

Policies and Procedures Governing Command-directed Mental Evaluations

I. **BACKGROUND:** DOD Directive #6490.1 establishes the procedures Commanders must follow and the rights of soldiers referred for Command-directed mental health (MH) evaluations. Currently MEDCOM-REG 40-38, 1 JUN 1999 outline the specifics of how to implement this directive. DOD directive #6490.1 itself is clear in establishing the guidelines which we all are to follow.

II. **PURPOSE:** The DOD Directive is designed to ensure Commanders are prohibited from using the mental health system as a means of "reprisal" or control of "whistle blowers".

III. **SCOPE:** Applies to ALL Command-directed mental health evaluations- NOT routine administrative evaluations (DA 3822-Rs) preliminary to routine administrative separations.

IV. **PROCEDURAL REQUIREMENTS:** (checklist)

In non-emergency situations -

Commander upon deciding a MH evaluation is needed will:

- a. Consult with a psychiatrist or clinical psychologist(544-3590/3690) before executing the referral;
- b. 2 business/working days before the referral will provide the referred soldier a **written** notice which includes all the following informational elements:

- 1) date & time the MH evaluation is scheduled: _____
- 2) brief factual description of behaviors prompting the referral (see reverse);
- 3) name of the MH professional telephonically consulted: _____

<u>POCs for Appts.</u>	<u>Phone #</u>	<u>Clinic Location</u>
For Infantry Training Brigade Soldiers	544-8852	Sand Hill, Bldg. 3020
For all others	544-3690	Ward 4A Martin Army Hospital, Bldg. 9200

- 4) phone #s of JAG attorneys and IGS whom the soldier can access if ?s;
- 5) soldier must be provided a copy of his/her rights under DOD Directive #6490.1.
- c. Referred soldier must sign this written notice below or command must annotate the soldier refused to sign and his/her stated reason.

In **Emergency Situations** - prompt/immediate escorted referral to MH clinic/MACH ER-after hours.

SOLDIER'S RIGHTS under DOD Directive #6490.1

- **2 business/working days' notice** prior to the appointment for Command-directed MH referral.
- **Written notice of referral** with completion of FB40 - Commander's Request for Evaluation.
- **Right to request advice from attorney** (JAG or civilian @ own expense) as to how to seek redress, if soldier perceives referral is not justified.
- **Right to submit complaint to IG**, if soldier perceives referral is not justified.
- **Right to be evaluated by a MH professional of his/her own choosing** to include a civilian (@ soldier's own expense).
- **No person may restrict a soldier's right to communicate with the IG, member of Congress, or any others concerning the MH referral.**

I understand my rights under the DOD Directive #6490.1 (Soldier's signature): _____

Commander's Signature: _____ Printed Name: _____

Commander's telephone number: _____

REQUEST FOR MENTAL STATUS EVALUATION

TO: MARTIN ARMY COMMUNITY HOSPITAL
COMMUNITY MENTAL HEALTH ACTIVITY
FORT BENNING, GA 31905

FROM: UNIT:
NAME, GRADE:
TELEPHONE:

INSTRUCTIONS: This form must be totally completed in duplicate and forwarded in a sealed envelope (if SM is unaccompanied) to the appropriate CMHA clinic along with Health Records when trainee or permanent party soldier is referred by unit, TMC, or any other channels. Referring units will be responsible for arranging and/or providing transportation to and from appropriate clinics. For additional information or guidance prior to referral contact CMHA at 544-3690/3590.

PERSONAL DATA:

NAME: _____ GRADE: _____ SSN: _____
UNIT: _____ PHONE: _____ ARRIVAL DATE: _____ DATE OF BIRTH: _____
STATUS: RA NG AR ETS DATE: _____ RECYCLED: YES NO
MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED # OF DEPENDENTS: _____

REASON FOR EVALUATION REQUEST OR SERVICES REQUESTED:

EMERGENCY NON-EMERGENCY
RETENTION DISCHARGE MANAGEMENT SUGGESTIONS COUNSELING & SUPPORT
EMOTIONAL/BEHAVIORAL DISORDER OTHER

BEHAVIORAL OBSERVATIONS/CHARACTERISTICS/APPEARANCE (CHECK ALL THAT APPLY)

PASSIVE	<input type="checkbox"/>	NERVOUS	<input type="checkbox"/>	PRIOR PSYCHIATRIC TREATMENT	<input type="checkbox"/>
AGGRESSIVE	<input type="checkbox"/>	SAD	<input type="checkbox"/>	CHRONIC PHYSICAL COMPLAINTS	<input type="checkbox"/>
AFRAID	<input type="checkbox"/>	STRANGE IDEAS	<input type="checkbox"/>	STRANGE BEHAVIOR	<input type="checkbox"/>
CRYING	<input type="checkbox"/>	HEARS VOICES	<input type="checkbox"/>	DOESN'T GET ALONG W/OFF/NCO	<input type="checkbox"/>
SLEEPWALKING	<input type="checkbox"/>	HALLUCINATIONS	<input type="checkbox"/>	DOESN'T MAKE SENSE: CONFUSED	<input type="checkbox"/>
SLEEPLESSNESS	<input type="checkbox"/>	BED WETTING	<input type="checkbox"/>	DOESN'T GET ALONG W/PEERS	<input type="checkbox"/>
SUICIDAL	<input type="checkbox"/>	HOMESICK	<input type="checkbox"/>	HOMICIDAL/VIOLENT	<input type="checkbox"/>

UNITS POTENTIAL DISPOSITION:

INDIVIDUAL BEING CONSIDERED FOR ADMINISTRATIVE SEPARATION: YES NO
PERFORMANCE IN UNIT: SUPERIOR ABOVE AVG AVERAGE MARGINAL BELOW AVG
HAS INDIVIDUAL PERSONALLY DISCUSSED PROBLEM: NO YES
WITH: CO 1SG DRILL SGT PLT SGT OTHER _____
DOES INDIVIDUAL DESIRE RETENTION IN ARMY: YES NO UNDECIDED
UCMJ ACTIONS: AWOL _____ ARTICLE 15's: _____
COURT MARTIAL _____ OTHER _____
POTENTIAL FOR RETENTION OR CONTINUATION OR TRAINING: GOOD FAIR POOR

DESCRIBE PROBLEM:

SERVICES REQUESTED:

DATE: _____

SIGNATURE: _____

SOLDIER

COMMANDING OFFICER

ENSURE BACK SIDE OF THE FB40 IS COMPLETED