

Medical Services
COMMAND-DIRECTED MENTAL HEALTH EVALUATIONS

HISTORY. This is the first printing of this regulation.

APPLICABILITY. This regulation applies to military commanders on Fort Hood referring soldiers for mental health evaluations in situations other than those related to criminal responsibility and competence inquiries (conducted pursuant to RCM 706 of MCM, 1894) to Darnall Army Community Hospital (DACH); patient self-referrals, referrals to family advocacy programs; referrals to the Army Drug and Alcohol Prevention and Control Program; referrals for routine evaluations required by AR 635-200 and AR 135-178; enlisted administrative separations; referrals pursuant to AR 380-67; security clearances/nuclear surety program; and clinical referrals from subordinate medical facilities at Fort Hood.

CHANGES. Changes to this regulation are not official unless authenticated by the Directorate of Information Management. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

SUGGESTED IMPROVEMENTS. The proponent for this regulation is the Medical Department Activity. Users are invited to send comments and suggested improvements to Commander, USA MEDDAC, ATTN: MCXI-PSY, Fort Hood, Texas 76544-5056.

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OVERVIEW

1

Purpose The purpose of this regulation is to

- outline procedures for obtaining a command-directed mental health evaluation for a Fort Hood soldier.
- inform Fort Hood commanders about the safeguards required to protect the rights of soldiers undergoing such evaluations.
- inform Fort Hood mental health professionals of the proper mechanism for reporting potentially inappropriate requests for evaluation.

1a

References Department of Defense (DOD) Directive 6490.1
AR 15-6, Procedure for Investigating Officers and Boards of Officers
AR 20-1, Inspector General Activities and Procedures

1b

Abbreviations and Terms DACH Darnall Army Community Hospital
DOD Department Of Defense
IG Inspector(s) General

1c

RESPONSIBILITY

2

Commander, III Corps and Fort Hood The III Corps and Fort Hood Commanding General will ensure that subordinate commanders are aware of this policy for command directed mental health evaluations.

2a

Commander, DACH The Commander, DACH will ensure Fort Hood mental health professionals are aware of the policy regarding command-directed mental health referrals and reporting potentially inappropriate referrals.

2b

Chief, Behavioral Health Activities The Chief, Behavioral Health Activities, DACH, will ensure that all psychiatrists, clinical psychologists, and social workers with mental health evaluation privileges at DACH are aware of procedures for involuntary inpatient or outpatient mental health evaluations.

2c

Mental Health Professionals Fort Hood Mental health professionals will be familiar with their role in command-directed mental health referrals as outlined in DOD Directive 6490.1.

2d

IGs In addition to investigations in accordance with AR 15-6 as directed by commanders, appropriate IGs

- may conduct or oversee inquiries/investigations of allegations that a soldier was referred for a mental health evaluation in violation of DOD Directive 6490.1.

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IG(s)
(continued)

- will report findings of inquiries/investigations to appropriate commanders in accordance with AR 20-1.

2e

POLICY

3

Policy

It is DOD, Department of the Army, and Fort Hood policy that:

- commanders will consult with the appropriate mental health professional tasked with supporting the respective major subordinate command before referring a soldier for a non-emergent mental health evaluation, not exempted by the applicability statement of this regulation.
- a soldier has certain rights when referred for routine mental health evaluation, and additional rights when admitted to a treatment facility for an emergency or involuntary mental health evaluation.
- no person will refer a soldier for a mental health evaluation as a reprisal for making or preparing a lawful communication to
 - a member of Congress,
 - any appropriate authority in the soldier’s chain of command,
 - an IG, or
 - a member of a DOD audit, inspection, investigation, or law enforcement organization.
- no person will restrict a soldier from lawfully communicating with an IG, attorney, member of Congress, or others about the soldier’s referral for a mental health evaluation.

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

3a

PROCEDURES

4

Command-Directed Mental Health Referral (non-emergency)

A commander suspecting a mental health evaluation may be indicated will contact the appropriate mental health facility (as listed below) to schedule an appointment.

At the time of consultation, an appointment date and time will be given to the commander, as will the names of the mental health professional consulted and the mental health professional conducting the evaluation.

- After duty hours, the unit will escort soldiers needing emergency command-directed mental health evaluations to the DACH emergency room.
 - Soldiers will be initially evaluated by the physician or physician assistant on duty in consultation with the psychiatrist on call, and a completed Fort Hood Form 280 should accompany the referred soldier.
 - Procedures outlined in DOD Directive 6490.1, section 1.1e will be followed in emergency situations, to every extent possible.

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Command-Directed Mental Health Referral (non-emergency) (continued)

- Soldiers involuntarily hospitalized will be evaluated by a psychiatrist prior to hospitalization.
- Progress of involuntary inpatient mental health evaluations will be monitored by the Chief, Department of Psychiatry, DACH.
- The soldier will be discharged when clinically stable and the evaluation completed as an outpatient, consistent with the least restrictive alternative principle.

During mental health evaluations, mental health professionals will assess the circumstances surrounding the request for evaluation to ensure reprisal for whistle-blowing was not a factor.

- Evidence indicating or suggesting an inappropriate request for evaluation exists will be reported by mental health professionals through their command channels to the referring commander's superior.

Specific issues concerning the mechanism of initiating a command-directed mental health referral not outlined above should be addressed to the appropriate mental health facility for further guidance.

4a

The proponent for this regulation is the Medical Department Activity.

FOR THE COMMANDER:



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