

Information Paper

1. **SUBJECT:** Command Referred Mental Health Evaluations of Members of the Armed Forces (Routine)
2. **REFERENCES:**
 - a. DoD Directive 6490.1 Mental Health Evaluations of Members of the Armed Forces, October 1, 1997(Certified Current as of November 24, 2003)
 - b. Section 546 of Public Law 102-484, "National Defense Authorization Act for Fiscal Year, 1993," October 23, 1992
 - c. DoD Directive 7050.6, "Military Whistleblower Protection," August 12, 1995
 - d. DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997
3. **PURPOSE:** To provide information to commanding officers about referring Service members for mental health evaluations in a non-emergency situation.
4. **DISCUSSION:**
 - a. In accordance with DoD Directive 6490.1 "Mental Health Evaluations of Members of the Armed Forces", a commanding officer may refer a Service member for a routine (non-emergency) mental health evaluation.
 - b. The commanding officer shall first consult with a mental healthcare provider (MHCP). A MHCP is defined as a psychiatrist, doctoral-level clinical psychologist or doctoral-level clinical social worker. The commander will discuss the Service member's actions and behaviors that are the basis for the commanding officer's referral. MHCP will then provide advice and recommendations.
 - c. The commanding officer will then prepare a written memorandum for the Service member. (Enclosure 1) It shall be presented by the commanding officer to the Service member at least two business days before a routine referral. The memorandum shall include, at a minimum, a brief factual description of the behaviors and/or verbal communications that led to the commanding officer's decision to refer the Service member for a mental health evaluation, the name or names of the mental healthcare provider(s) with whom the commanding officer consulted before making the referral, notification of the Service member's non-waivable rights, the date, time, and place the mental health evaluation is scheduled and the name and rank of the mental healthcare provider who will conduct the evaluation, the titles and telephone numbers of other authorities, including attorneys, Inspectors General, and chaplains, who can assist the Service member who wishes to question the necessity of the referral, and the name and signature of the commanding officer. The Service member shall acknowledge that he or she has been advised of the reasons for the referral and his or her rights by signing the memorandum. If the Service member refuses or declines, the commanding officer shall so state on the memorandum and the reasons the Service member gave for not signing the memorandum. Copies of the signed

memorandum shall be provided to the Service member and to the mental healthcare provider who will conduct the evaluation.

d. The commanding officer will then forward to the chairman of that mental health department a memorandum formally requesting a mental health evaluation. (Enclosure 2)

e. Upon completion of the mental health evaluation, the MHCP will provide to the commanding officer a memorandum that will address, at a minimum, diagnosis, prognosis, treatment plan and recommendations regarding fitness and suitability for continued service and shall make recommendations about precaution(s), if appropriate, and administrative management of the Service member. After receiving the MHCP's recommendations concerning the Service member's evaluation, a commander must document any action taken and the rationale behind it. For example, if a commander elects to retain the Service member despite the MHCP's recommendation to separate, the commander must document his or her reasons for retaining the Service member and then forward a memorandum to his or her superior explaining the decision to retain within two business days after receiving the MHCP's recommendation.

MEMORANDUM FOR (SM name and social)

FROM CDR, (unit)

SUBJECT: Notification of Commanding Officer Referral for Mental Health Evaluation (Non-Emergency)

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 for Fiscal Year 1993," October 1992
(d) DID 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:

(type description here)

3. Before making this referral, I consulted with the following mental health care provider about your recent actions: (Dr. Name), at the (name of hospital of health clinic) on (date commander talked to doctor). (Dr. Name) concurs that this evaluation is warranted and is appropriate.

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.
- b) 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 or in violation of (DoD Directive 64901, DoD Instruction 6490.1, and/or any applicable Service regulations.
- c) The right to obtain a second opinion and be evaluated by a mental healthcare provider of your own choosing, at your own expense, if reasonably available. Such an evaluation by an independent mental healthcare 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 healthcare 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 for the reasons for my inability to comply with these procedures.
 - g) You are scheduled to meet with (name of the mental health provider) at (name of hospital of health clinic) on (date) at (time).
5. The following authorities can assist you if you wish to question this referral:
- a) Military Attorney: Legal Assistance, 410-278-1583/1584; Trial Defense, 410-278-2156
 - b) Inspector General: APG, 410-436-2822
 - c) Other available resources: IG, DoD 1-800-424-9098

(CDR signature block)

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.)

MEMORANDUM FOR COMMANDING OFFICER (name of hospital of health clinic)
FROM CDR, (unit)

SUBJECT: Command Referral for Mental Health Evaluation of (Service member rank, name, branch and SSN)

- References:
- (a) DOD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997
 - (e) DOD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997
 - (f) Section 546 of Public Law 102-484, "National Defense Authorization Act for Fiscal Year 1993," October 1992
 - (g) DID 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 SM) has (years) and (months) active duty service and has been assigned to my command since (date). Armed Services Vocational Aptitude Battery (ASVAB) 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 non-judicial punishments and/or findings of Courts Martial.)
3. I have forwarded to the Service member a memorandum that advises (rank and name of SM) of his (or her) rights. This memorandum also states the reasons for this referral, the name of the mental health care provider 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 (or her). A copy of this memorandum is attached for your review.
4. (SM rank and name) has been scheduled for evaluation by (name of the mental health provider) at (name of hospital of health 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).
6. Please provide a summary of your findings and recommendations to me as soon as they are available.

(CDR signature block)

Attachment:
As stated