



**DEPARTMENT OF THE ARMY
HEADQUARTERS
U.S. ARMY MANEUVER SUPPORT CENTER AND FORT LEONARD WOOD
FORT LEONARD WOOD, MISSOURI 65473-5000**

FLW Regulation
No 40-17

28 April 2004

Medical Service
COMMUNITY MENTAL HEALTH SERVICE

Summary. This regulation prescribes policies for the operation and functioning of the Community Mental Health Services (CMHS).

Applicability. This regulation applies to all active duty military personnel on the Fort Leonard Wood (FLW) installation.

Supplementation. Supplementation of this regulation is prohibited unless specifically approved by Headquarters, United States Army Maneuver Support Center and Fort Leonard Wood (MANSCEN & FLW).

Suggested Improvements. The proponent agency of this regulation is the Director of Health Services (DHS). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, USA MANSCEN&FLW, ATTN: ATZT-MD-MH, Fort Leonard Wood, MO 65473-5000.

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1. Purpose. To establish policy for the operation and functioning of the CMHS.

2. References.

a. Required references.

(1) AR 50-5 (Nuclear Surety). Cited in paragraph 8c.

(2) AR 600-85 (Alcohol and Drug Abuse Prevention and Control Program). Cited in paragraph 6c.

(3) AR 600-8-24 (Officer Transfers and Discharges). Cited in paragraph 10c.

(4) AR 635-200 (Enlisted Personnel). Cited In paragraph 10b.

(5) DOD Directive 6490.1 (Mental Health Evaluations of Members of the Armed Services). Cited in paragraph 7a.

(6) TM 8-240 (Military Mental Health Law). Cited in paragraph 10a.

b. Related references.

(1) AR 40-4 (Army Medical Department Facilities/ Activities).

(2) AR 40-216 (Neuropsychiatry and Mental Health).

c. Referenced forms.

(1) SF 513, Consultation Request.

(2) FLW Form 106, Consultation Sheet.

3. Explanation of Acronyms.

AR
Army regulation

CMHS
Community Mental Health Service

DHS
Director of Health Services

DOD
Department of Defense

FLW
Fort Leonard Wood

GLWACH
General Leonard Wood Army Community Hospital

MANSCEN
United States Army Maneuver Support Center

SF
standard form

TM
technical manual

4. Responsibilities. The CMHS is responsible for advising and assisting the command to conserve and maintain the manpower of the Army at maximum efficiency through the application of sound neuropsychiatric and mental health command consultation principles. The following two major responsibilities are involved in order to accomplish this mission:

a. Professional. The professional responsibilities of military mental health personnel are -

(1) To provide the highest standard of professional services in the prevention, early detection, diagnosis, and treatment of emotional and personality disorders and mental illness.

(2) To aid in the evaluation and disposition of military personnel with these problems.

b. Staff. Staff responsibilities of military mental health personnel are -

(1) To assist DHS in advising the Installation Commander on matters pertaining to morale of the troops and the impact of current policies upon the psychological effectiveness of the troops. The majority of factors that affect the mental health and morale of the troops fall within the responsibility of command, e.g., providing proper leadership training, assignment, reassignment, incentive, motivation, rest, recreation, and the elimination of the unsuitable, inept, and unfit.

(2) To devise and conduct a program in preventive mental health and command consultation that will, among other facets, provide for daily prompt institution of corrective measures, e.g., treatment, reassignment, recommendation for separation, recommendation for appropriate administrative, and medical policies.

5. Function and Services. The major functions of CMHS are -

a. To conduct a command consultation program utilizing mental health principles to assist units in the orientation and education of permanent party personnel in the sphere of mental hygiene. This program will include visits to company areas and training sites by CMHS personnel to acquire knowledge and understanding of the problems confronting the training soldier, unit commander, and other members of the unit.

b. Orient and educate staff and cadre in preventive mental health techniques.

c. Provide outpatient psychiatric, social work, and psychology services for all active military personnel. (Family members and retired personnel will be referred to the consultation services of the General Leonard Wood Army Community Hospital (GLWACH) available in Social Work Service and Behavioral Division for evaluation, treatment, and disposition on a facility and personnel availability basis.)

d. Conduct research, when possible, which will clarify, enhance, and improve methods of preventive mental health in the Army.

e. Provide treatment, in appropriate cases, and aid individuals in making full use of their training and individual capabilities.

f. Recommend reclassification or reassignment, if appropriate.

g. Recommend individuals be separated from the service that cannot function adequately because of mental or emotional factors, when indicated.

h. Present lectures and training films on human behavior, stress reduction, suicide prevention, and related subjects.

i. Maintain liaison and the coordination of policy with other medical treatment facilities.

j. Advise courts and boards on matters related to mental health.

6. Referral Procedures.

a. Referrals to CMHS may be initiated by the individual's unit commander, chaplains, physicians, and others in a command position, or by the patient. When a unit commander makes a referral, the FLW Form 106 (Consultation Request) will be submitted to CMHS. The FLW Form 106 may be obtained from post publications. The unit commander may expedite matters by placing a telephone call to CMHS concerning emergencies, security clearances, and sanity clearance in cases pending board action.

b. The unit commander may call in reference to the above-mentioned types of referrals (board actions, etc.) in order to clarify any questions. All appointments should be confirmed and CMHS notified in advance, if an appointment cannot be kept.

c. Individuals with alcohol and drug problems shall be processed as proscribed in AR 600-85.

d. Individuals demonstrating intellectual deficiency, to the extent they are unable to assimilate military training should be referred to CMHS for evaluation.

e. In the case of clearance for board action, it is not necessary to request a new mental status evaluation within 180 days of initial evaluation unless some new development ensues or a new specific disposition becomes necessary.

7. Preparation and Processing of FLW Form 106. This form will be completed and processed as indicated below:

a. All sections of this form will be completed when referral is by a unit commander. Refer to DoD Directive 6490.1 for guidance.

b. Unit commanders are urged to have the completed FLW Form 106 hand-carried to CMHS. The form will be placed in a sealed envelope or other container to prevent unauthorized individuals from reading the contents.

c. The individuals referred will not read the referral request prior to their appointment or upon their return except as necessary for court-martial or administrative board action.

d. A permanent party member will accompany the individual referred when the unit commander believes the individual to be incompetent or unreliable.

8. Special Handling and Emergency Referrals. The appropriate paperwork in the following types of referrals will be handled on a priority basis and will be hand-carried to and from CMHS in order to meet administrative deadlines or to institute expeditious measures in the management and disposition of an emergency case.

a. Cases involving administrative suspense dates, such as congressional inquiries, complaints, or requests for assistance made to an Inspector General, etc., require special handling. In such cases, the request will be referred through the Commander, GLWACH, to the CMHS. Except in unusual circumstances, special correspondence will include the individual's health record or a notation that the health record is not available at this installation.

b. Emergency referrals: Conditions involving soldiers with disorientation and/or suicidal or homicidal tendencies will be considered emergencies. Cases involving some form of suicidal gesture, e.g., ingesting an overdose of medication or self-inflicted injury will be referred to GLWACH, Emergency Room rather than to CMHS. CMHS will be notified via the telephone, during duty hours, concerning this or other urgent cases prior to the unit sending the soldier to CMHS.

c. Soldiers in the Personnel Reliability Program, or "Nuclear Surety" (AR 50-5) may receive information on psychiatric consultation with regard to medical screening. In cases where individual soldiers are "self-referrals" for consultation or evaluation, CMHS will notify the unit commander. A generalized flowchart depicting this process can be found at Appendix A.

9. Consultation Requests. Medical officers desiring CMHS consultation for active duty military personnel will forward such requests through CHCS (consultation) to the Behavioral Medicine Division if an inpatient or to the CMHS, if an outpatient. All family members and retired armed forces personnel who require psychiatric evaluation or treatment will be referred to the Behavioral Medicine Division on a CHCS consultation. The referring officer will indicate the reason for referral and give a summary of pertinent medical facts or

make a statement that there is sufficient clinical evidence to confirm the patient's complaint.

10. Reports. The psychiatric consultant will be responsible for preparing mental health evaluations to the requesting agency as outlined below:

a. Reports covering sanity clearances will generally conform to medical standards set forth in TM 8-240.

b. Reports covering recommendations for separation from the service under the provisions of AR 635-200 will meet the requirements of paragraph 1-34.

c. Reports covering recommendations for separation from the service under the provisions of AR 600-8-24 will meet the requirements of paragraph 5-8.

Mental Health Evaluation Process

