# CHAPTER 5

# DEATHS AND PSYCHIATRIC CONDITIONS

Section A. Deaths.



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Section A. Deaths.

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## CHAPTER FIVE – DEATHS AND PSYCHIATRIC CONDITIONS

Section A. Deaths.

1. General. Chapter 11 of the Personnel Manual, COMDTINST M1000.6 (series) contains further guidance concerning casualties and decedent affairs. Chapter 2 of the Administrative Investigations Manual, COMDTINST M5830.1 (series) contains guidance for notifying CGIS about incidents of death or injury to CG military and civilian members.
2. Duties of Health Services Department. In the event of a death at a CG unit the Medical Officer or Health Services Department Representative shall report immediately to the scene and:
    a. Make contact with on-scene law enforcement (e.g., CGIS, other state, local or Federal law enforcement) and advise them of identifying information needed regarding the deceased.
    b. Advise the Commanding Officer of the name, grade or rate, and social security number of the deceased.
    c. Advise the Commanding Officer of the time and place of death.
    d. Advise the Commanding Officer, insofar as possible, as to the cause of death.
    e. Ensure notification of the Quarantine Officer or Coroner if required.
    f. Arrange with local civilian authorities for issuing a death certificate.
3. Determining Cause of Death. When an active duty CG member dies aboard a CG vessel or station under unnatural or suspicious circumstances, or when the cause of death is unknown, an administrative investigation shall immediately be convened in accordance with Section 11-A-3 of the Personnel Manual, COMDTINST M1000.6 (series) and Chapter 7 of the Administrative Investigations Manual, COMDTINST M5830.1 (series).
4. Death Certificates for Deaths Occurring Away From Command or in Foreign Ports.
    a. Active duty member dies while away from his/her duty station. When an active duty member dies while away from his/her duty station, the Commanding Officer or designated representative shall obtain a death certificate from civilian authorities. CGIS may be able to assist, if necessary. If the civilian death certificate does not furnish all necessary information, the district commander of the district in which the death occurred shall request additional information.
    b. If death occurs abroad, request the nearest United States Consular Office to obtain a death certificate from civilian authorities.
    c. Missing status. When an active duty member, or a reserve performing inactive duty for training, is in a missing status because of events in

international waters and no identifiable remains can be recovered, and no civilian death certificate is issued, a report (including recommendations) shall be made as per Section 11-A of the Personnel Manual, COMDTINST M1000.6 (series).

5. Relations with Civilian Authorities. As appropriate, CGIS will be the liaison between commands and civilian authorities. When a CG member dies outside the limits of a CG reservation, the body shall not be moved until permission has been obtained from CGIS and/or civilian authorities (e.g., Coroner's office and/or Medical Examiner). In order that there may be full understanding and accord between the CG and civilian authorities, appropriate procedures will be developed for each command area, in consultation with CGIS and the civilian authorities, covering deaths of personnel within and outside the limits of CG commands. In general, and except where the state has retained concurrent jurisdiction with the United States, civilian authorities have no jurisdiction over deaths occurring on Coast Guard reservations. A transit or burial permit, however, issued by civilian authorities is required for removal of a body from a Coast Guard reservation for shipment or burial.

6. Reporting Deaths. In conjunction with the action required in Ch. 4-A-6.j of the Manual, verbal briefs are provided to those on a need to know basis (i.e. Commandant (CG-112), HSWL, etc.). CG Investigative Service (CGIS) may also inquire and request to review the health record. The health record shall be forwarded to the HSWL SC for a Quality Improvement (QI) review upon conclusion of local review(s). Findings of the review are forwarded to Commandant (CG-11) via Commandant (CG-112) to determine if additional investigation, process improvement, or adverse privileging action is warranted. The HSWL SC shall forward the original health record to Commander (PSC-mr).

7. Reporting Deaths to Civilian Authorities. When a death occurs at a CG activity in any state, territory, or insular possession of the United States, the death must be reported promptly to CGIS and civilian authorities. Local agreements concerning reporting and preparing death certificates shall be made between the Commanding Officer, or designated representative, and the civilian authorities.

8. Death Forms for Civilian Agencies and Individuals. Forward all requests for completing blank forms concerning death of CG personnel to Commander PSC (PSD-fs ) for action.

9. Identification of Remains. Identification of remains may be established by DNA, marks and scars, dental records, fingerprints, and personal recognition. In questionable cases, a Dental Officer shall examine the remains and record observations on a SF-603, Dental Record for comparison with other available records.

Section B. Psychiatric Conditions.

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B. Psychiatric Conditions (including personality disorders).

1. General.

a. Initial assessment. The following diagnostic categories conform to Diagnostic and Statistical Manual (DSM) IV-R and indicate the appropriate reference for disposition. In determining qualification for appointment, enlistment, and induction, or appropriate disposition (when the condition has been determined to be disqualifying for retention in accordance with paragraph 3-F-16 of this Manual), the diagnosis appears under DSM IV Axis I or Axis II. Conditions generally considered treatable and not grounds for immediate separation, mental health treatment may be authorized for members when medically necessary to relieve suffering and/or maintain fitness for unrestricted duty. The decision to provide treatment for mental health conditions will be based on a review of all factors, including the opinion of experts, probability of a successful outcome, and the presence of other physical or mental conditions. If a successful outcome (availability for worldwide assignment) is not realized within six months of the initiation of therapy, the patient's condition must be reassessed. If the reassessment indicates that the prognosis for a successful outcome is poor, the member shall be processed for discharge pursuant to Chapter 12 of the Personnel Manual, COMDTINST M1000.6 (series), or through the Physical Disability Evaluation System, COMDTINST M1850.2 (series).

b. PDES Determination. Examination for purposes of PDES determination shall include a mental health evaluation performed by a military or VA mental health care provider. A military or VA mental health care provider is a psychiatrist, a 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 the DoD, VA or the CG.

2. Personality Disorders. These disorders are disqualifying for appointment, enlistment, and induction under Section 3-D of this Manual and if identified on active duty shall be processed in accordance with Chapter 12-B-16, Personnel Manual, COMDTINST M1000.6 (series). These are coded on Axis II.

a. 301.00 Paranoid.

b. 301.20 Schizoid.

c. 301.22 Schizotypal.

d. 301.4 Obsessive compulsive.

e. 301.50 Histrionic.

f. 301.6 Dependent.

g. 301.7 Antisocial.

h. 301.81 Narcissistic.

i. 301.82 Avoidant.

j. 301.83 Borderline.

k. 301.9 Personality disorder NOS (includes Passive-aggressive).

l. Personality trait(s) considered unfitting per paragraph 3-F-16.c.

3. Adjustment Disorders. These disorders are generally treatable and not usually grounds for separation. However, when these conditions persist or treatment is likely to be prolonged or non-curative, (e.g., inability to adjust to military life/sea duty, separation from family/friends) process in accordance with Chapter 12, Personnel Manual, COMDTINST M1000.6 (series) is necessary.

   a. 309.0 With depressed mood.

   b. 309.24 With anxiety.

   c. 309.28 With mixed anxiety and depressed moods.

   d. 309.3 With disturbance of conduct.

   e. 309.4 With mixed disturbance of emotions and conduct.

   f. 309.90 Adjustment disorder unspecified.

4. Organic Mental Disorders. These disorders are either disqualifying for appointment, enlistment, and induction under Section 3-D-29 of this Manual or if identified on active duty shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series).

   a. Dementias arising in the senium and presenium.

      (1) Dementia of the Alzheimer type, with early onset.

         (a) 290.00 Uncomplicated.

         (b) 290.11 With delirium.

         (c) 290.12 With delusions.

         (d) 290.13 With depressed mood.

      (2) 290.4 Vascular Dementia (various subtypes).

      (3) 294.x Dementia due to other medical conditions (various subtypes).

      (4) 294.8 Dementia NOS.

   b. Other Organic Mental Disorders associated with Axis III physical disorders or conditions, or etiology is unknown, including but not limited to the following:

      (1) 293.0 Delirium due to general medical condition.

(2) 293.81 Psychotic disorder with delusions due to a general medical condition.

(3) 293.82 Psychotic disorder with hallucinosis due to a general medical condition.

(4) 293.83 Mood disorder due to a general medical condition.

(5) 294.00 Amnestic disorder due to general medical condition.

(6) 310.1 Personality change due to a general medical condition.

5. Psychoactive Substance Use Disorders. These disorders are disqualifying for appointment, enlistment, or induction under Section 3-D-32 of this Manual or if identified on active duty shall be processed in accordance with Chapter 20, Personnel Manual, COMDTINST M1000.6 (series).

   a. 303.90 Alcohol dependence (alcoholism).

   b. 304.00 Opioid dependence.

   c. 304.10 Sedative, hypnotic, or anxiolytic dependence.

   d. 304.20 Cocaine dependence.

   e. 304.30 Cannabis dependence.

   f. 304.40 Amphetamine dependence.

   g. 304.50 Hallucinogen dependence.

   h. 304.60 Inhalant dependence.

   i. 304.90 Other (or unknown) substance, including PCP dependence.

   j. 305.00 Alcohol abuse.

   k. 305.20 Cannabis abuse.

   l. 305.30 Hallucinogen abuse.

   m. 305.40 Sedative, hypnotic, or anxiolytic abuse.

   n. 305.50 Opioid abuse.

   o. 305.60 Cocaine abuse.

   p. 305.70 Amphetamine abuse.

   q. 305.90 Other (or unknown) Substance abuse, including inhalant and PCP abuse.

6. Schizophrenia. These disorders are disqualifying under Section 3-D-30 of this Manual or if identified on active duty shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series).

   a. 295.10 Disorganized type.

   b. 295.20 Catatonic type.

c. 295.30 Paranoid type.

d. 295.60 Residual type.

e. 295.90 Undifferentiated type.

7. Psychotic Disorders Not Elsewhere Classified. These disorders are disqualifying under Section 3-D-30 of this manual or if identified on active duty shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series).

   a. 295.40 Schizophreniform disorder.

   b. 295.70 Schizoaffective disorder.

   c. 297.30 Induced psychotic disorder.

   d. 298.80 Brief psychotic disorder.

   e. 298.90 Psychotic disorder NOS.

8. Delusional (Paranoid) Disorder. 297.1, Delusional (Paranoid) Disorder, is disqualifying under Section 3-D of this Manual or shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series).

9. Neurotic Disorders. These disorders are now included in Anxiety, Somatoform, Dissociative, and Sexual Disorders.

10. Mood Disorders. These disorders are disqualifying for enlistment under Chapter 3 Section D of this Manual or if identified on active duty shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series). These disorders may be disqualifying for retention under Chapter 3 Section F of this Manual.

    a. Bipolar I Disorders.

       (1) 296.0X Bipolar I disorder, single manic episode (various subtypes).

       (2) 296.40 Bipolar I disorder, most recent episode hypomanic.

       (3) 296.4X Bipolar I disorder, most recent episode manic (various sub-types).

       (4) 296.5X Bipolar I disorder, most recent depressed (various sub-types).

       (5) 296.6X Bipolar I disorder, most recent episode mixed, (various sub-types).

       (6) 296.7 Bipolar I disorder, most recent episode unspecified.

       (7) 296.89 Bipolar II disorder.

       (8) 301.13 Cyclothymia.

    b. Depressive Disorders.

       (1) 296.XX Major depressive disorder (various sub-types).

(2) 300.4 Dysthymic disorder (or depressive neurosis).

(3) 311 Depressive disorder NOS.

11. Anxiety Disorders (or Anxiety and Phobic Neuroses). These disorders are disqualifying for appointment, enlistment, or induction under Chapter 3 Section D of this Manual or if identified on active duty shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series), except as noted on (5) below. These disorders may be disqualifying for retention under Chapter 3 Section F of this Manual.

a. Panic Disorders.

(1) 300.01 Without agoraphobia.

(2) 300.21 With agoraphobia.

(3) 300.22 Agoraphobia without history of panic disorder.

(4) 300.23 Social phobia.

(5) 300.29 Specific phobia. [Chapter 12, Personnel Manual, COMDTINST M1000.6 (series).]

b. Other Anxiety disorders.

(1) 300.00 Anxiety disorder NOS.

(2) 300.02 Generalized anxiety disorder.

(3) 300.3 Obsessive-compulsive disorder (or obsessive compulsive neurosis).

(4) 309.81 Post-traumatic stress disorder.

12. Somatoform Disorders. These disorders are disqualifying for appointment, enlistment, or induction under Chapter 3 Section D of this Manual or if identified on active duty shall be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series). These disorders may be disqualifying for retention under Chapter 3 Section F of this Manual.

a. 300.11 Conversion disorder.

b. 300.70 Hypochondriasis (or hypochondrical neurosis). Body Dysmorphic disorder. Somatoform disorder NOS.

c. 300.81 Somatization disorder or undifferentiated somatoform disorder.

d. 307.80 Pain disorder associated with psychological factors.

13. Dissociative Disorders (or Hysterical Neuroses, Dissociative Type). These disorders are disqualifying for appointment, enlistment, or enlistment under Section 3-D of this Manual or if identified on active duty shall may be processed in accordance with Physical Disability Evaluation System, COMDTINST M1850.2 (series).

a. 300.12 Dissociative amnesia.

b. 300.13 Dissociative fugue.

c. 300.14 Dissociative identity disorder.

d. 300.15 Dissociative disorder NOS.

e. 300.6 Depersonalization disorder.

14. Sexual Disorders. These disorders are processed in accordance with Chapter 12 of the Personnel Manual, COMDTINST M1000.6 (series).

a. Gender Identity Disorders.

(1) 302.6 Gender identity disorder in children (history of) or NOS.

(2) 302.85 Gender identity disorder in adolescents or adults.

b. Paraphilias.

(1) 302.2 Pedophilia.

(2) 302.3 Transvestic fetishism.

(3) 302.4 Exhibitionism.

(4) 302.81 Fetishism.

(5) 302.82 Voyeurism.

(6) 302.83 Sexual masochism.

(7) 302.84 Sexual sadism.

(8) 302.89 Frotteurism.

(9) 302.9 Paraphilia NOS (includes Zoophilia).

15. Sexual Dysfunctions. These are not grounds for action as they have no direct bearing upon fitness for duty.

a. 302.70 Sexual dysfunction NOS.

b. 302.71 Hypoactive sexual desire.

c. 302.72 Female arousal disorder. Male erectile disorder.

d. 302.73 Female orgasmic disorder.

e. 302.74 Male orgasmic disorder.

f. 302.75 Premature ejaculation.

g. 302.76 Dyspareunia.

h. 302.79 Sexual aversion disorder.

i. 302.9 Sexual Disorder NOS.

j. 306.51 Vaginismus.

16. Factitious Disorders. These disorders are disqualifying for appointment, enlistment, or induction under Section 3-D-29 of this Manual or if identified on

active duty shall be processed in accordance with Chapter 12 of the Personnel Manual, COMDTINST M1000.6 (series).

a. 300.16 With predominantly psychological symptoms.

b. 300.19 Factitious disorder NOS.

c. 301.51 With predominantly physical symptoms, or combined.

17. Disorders of Impulse Control Not Elsewhere Classified. These disorders are disqualifying for enlistment under Section 3-D-30 of this Manual or if identified on active duty shall be processed in accordance with Chapter 12 of the Personnel Manual, COMDTINST M1000.6 (series).

    a. 312.30 Impulse control disorder NOS.

    b. 312.31 Pathological gambling.

    c. 312.32 Kleptomania.

    d. 312.33 Pyromania.

    e. 312.34 Intermittent explosive disorder.

    f. 312.39 Trichotillomania.

18. Disorders Usually First Evident in Infancy, Childhood, or Adolescence. Except as indicated in parentheses, these disorders are disqualifying for appointment, enlistment, or induction under Section 3-D-30 of this manual, or if identified on active duty shall be processed in accordance with Chapter 12 of the Personnel Manual, COMDTINST M1000.6 (series), if the condition significantly impacts, or has the potential to significantly impact performance of duties (health, mission, and safety).

    a. Mental Retardation (Note: these are coded on Axis II).

        (1) 317 Mild mental retardation, IQ 50-70.

        (2) 318.X Moderate, severe, or profound mental retardation, IQ 35-49.

        (3) 319 Mental retardation, severity unspecified.

    b. Disruptive Behavior Disorders.

        (1) 314.0X Attention deficit hyperactivity disorder (various types).

        (2) 312.8 Conduct disorder.

        (3) 312.9 Disruptive behavior disorder or attention deficit disorder, NOS.

        (4) 313.81 Oppositional defiant disorder.

    c. Other Disorders of Infancy, Childhood, or Adolescence.

        (1) 307.30 Stereotypic movement disorder.

        (2) 309.21 Separation anxiety disorder.

        (3) 313.23 Selective mutism.

(4) 313.82 Identity problem.

(5) 313.89 Reactive attachment disorder of infancy or early childhood.

d. Eating Disorders. Eating disorders have a potential to affect fitness for duty, but the diagnosis of an eating disorder does not automatically mean the member is unsuitable for continued service. Individuals suspected of having an eating disorder shall be referred for evaluation by an Armed Forces psychiatrist or Armed Forces clinical psychologist. Treatment may be authorized in accordance with the same criteria as other mental conditions. See paragraph 5.B.1 of this Manual.

(1) 307.1 Anorexia nervosa. (Shall be processed through Physical Disability Evaluation System, COMDTINST M1850.2 (series)).

(2) 307.50 Eating disorder NOS. Shall be processed in accordance with Chapter 12.B.12 or 12.A.15.h (as applicable) of the Personnel Manual, COMDTINST M1000.6 (series), if the condition significantly impacts or has the potential to significantly impact performance of duties (health, mission, and safety).

(3) 307.51 Bulimia nervosa. (Shall be processed through Physical Disability Evaluation System, COMDTINST M1850.2 (series)).

(4) 307.52 Pica.

(5) 307.53 Rumination disorder.

e. Tic Disorders.

(1) 307.20 Tic disorder NOS.

(2) 307.21 Transient tic disorder.

(3) 307.22 Chronic motor or vocal tic disorder.

(4) 307.23 Tourette's disorder.

f. Communication Disorder.

(1) 307.0 Stuttering.

(2) 315.31 Expressive or mixed (expressive-receptive) language disorder.

(3) 315.39 Phonological disorder.

g. Elimination Disorders.

(1) 307.46 Sleepwalking disorder.

(2) 307.46 Sleep terror disorder.

(3) 327.4 Parasomnia

(4) 307.6 Enuresis (not due to a general medical condition).

(5) 307.7 Encopresis (without constipation and overflow incontinence.)

h. Pervasive Developmental Disorder.

(1) 299.00 Autistic disorder.

(2) 299.80 Pervasive developmental disorder NOS.

i. Specific Learning Developmental Disorders - (Note: These Are Coded on Axis II).

(1) 315.00 Reading disorder.

(2) 315.1 Mathematics disorder.

(3) 315.2 Disorder of written expression.

(4) 315.4 Developmental coordination disorder.

(5) 315.9 Learning disorder NOS.

19. Psychological Factors Affecting Physical Condition. Psychological factors affecting physical conditions (316.00). This disorder is not generally grounds for action alone. The physical condition must be specified on Axis III and will determine fitness.

20. V Codes for Conditions Not Attributable to a Mental Disorder that are a Focus of Attention or Treatment. These disorders are generally not of such severity as to lead to disqualification for enlistment or to separation. Where separation is indicated, process in accordance with Chapter 12 of the Personnel Manual, COMDTINST M1000.6 (series).

a. V15.81 Noncompliance with medical treatment.

b. V61.1 Partner relational problem.

c. V61.20 Parent-child relational problem.

d. V61.8 Sibling relational problem.

e. V62.2 Occupational problem.

f. V62.3 Academic problem.

g. V62.81 Relational problem NOS.

h. V62.82 Bereavement.

i. V62.89 Borderline intellectual functioning.

j. V62.89 Phase of life problem or religious or spiritual problem.

k. V65.2 Malingering. (May be grounds for legal, administrative, or medical board proceedings in accordance with Section 2-A-4 of this manual depending on the circumstances)

l. V71.01 Adult antisocial behavior.

m. V71.02 Child or adolescent antisocial behavior.

21. Additional Codes.
These are non-diagnostic codes for administrative use and require no action.

a. V71.09 No diagnosis or condition on Axis I.

b. V71.09 No diagnosis on Axis II.

c. 300.9 Unspecified mental disorder (nonpsychotic).

d. 799.9 Diagnosis or condition deferred on Axis I.

e. 799.9 Diagnosis deferred on Axis II.

Section C. Command directed Mental Health Evaluation of Coast Guard Service members.

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C. Command Directed Mental Health Evaluation of CG Members.

1. Active Duty Mental Health Evaluation Protection. Active Duty Mental Health Conditions and Emergencies, COMDTPUB P6520.1 refers to Public Law 102-484, Section 546, also known as the "Boxer Amendment". The CG is not included and therefore not subject to the Boxer Amendment. The restrictions in this Amendment are intended to prevent unwarranted involuntary mental health evaluations or involuntary hospitalization as a form of harassment or retaliation. Accordingly, the following instructions meet many of the criteria of PL 102-484, Section 546.

2. Emergency Evaluations.

   a. When to make the mental health referral. A CO should consider making an emergency mental health referral for any member who indicates intent to cause harm to themselves or others and who appears to have a severe mental disorder.

   b. Communicate with provider. The CO should make every effort to consult with a mental health care provider (MHCP) at the location of the desired evaluation, prior to transporting a Service Member for a mental health evaluation. If this is not possible, the CO must consult with a MHCP, or other health care provider if a MHCP is not available, at the MTF or location of the evaluation, as soon as possible after transporting the Service Member for an emergency evaluation. The purpose of this consultation is to communicate the observations and circumstances which led the CO to believe that an emergency referral was required. The CO will then forward to the MHCP consulted, a memorandum documenting the information discussed.

3. Non-emergent Mental Health Evaluation. Signs of mental illness can include changes in behavior, mood, or thinking that interfere with normal functioning. When a CO believes a Service Member has a mental illness that requires a Command Directed Mental Health Evaluation they will:

   a. Contact the servicing CG Clinic. The CO should speak directly with a health care provider to discuss the request for a Command Directed Mental Health Evaluation. The CO should clearly state the Service Member's actions and behaviors that led to the request for a Command Directed Mental Health Evaluation. The health care provider will clarify the request, urgency of the referral, and schedule an appointment.

   b. Provide a memorandum. The CO must provide a memorandum to the Senior Health Services Officer (SHSO), or DoD MTF clinic CO, documenting this request for a Command Directed Mental Health Evaluation. The subject line of the memorandum shall read, Subject: Command Referral for Mental Health Evaluation of (Service Member Rank, Name, Branch of Service and SSN. (Sample letter Figure 1).

   c. Counsel the Service Member. Along with counseling the Service Member regarding the reasons for the Command Directed Mental Health Evaluation, the CO will ensure that the Service Member is provided written notice of the

referral. The notice, Subject: Notification of Commanding Officer Referral for Mental Health Evaluation (Non-Emergency), will include the following: (Sample letter Figure 2)

(1) Date and time the mental-health evaluation is scheduled.

(2) A brief, factual description of the Service Member's behavior and/or statements that indicate a mental-health evaluation is necessary.

(3) Names of mental-health professionals the commander has consulted before making the referral. If prior consultation with a MHCP is not possible, commanders must include the reasons in the notice.

d. Request the Service Member sign the notice to report for a mental health evaluation. If the Service Member refuses to sign, the CO will note this response in the notice.

e. Provide an escort for Service Member referred for a mental health evaluation.

4. Service Members Rights. COs shall provide a copy of the following rights to Service Members who are referred: (Sample letter Figure 2)

a. Second opinion. A Service Member has the right to obtain a second opinion at his/her own expense. The evaluation should be conducted within a reasonable period of time, usually within 10 days, and will not delay nor substitute for an evaluation performed by a DoD mental health care provider.

b. Free communication. No person may restrict the Service Member from communicating with an Attorney, IG, Chaplain, Member of Congress, or other appropriate party about the member's referral.

c. Two workdays before appointment. Other than emergencies, the Service Member will have at least 2 workdays before a scheduled mental health evaluation to meet with an Attorney, Chaplain, IG, or other appropriate party. If a CO has reason to believe the condition of the Service Member requires an immediate mental health evaluation, the CO will state the reasons in writing as part of the request for evaluation.

d. If military duties prevent the Service Member from complying with this policy, the CO seeking the referral will state the reasons in a memorandum.

5. Things Not To Do.

a. Use Command Directed Mental Health Evaluations as a Reprisal. No one will refer a Service Member for a mental health evaluation as a reprisal for making or preparing a lawful communication to a Member of Congress, an authority in the Service Member's chain of command, an IG, or a member of a DoD audit, inspection, investigation, or law enforcement organization.

b. Withhold communication. A Service Member will NOT be restricted from lawfully communicating with an IG, Attorney, Member of Congress, or others about the Service Member's referral for a mental health evaluation.

c. CO's authority to refer Service Members. These policies are not designed to limit the CO's authority to refer Service Members for emergency mental health evaluations and treatment when circumstances suggest the need for such action.

6. Evaluations NOT covered. The specific procedures required by these regulations apply to mental health evaluations directed by a Service Member's CO as an exercise of the CO's discretionary authority. Evaluations NOT covered by these procedures include:

   a. Voluntary self-referrals.

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

   c. Interviews conducted according to the Family Advocacy Program.

   d. Referrals to the Alcohol and Drug Abuse Prevention and Control Program.

   e. Security clearances.

   f. 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.

   g. Referrals for evaluations expressly required by regulation, without any discretion by the Service Member's CO, such as enlisted administrative separations.

7. Memorandum Requesting a Mental Health Evaluation. Procedures for using the memorandum requesting a mental health evaluation in emergency situations, COs will:

   a. Complete the memorandum including as many details as possible.

   b. Make one copy to give to the Service Member.

   c. Escort hand carries the memorandum. Ensure that the Service Member's escort hand carries the memorandum to the treatment facility. The memorandum will not be hand carried by the Service Member being referred. This memorandum will not be sent through distribution channels, nor will it become part of the Service Member's health record. The memorandum will be filed in the Department of Psychiatry of the medical treatment facility where the Service Member was evaluated.

FIGURE 1

SAMPLE COMMAND REFERRAL FOR MENTAL HEALTH EVALUATION


Commanding Officer
United States Coast Guard

xxxxxxxxxxxxxxx
xxxxxxxxxxxxxxx
Staff Symbol: xxx
Phone: (xxx) xxx-xxxx
Fax: (xxx) xxx-xxxx
Email:

# MEMORANDUM

SSIC

Date 3 Jan 2005

From: Commanding Officer, (Name of Command) Reply to Attn of:

To: Commanding Officer, (Name of Medical Treatment Facility (MTF) or Clinic)

Thru:

Subj: COMMAND REFERRAL FOR MENTAL HEALTH EVALUATION OF (Service Member Rank, Name, Branch of Service and SSN)

Ref: (a) CG Medical Manual, COMDTINST M6000.1 (series)
(b) Active Duty Mental Health Conditions and Emergencies, COMDTPUB P6520.1

1. In accordance with references (a. b.), I request a formal mental health evaluation of (rank and name of service member).

2. On _____ (date) I consulted with _____ (name and rank of mental health care provider consulted) or I was unable to consult with a mental health care provider because _____.

3. (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 (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 (NJPs) and/or findings of Courts Martial.)

4. I have given the service member a memorandum that advises _____ (rank and name of Service Member) of his/her rights, and explains my reasons for the referral. I have also informed the Service Member of the name of the mental health care provider(s) with whom I consulted, and the names and telephone numbers of persons who

may advise the Service Member. A copy of this memorandum is attached for your review.

5. I directed _____(Service Member's rank and name) to meet with _____(name and rank of mental health care provider) at _____ (MTF or clinic) on _____ (date) at ___(hours).

6. Should you wish additional information, you may contact me or _____ (POC name and rank) at _____(telephone number).

7. Please provide a summary of your findings and recommendations as soon as they are available to _____.

#

Enclosures:

Dist:

Copy:

FIGURE 2

SAMPLE SERVICE MEMBER NOTIFICATION OF COMMANDING OFFICER REFERRAL FOR MENTAL HEALTH EVALUATION.


Commanding Officer
United States Coast Guard

xxxxxxxxxxxxxx
xxxxxxxxxxxxxx
Staff Symbol: xxxxx
Phone: (xxx) xxx-xxxx
Fax: (xxx) xxx-xxxx
Email:

# MEMORANDUM

SSIC

Date 3 Jan 2005

From: Commanding Officer, (Name of Command) Reply to Attn of:

To: (Service Member being directed for mental health evaluation)

Thru:

Subj: NOTIFICATION OF COMMANDING OFFICER REFERRAL FOR MENTAL HEALTH EVALUATION (NON EMERGENCY) (Service Member Rank, Name, Branch of Service and SSN)

Ref: (a) CG Medical Manual, COMDTINST M6000.1(series)
(b) Active Duty Mental Health Conditions and Emergencies, COMDTPUB P6520.1

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

2. I direct you to meet with _____ (name & rank of mental health care provider(s)) at _____ (MTF or clinic) on _____ (date) at _____(hours).

3. I am referring you for a mental health evaluation because of your behavior and/or statements on _____ (date(s)). On the stated date(s), you (brief description of behaviors and statements): _____
_____.

4. In accordance with reference (a), before the referral, on _____ (date) I consulted with _____ (name, rank, and branch of each medical or mental health care provider consulted) from the _____ (MTF or clinic) about your recent behavior and/or statements and _____ (name and rank of each mental health or medical provider) (did) (did not) concur(s) that a mental health evaluation is necessary.

OR

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

Per references (a) and (b), you are entitled to the following rights:

6. The right to speak to a civilian attorney of your own choosing and expense, for advice on how to rebut this referral if you believe it is improper.

7. The right to submit to the USCG or the IG a complaint that your mental health evaluation referral was a reprisal for making or preparing a protected communication to a statutory recipient. Statutory recipients include members of Congress, an IG, and personnel within USCG or DoD audit, inspection, investigation, or law enforcement organizations. Statutory recipients also include any appropriate authority in your chain of command, and any person designated by regulation or other administrative procedures to receive your protected communication.

8. The right to be evaluated by a mental health care provider (MHCP) of your own choosing, at your own expense, provided the MHCP is 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. The evaluation performed by your MHCP will not delay or substitute for an evaluation performed by a DoD mental healthcare provider.

9. The right to communicate, provided the communication is lawful, with an IG, Attorney, Member of Congress, or others about your referral for a mental health evaluation.

10. The right, except in emergencies, to have at least two business days before the scheduled mental health evaluation to meet with an Attorney, IG, Chaplain, friend, or family member. 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 two business days, I shall state my reasons in writing as part of the request for the mental health evaluation.

11. If applicable: Since you are _____ (deployed) (in a geographically isolated area) because of circumstances related to military duties, compliance with the following procedures _____ are impractical for the following reasons _____.

12. You may seek assistance from the chaplain located in building number _____, Monday through Friday from ___ hours to ____ hours.

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

Service Member's signature:_____ Date:_____

IF SERVICE MEMBER REFUSES TO SIGN

The Service Member declined to sign this memorandum containing the notice of referral and notice of Service Member's rights because _____ (gave no reason or give reason and/or quote Service Member).

Witness signature:_____ Date:_____
Witness rank and name:_____ Date:_____

After the witness signed this memorandum, I provided a copy of this memorandum to the Service Member.