward;
   b. Review the ward and facility rules with you; and
   c. Give you a handout that lists your patient rights and advises you of what to do if you feel that your rights are being violated.

2. A Registered Nurse (RN) will:

   a. Interview you and complete an initial nursing assessment;
   b. Initiate your treatment plan based on the admitting doctor's orders and the information obtained from you during your interview; and
   c. Review and discuss any questions that you may have concerning your patient rights.

3. Within the first 24 hours of admission, a psychiatrist (or another privileged physician if a psychiatrist is not available) will:

   a. Evaluate your condition and determine if continued hospitalization is warranted; and
   b. Notify you both orally and in writing of the reason for this decision within 2 business days.

4. If the decision is that you must remain hospitalized and you disagree with that decision, then you may request that an External Review Process be initiated to determine the appropriateness of the attending physician's decision.

5. The External Review Process is:

   a. Mandated within 72 hours of continued involuntary hospitalization; and
   b. Conducted by a medical officer NOT in the patient's chain of command who is in the grade of O-4 or above.

APPENDIX D (cont)

6. The Reviewing Officer will:

a. Interview you on the ward;
b. Notify you of your right to have legal representation during the interview by a detailed military attorney or a civilian attorney retained at your own expense;
c. Assess whether continued evaluation, treatment, or discharge is appropriate; and
d. Determine if there is reasonable cause to believe that your mental health evaluation referral and hospitalization were inappropriately made or otherwise conducted in violation of DoDD 6490.1.

7. If the Reviewing Officer determines that your patient rights have been violated under DoDD 6490.1, he will report the findings to the appropriate authorities for further investigation.

(Patient Signature/Date/Time)

APPENDIX E

SAMPLE

Active Duty Consent for Psychiatric Hospitalization

1. I hereby (consent) (DO NOT consent) to hospitalization for psychiatric treatment at (MTF). I understand that this admission is being recommended to ensure that an adequate evaluation of and appropriate treatment for my psychiatric condition can be provided, and that it is not thought that such an evaluation can be safely accomplished in an outpatient setting.

2. I understand that I will be expected to remain on the ward and in the company of staff members at all times as specified by facility rules and policy.

3. While admitted to (MTF), I understand that this is my place of duty until I am returned (i.e., discharged from the facility) to duty or receive other disposition as determined by the attending psychiatrist.

Service Member's Signature and Date

Signature of Admitting Physician
or Designated Representative and
Date

APPENDIX F

SAMPLE

Commanding Officer Request for Routine (Nonemergency) Mental Health Evaluation

(Date)

MEMORANDUM FOR COMMANDING OFFICER (Name of Medical Treatment Facility or Clinic)

FROM: COMMANDING OFFICER, (Name of Command)

SUBJECT: Command Referral for Mental Health Evaluation of (Service Member Rank, Name, Branch of Service, and SSN)

References:
(a) DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997.
(b) DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997.
(c) Section 546 of Public Law 102-484, "National Defense Authorization Act of Fiscal Year 1993," October 1992.
(d) DoD Directive 7050.6, "Military Whistleblower Protection," August 12, 1995.

(1) In accordance with references (a) through (d), I hereby request a formal mental health evaluation of (rank and name of Service member).

(2) (Name and rank of Service member) has (years) and (months) active duty service and has been assigned to my command since (date). Armed Services Vocational Aptitude Battery scores upon enlistment were: (list scores). Past average performance marks have ranged from ( ) to ( )(give numerical scores). Legal action is/is not currently pending against the Service member. (If charges are pending, list dates and UCMJ articles). Past legal actions include: (List dates, charges, nonjudicial punishments and/or findings of Courts Martial.)

(3) I have forwarded to the Service member a memorandum that advises (rank and name of Service member) of his (or her) rights. This memorandum also states the reasons for this referral, the name of the mental health care provider(s) with whom I consulted, and the names and telephone numbers of judge advocates, DoD attorneys and/or Inspectors General who may advise and assist him. A copy of this memorandum is attached for your review.

(4) (Service member's rank and name) has been scheduled for evaluation by (name and rank of mental health care provider) at (name of MTF or clinic) on (date) at (time).

(5) Should you wish additional information, you may contact (name and rank of the designated point of contact) at (telephone number).

APPENDIX F (cont)

(6) Please provide a summary of your findings and recommendations to me as soon as they are available.

(Signature Block of
Commanding Officer)

Attachment
As stated

APPENDIX G

SAMPLE

Service Member Notification of Commanding Officer
Referral for a Nonemergency Mental Health Evaluation

(Date)

MEMORANDUM FOR (Service member's rank, name, and SSN)

FROM: COMMANDING OFFICER, (Name of Command)

SUBJECT: Notification of Commanding Officer Referral for Mental Health Evaluation (Nonemergency)

References: (a) DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997.
(b) DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997.
(c) Section 546 of Public Law 102-484, "National Defense Authorization Act of Fiscal Year 1993," October 1992.
(d) DoD Directive 7050.6, "Military Whistleblower Protection," August 12, 1995.

(1) In accordance with references (a) through (d), this memorandum is to inform you that I am referring you for a mental health evaluation.

(2) The following is a description of your behaviors and/or verbal expressions that I considered in determining the need for a mental health evaluation: (Provide dates and a brief factual description of the Service member's actions of concern.)

(3) Before making this referral, I consulted with the following mental health care provider(s) about your recent actions: (list rank, name, corps, branch of each provider consulted) at (name of medical treatment facility or clinic) on (date(s)). (Rank(s) and name(s) of mental health care provider(s)) concur(s) that this evaluation is warranted and is appropriate.

OR

Consultation with a mental health care provider prior to this referral is (was) not possible because (give reason; e.g., geographic isolation from available mental health care provider, etc.).

(4) Per references (a) and (b), you are entitled to the rights listed below:

a. 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.

APPENDIX G (cont)

b. The right to submit to your Service Inspector General or to the Inspector General of the Department of Defense (IG, DoD) for investigation of 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; or in violation of (references (a)), DoD Instruction (reference b), and/or any applicable regulations.

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

d. The right to communicate without restriction with an IG, 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.

e. The right, except in emergencies, to have at least 2 business days before the scheduled mental health evaluation to meet with an attorney, IG, chaplain, or other appropriate party. If I believe 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 2 business days, I shall state my reasons in writing as part of the request for the mental health evaluation.

f. 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 in paragraphs (3) and (4) 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.

(5) You are scheduled to meet with (name and rank of the mental health care provider) at (name of MTF or clinic) on (date) at (time).

(6) The following authorities can assist you if you wish to question this referral:

a. Military attorney: (Provide rank, name, location, telephone number, and available hours.)

b. Inspector General: (Provide rank/title, name, address, telephone number, and available hours for Service and IG, DoD. The IG, DoD telephone number is 1-800-424-9098.)

c. Other available resources: (Provide rank, name, corps/title of chaplains or other resources available to counsel and assist the Service member.)

(Signature Block of
Commanding Officer)

APPENDIX G (cont)

I have read the memorandum above and have been provided a copy.

Service member's signature: (Date)

OR

The Service member declined to sign this memorandum which includes the Service member's Statement of Rights because (give reason and/or quote Service member).

Witness's signature: (Date)

Witness's rank and name: (Date)

(Provide a copy of this memorandum to the Service member.)

APPENDIX H

SAMPLE

Memorandum Notifying Service Member of Continued Involuntary Hospitalization

(Office Symbol) (Date)

MEMORANDUM FOR (Involuntarily Hospitalized Patient)

SUBJECT: Review of Involuntary Inpatient Psychiatric Hospitalization

1. In accordance with Department of Defense (DoD) Directive 6490.1 and DoD Instruction 6490.4, the basis for your initial admission and ongoing hospitalization at (MTF) was reviewed and assessed. This assessment included a review of your medical records and all documentation that resulted in your hospitalization.

2. After considering all the information available, including your examination, it is the determination of the undersigned that your mental condition necessitates continued involuntary hospitalization based on your ongoing potential for imminent dangerousness, a common feature of your DSM-IV, Axis II diagnosis of (diagnosis).

3. The sincere goal of the treatment staff is to return you to an outpatient status as soon as is clinically appropriate. When your conduct indicates to a reasonable clinical certainty that you will not again become violent and/or suicidal, you will be discharged if otherwise medically appropriate.

4. If your involuntary hospitalization continues beyond another 72 hours, your status will again be reviewed on that date.

(Signature)

APPENDIX I

MEDCOM Form 699-R (Mental Status Evaluation)

MENTAL STATUS EVALUATION

For use of this form see MEDCOM Reg 40-38

NAME	GRADE	SSN	ORGANIZATION

SECTION I - REASON FOR EVALUATION

1. THIS IS A MENTAL STATUS EVALUATION FOR THE ABOVE NAMED SOLDIER WHO IS BEING CONSIDERED FOR DISCHARGE BECAUSE OF *(If necessary, include specific reasons in remarks)*:

☐ Personality disorder ☐ Misconduct ☐ Request for discharge for good of service ☐ Other (See remarks)

SECTION II - EVALUATION *(Check all that apply)*

2. BEHAVIOR: ☐ Normal ☐ Hyperactive ☐ Passive ☐ Aggressive ☐ Hostile ☐ Suspicious ☐ Bizarre

3. LEVEL OF ALERTNESS: ☐ Fully alert ☐ Dull ☐ Somnolent

4. LEVEL OF ORIENTATION: ☐ Fully oriented ☐ Partial ☐ Disoriented

5. MOOD OR AFFECT: ☐ Unremarkable ☐ Anxious ☐ Flat ☐ Depressed ☐ Labile ☐ Manic or hypomanic

6. THINKING PROCESS: ☐ Clear ☐ Confused ☐ Bizarre ☐ Loosely connected

7. THOUGHT CONTENT: ☐ Normal ☐ Abnormal ☐ Hallucination ☐ Paranoid ideation ☐ Delusions

8. MEMORY: ☐ Good ☐ Fair ☐ Poor

SECTION III - IMPRESSION *(Check all that apply)*

9. IN MY OPINION, THIS SOLDIER:

☐ Has the mental capacity to understand and participate in the proceedings.
☐ Was mentally responsible.
☐ Meets the retention requirements of Chapter 3, AR 40-501.
☐ Needs further examination (See remarks).
☐ Other (See remarks).

10. REMARKS

IAW AR 635-200, this soldier meets the criteria for Chapter 5-13 administrative separation for Personality Disorder as indicated by the following behavioral manifestations defined by DSM-IV:

1) _____
2) _____
3) _____
4) _____
5) _____

Retention of such emotionally and behaviorally disabled soldiers puts them at HIGH RISK to continue to engage in behaviors (substance abuse, suicide attempts, assault, AWOL, etc.) for which psychiatric hospitalization or UCMJ action may become necessary. Further, a personality-disordered soldier represents a command liability and impairs overall unit readiness and functioning. While intensive effort may result in transient improvement in behavior, such efforts are predictably short-lived in their efficacy and ultimately result in no improvement of the soldier's retention potential.

SIGNATURE	NAME AND TITLE	DATE

GLOSSARY

Section I
Abbreviations

DoD.....Department of Defense
DoDD.....Department of Defense Directive
DoDI.....Department of Defense Instruction
DSM.....Diagnostic and Statistical Manual
IG.....inspector general
IOP.....improving organizational performance
MEDCOM.....U.S. Army Medical Command
MTF.....military treatment facility
RMC.....Regional Medical Command
UCMJ.....Uniform Code of Military Justice

Section II
Terms

Emergency
A situation in which a Service member is threatening imminently, by words or actions, to harm himself or others, or to destroy property under circumstances likely to lead to serious personal injury or death, and to delay a mental health evaluation to complete administrative requirements according to DoDD 6490.1 or DoDI 6490.4, could further endanger the Service member's life or well-being, or the well-being of potential victims. An emergency with respect to self may also be construed to mean an incapacity by the individual to care for himself, such as not eating or drinking; sleeping in inappropriate places or not maintaining a regular sleep schedule; not bathing; defecating or urinating in inappropriate places; etc. While the Service member retains the rights as described in DoD 6490.1 and DoDI 6490.4 in cases of emergency, notification to the Service member of his rights shall not take precedence over ensuring the Service member's or other's safety and may be delayed until it is practical to do so.

Imminent dangerousness
A clinical finding or judgment by a privileged, doctoral-level mental health care provider based on a comprehensive mental health evaluation that an individual is at substantial risk of committing an act or acts in the near future which would result in serious personal injury or death to himself, another person or persons, or of destroying property under circumstances likely to lead to serious personal injury, or death, and that the individual manifests the intent and ability to carry out that action. A violent act of a sexual nature is considered an act which would result in serious personal injury.

Inspector General
The Inspector General, DoD, and a military or civilian employee assigned or detailed under DoD component regulations to serve as an IG at any command level in one of the DoD components.

Least restrictive alternative principle
A principle under which a Service member committed for hospitalization and treatment shall be placed in the most appropriate and therapeutic available setting that is no more restrictive than is conducive to the most effective form of treatment, and in which treatment is available and the risk of

physical injury and/or property damage posed by such a placement are warranted by the proposed plan of treatment. Such treatments form a continuum of care including no treatment, outpatient treatment, partial hospitalization, residential treatment, inpatient treatment, involuntary hospitalization, seclusion, bodily restraint, and pharmacotherapy, as clinically indicated.

Mental disorder
As defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, a mental disorder is--

> A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (e.g., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event; for example, the death of a loved one. Whatever its original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual. Neither deviant behavior (e.g., political, religious, or sexual) nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual, as described above.

Mental health care provider
A psychiatrist, doctoral-level clinical psychologist, or doctoral-level clinical social worker with necessary and appropriate professional credentials who is privileged to conduct mental health evaluations for DoD components.

Mental health evaluation
A clinical assessment of a Service member for a mental, physical, or personality disorder, the purpose of which is to determine a Service member's clinical mental health status and/or fitness and/or suitability for service. The mental health evaluation shall consist of, as a minimum, a clinical interview and mental status examination and may include, additionally: a review of medical records; a review of other records, such as the Service personnel record; information forwarded by the Service member's commanding officer; psychological testing; physical examination; and laboratory and/or other specialized testing. Interviews conducted by the Family Advocacy Program or Service's drug and alcohol abuse rehabilitation program personnel are not considered mental health evaluations for the purpose of DoDD 6490.1 and DoDI 6490.4.

Nondoctoral-level mental health care provider
A psychiatric resident/intern, psychiatric nurse, master level clinical social worker, or a nondoctoral-level psychology officer.

Potential dangerousness (not imminently dangerous)
A clinical finding or judgment by a privileged, doctoral-level mental health care provider based on a comprehensive mental health evaluation that an individual has demonstrated violent behavior against himself, another person or persons, or of destroying property under circumstances likely to lead to

serious personal injury or death, or possesses long-standing character traits indicating a tendency towards such violence, but is not currently immediately dangerous to himself or to others. A violent act of a sexual nature is considered an act which would result in serious personal injury.

Protected communication (colloquially known as "whistleblowing" communication)
Any lawful communication to a Member of Congress or an Inspector General which communicates information that the Service member reasonably believes evidences a violation of law or regulation, including sexual harassment or unlawful discrimination, mismanagement, a gross waste of funds or other resources, an abuse of authority, or a substantial and specific danger to public health or safety when such communication is made to any of the following: a member of Congress; an IG; a member of a DoD audit, inspection, investigation, or law enforcement organization; or any other person or organization (including any person or organization in the chain of command) designated under Component regulations or other established administrative procedures to receive such communication.

Routine mental health evaluation (nonemergency mental health evaluation)
Any mental health evaluation that is not an emergency and which falls under the scope of DoDI 6490-4.

Self-referral (or voluntary referral)
The process of seeking information about or obtaining an appointment for a mental health evaluation or treatment initiated by a Service member independently for him.

Senior privileged nonphysician provider
In the absence of a physician, the most experienced and trained health care provider who holds privileges to evaluate and treat patients, such as a master's level social worker, a nurse practitioner/advance practice nurse, or a physician assistant.

Service member
Individual in the Active or Reserve Components of the U.S. Army, Navy, Air Force, or Marine Corps and the Coast Guard when it operates as a military service under the U.S. Navy.

The proponent of this publication is the Office of the Assistant Chief of Staff for Health Policy and Services. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-CL-C, 2050 Worth Road, Fort Sam Houston, TX 78234-6010.

FOR THE COMMANDER:

PATRICK D. SCULLEY
Brigadier General, DC
Chief of Staff

CARL E. HENDRICKS
Colonel, MS
Assistant Chief of Staff for
Information Management

DISTRIBUTION:
As (3 thru 9) 1 ea, (10) 25, (15 thru 18) 1 ea; Bs (1 thru 4) 1 ea; Cs (1 thru 7) 10 ea, (10 and 11) 10 ea; Ds (1 thru 6) 10 ea, (7 thru 39) 5 ea; Gs (2 thru 4) 1 ea

SPECIAL DISTRIBUTION:
MCHS-AS (50 cy)
MCHS-AS (Library) (1 cy)
MCHS-AS (Editor) (2 cy)