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Medical Command

**COMMANDER-DIRECTED MENTAL HEALTH
EVALUATION**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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PURPOSE: The purpose of this OI is to clarify the nature of commander directed mental health evaluations IAW AFI 44-109. This operating instruction applies to all personnel assigned to the Counseling Center. The scope of patient care encompasses all outpatients referred for command directed evaluations.

1. REFERENCES: AFI 44-109

2. RESPONSIBILITIES:

- 2.1. Providers of care are responsible for adherence to DOD directive.
- 2.2. Chief of Mental Health is responsible for supervision of these policies.

3. PROCEDURES:

- 3.1. The recognized need for appropriate mental health evaluations as a service provided in support of the operational readiness of the Air Force is a significant one. This OI will focus on maintaining a high quality, timely approach to such evaluations working within AFI 44-109.
- 3.2. In the event that a commander believes that the nature and severity of mental health symptoms warrants a professional opinion and recommendations, he/she should notify the Counseling Center and express their concerns and potential need for a mental health intervention.
 - 3.2.1. After contact with the mental health provider and agreement that the displayed behaviors warrant further investigation, commanders may obtain the proper forms from the Staff Judge Advocate. The member must be notified at least 48 hours in advance of the scheduled evaluation and must be advised of their rights.

- 3.2.2. The member should be advised of the time and date of the evaluation, the behaviors that warrant evaluation, the name of the provider to whom the commander has spoken (and agreed with the reasonableness of the evaluation), the name and phone number of the Inspector General's office and the Area Defense Council.
- 3.2.3. It is the responsibility of the mental health personnel to provide evaluations of active duty personnel as required or requested by commanders to ensure that members are able to perform their mission requirements. Simultaneously, it is the responsibility of the mental health professional to ensure that the member's rights are not being violated.
- 3.2.4. During the pre-assessment consultation with the commander the provider should determine whether or not there is the appearance of retribution. This should be discussed with the commander requesting the evaluation and if necessary reported through the provider's chain of command. Consultation with Medical Law is also encouraged at this time if any doubt regarding the appropriateness of the evaluation request exists.
- 3.3. A commander directed evaluation is performed to address the suitability of the member for continued duties. A commander directed evaluation should address the following questions:
- 3.3.1. Is the evaluatee medically qualified for continued service duty? (AFI-48-123)
- 3.3.2. Does the evaluatee have any mental disorder, which makes him/her administratively unsuitable for continued duties? (AFI-36-3208)
- 3.3.3. Is there a psychiatric disorder or other findings, which would affect or impair the individual's suitability for security clearance, reliability determination, or performance of his/her specific duties? (AFI- 31-501)
- 3.3.4. Are there recommendations, which could be made to the commander which, would result in better performance or utilization of the individual?
- 3.4. In the absence of any signs of a severe mental/emotional problem (to be discussed prior to evaluation with requesting commander), "fitness for duty" for most career fields in the Air Force will not be affected by a mental health evaluation. The individual will be returned to duty for administrative disposition unless the problem is truly severe depression, debilitating anxiety, psychotic, or threatening behavior. Exceptions could include individuals with weapons access, security clearances, PRP, or other potentially sensitive situations that should be addressed on a case-by-case basis.
- 3.5. Evaluations for disciplinary or behavioral problems without some indication that there is a mental health issue involved will not be accepted. Such problems are best handled through administrative or legal channels.
- 3.6. Command sections will occasionally refer a member out of concern for the members well being utilizing the commander directed evaluation as a vehicle to seek assistance for a valued service member. A commander directed evaluation may be perceived as adversarial; this procedure is to be discouraged. Much more preferable is a voluntary contact by the patient, increasing the likelihood that mental health services will be viewed as a source of support and a resource to utilize during difficult periods. Techniques for the commander/supervisor presenting this recommendation to a member can be discussed with the commander as indicated.

4. COMMANDER DIRECTED EVALUATION-PROCESS:

4.1. Interview with the patient should include a careful explanation, before questioning, stating the position of the mental health provider as a consultant to the Air Force in assessing the patient's mental state. The provider is not typically offering the patient treatment services in the role of consultant to the Air Force. Provide the patient with a copy of the form "Information to Directed Evaluatees" to review and sign. Offer the patient an opportunity to discuss any questions in regards to the Information to Directed Evaluatees, Privacy Act Statement, etc.

4.2. Verbally review the patient's understanding of their rights under UCMJ to seek legal counsel, to refuse to participate in the evaluation and the need to seek legal counsel if they refuse examination. Ascertain to his/her satisfaction that the patient understands these rights and document this in the mental health record as well as the Information form.

4.3. If the patient expresses a verbal or written desire to consult with an attorney prior to being interviewed the provider will terminate the interview. If the patient exercises these rights, prepare a letter advising the requesting commander of any delays or refusals to participate in the evaluation process. Advise the commander to forward a new evaluation request, if the prospective evaluatee decides to willingly participate in the evaluation at a future date.

4.4. If the patient refuses the evaluation and is determined to be of imminent danger to himself/others, or if the patient requires immediate inpatient hospitalization, the provider will terminate the interview and contact the appropriate on-call staff to coordinate necessary actions.

4.5. Violent or potentially violent patients will be managed in accordance with MTF Operating Instruction 44-105 and coordinated with the Security Police, as necessary.

4.6. The evaluation begins in this manner:

4.6.1. First, determine if the request for a commander directed evaluation is justifiable as a bona fide mental health issue.

4.6.2. If not, discuss what services can be provided and what course of action may be taken.

4.6.3. If the request is acceptable to provider, then instruct Commander to:

4.6.3.1. Obtain forms from the legal office and prepare individual in accordance with AFI 44-109.

4.6.3.2. Obtain all necessary data needed (LORs, Memos, DD 286, EPRs, etc).

4.6.3.3. Complete DF 426 and attach all necessary information.

4.6.3.4. Instruct Commander to forward the materials to the secretary of the Counseling Center. The secretary will give the materials to the provider for review and log the request. After requirements are met to the provider's satisfaction, then an appointment is scheduled for the individual within 1 business day of receipt of the paperwork.

4.6.4. If requirements are not met, then call Commander or POC, request additional data, and wait to schedule evaluation until all conditions have been met.

4.6.5. The evaluation will consist of any combination of the following elements:

4.6.5.1. Clinical interview

4.6.5.2. Review of medical and mental health records

- 4.6.5.3. Review of any provided personnel information
- 4.6.5.4. Telephone or personal interview with referring commander
- 4.6.5.5. Contact with other relevant parties (e.g. first sergeant, supervisors)
- 4.6.5.6. Consultation with other agencies, as necessary (e.g. psychiatric or psychological evaluation, laboratory testing, etc)
- 4.6.5.7. Within two weeks of the initial appointment, the commander is notified of the preliminary results and a written report is forwarded.

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