28 MDOS/Mental Health Services

Commander Support of Mental Health Programs

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x3656

Overview

- Mental Health Clinic
  - Confidentiality
  - Commander Directed Evaluations
  - Suicide Risk /Protective Factors
  - High Risk / High Interest Amn Management
  - Limited Privilege Suicide Prevention
  - Investigative Handoff Policy
  - Traumatic Stress Response Team
- Alcohol and Drug Abuse Prevention and Treatment (ADAPT)
  - Referrals
  - Treatment Team Meetings
  - Program Failure
- Family Advocacy Program
  - Referrals
  - CRB
  - Treatment Follow-up
- Questions

Commander support is very important…

"Well, it's a delicate situation, sir. ... Sophisticated firing system, hair-trigger mechanisms, and Bob's wife just left him last night, so you *know* his mind's not into this."

Confidentiality

- *AFI 44-109: Mental Health, Confidentiality, and Military Law (Mar 00)*
  - *Communications are confidential (within guidelines)*
  - *Commanders have "need to know" (without patient's consent) under certain circumstances (Para 6):*
    - *Danger to self or others, or threat to security*
    - *Admitted to psych hospital/medical unit for detox*
    - *Mental status deteriorates to degree significantly affecting work or family function (risk to self, others, property, security, or mission)*
    - *Family maltreatment or substance abuse is suspected*
  - *Flyers, controllers, PRP, security forces…exceptions.*
- *AMN are Coded when duty/deployment restrictions apply*

Commander Directed Mental Health Evaluations (CDE)

- *If CC needs specific feedback, then a CDE is required*
- *MH flight CC must concur with the appropriateness of the CDE; request is routed through MDG/CC*
- *Member has rights:*
  - *Notified in writing about the reasons for the evaluation*
  - *2 workday notice (unless emergency)*
    - *If emergency, still need to complete paperwork*
  - *Second opinion if disagrees with first*
  - *Consult with attorney, IG, congressman, chaplain, etc.*
- *Memo template developed to guide CC through process*
    - *Communication is key*

CDEs cont.

- *Common CDE questions include:*
  - *Is he suitable or mentally fit for Air Force?*
  - *Can she perform in current AFSC?*
  - *Should he be cross-trained or discharged?*
  - *Is she mentally stable enough to perform special duties (weapons carrying, PRP, Security Clearance, etc.)?*
  - *Is he a danger to self or others?*
- *CDE should never be the first thing commander does*
  - *Need to document counseling, feedback, etc.*
- *Bad attitude, poor duty performance, and inappropriate behavior by themselves are not necessarily grounds for a CDE.*

Suicide Risk/Protective Factors

- *Suicide Risk Factors:*
  - *Prior suicidal history (especially past suicide attempts)*
  - *Access to lethal means (weapons)*
  - *Failed relationships*
  - *Substance abuse*
  - *Legal Problems*
  - *Mental health problems*
  - *Overwhelming stressors and perceived lack of support*
- *Protective Factors:*
  - *Support system (spouse; family; unit; church)*
  - *Good coping skills (counseling/treatment)*
  - *Good physical health*
  - *Good Attitude (hopeful)*
  - *Easy access to support/helping services*

Emergency Evaluations

- *During duty day (0730 – 1630): Call Mental Health (x3656) we will see them (voluntary self-referral or as CDE)*
- *After hours: Rapid City Emergency Dept*
  - *Call on-call MH provider (reached through CP), he/she will walk you through options*
  - *ER doc can put "hold" on person if needed*
- *Hospitalized at Rapid City Regional West Psychiatric Unit*
- *Released when no longer "imminently dangerous"*
  - *Does not mean they are "good to go" or free of significant mental health issues*
- *MH will see the person the day of release*
  - *Advise CC on duty restrictions/support*

High Risk/ High Interest Status

- *MH HR List*
- *CC/CCF and PCP notified of Amn placement on list*
- *E-mailed list of recommendations to support member*
    - *Remove weapons*
    - *Assign wingman*
    - *Notify us of changes, etc.*
- *Member is coded with duty/mobility limitations*
- *Seen regularly/frequently in MHC (weekly)*
- *Expected to get better…or MEB*
- *If we are concerned about someone, you need to be equally concerned.*

Investigative Hand-off Policy

- *Being under criminal investigation or going through a UCMJ action is a significant suicide risk factor*
- *Hand-off Policy Includes:*
  - *Interviewer (OSI, SFOI) contacts CC/ CCF when individual is going to be interviewed*
    - *Recommended: Not late afternoon or end of week—limited follow-up opportunities*
  - *Squadron personnel have direct person-to-person contact with the interviewee following the interview*
    - *Assess status; assist with follow-up support (MHC, chaplain, ADC) and/or “buddy watch” if needed*

Limited Privilege Suicide Prevention (LPSP) Program

- *Stress of disciplinary/UCMJ actions is significant suicide risk factor*
- *Lack of true confidentiality can prevent Amn from seeking help through MHC during this critical time*
- *If Amn "poses suicide risk" they are eligible*
- *LPSP program provides limited "privilege" that allows Amn to talk to a MHC provider and those communications are protected*
- *CC Guide for Assisting Amn Under Investigation*
- *Airman's guide (CC give to Amn)*

Traumatic Stress Response (TSR) Team

- *AFI 44-153*
- *Replaced Critical Incident Stress Management (CISM)*
- *Team consists of Mental Health, Chapel, Airman and Family Readiness Center staff*
- *Purpose:*
    - *coordinate crisis support interventions following traumatic events (death, traumatic injury, witness to trauma, etc.)*
    - *Teach stress coping skills/support*
    - *Conduct pre-exposure training*
- *CC contact us (MH, Chapel, AFRC) if traumatic event*

ADAPT

- *AFI 44-121*
- *Referrals: “Unit CC shall refer … when substance use is suspected to be a contributing factor in any incident*
- *Treatment Team Meetings: “CC shall provide command authority to implement the treatment plan*
- *Member requirements:*
  - *abstinence during initial phase of treatment*
- *Relapses…not uncommon; relapse by itself is not sufficient for program failure.*
- *Program Failure: “Patients …failed the program based on pattern of unacceptable behavior, inability/unwillingness to comply with their treatment plan, or involvement in alcohol and/or drug related incidents after receiving initial treatment.*

Family Advocacy Program (FAP)

- AFI 40-301 (Air Force Family Advocacy Program)
  - All military and civilian employees are mandated reporters of SUSPECTED abuse/neglect.

- Referrals: Call 385-3660
  - Come from CC, CCF, LE Blotter, agencies, general population
  - -purpose of referral is to get family help and maintain mission readiness – separate from legal/administrative actions.

Family Advocacy Program (FAP)

- Central Registry Board (CRB):
  - Chaired by BW/CV. CC/CCF must take online training to become voting member of CRB and come prepared with information on allegations. Have a vote on determination of maltreatment.
- Treatment Non-compliance:
  - Only Active Duty alleged offenders can be mandated to FAP treatment. CC can exercise command authority to ensure ADAF members comply with care.

QUESTIONS?