DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-7300

IN REPLY REFER TO
6000
Ser M3/5/ E08UGEN-016191c
DEC 19 2008

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

SUBJECT: Implementation of Enlisted Administrative Separation Policy – Personality Disorder

Ref: (a) DoD Directive 1332.14, Enlisted Administrative Separations
(b) Diagnostic and Statistical Manual of Mental Disorders (DSM) IV-TR

Encl: (1) Sample Letter

Reference (a) seeks to promote the readiness of the Department of the Navy by providing an orderly means to evaluate suitability, while at the same time safeguarding the rights and responsibilities of its service members through proper notification, diagnostic and review procedures.

This memorandum directs the implementation of reference (a) which indicates a change in the Enlisted Administrative Separation Policy for those Service Members that have served, or are currently serving, in an imminent danger pay area who may be exhibiting symptoms consistent with Personality Disorder according to reference (b). However, Navy Medicine will apply these new procedures to all enlisted members who have completed 6 months or more of active duty service.

Privileged psychiatrists and PhD-level psychologists are specifically identified as providers who may make diagnoses and participate in the mandated peer review for both voluntary and involuntary mental health evaluations where the provider recommends an administrative separation based on personality disorder. For providers without access to peer review by a privileged psychiatrist or PhD-level psychologist, support may be coordinated with the Navy Medicine Regional Command.

Reference (a) further requires Navy Surgeon General endorsement of the diagnosis of a personality disorder and recommendation for administrative separation to ensure compliance with the policy. This endorsement is hereby delegated to the Regional Commander. The procedure is as follows:

(1) Evaluation is conducted by a privileged psychiatrist or PhD-level psychologist.

(2) Peer review is performed by a privileged psychiatrist or PhD-level psychologist. Recommend reviewer use the following statement to concur: "Upon review of this note, I agree with the findings and recommendations."

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(3) The privileged provider should forward a letter to the Regional Commander to obtain an endorsement of the diagnosis of personality disorder and recommendation for administrative separation.

(4) The Regional Commander should forward a signed endorsement letter to the Service Member's Commanding Officer for inclusion in the administrative separation package.

My point of contact for questions regarding the enclosed is CAPT Robert Koffman, MC, USN, who may be reached at (202) 762-3072 or email: Robert.Koffman@med.navy.mil.

T. R. CULLISON
Vice Chief

SAMPLE LETTER

SSIC
Ser
(Date)

From: Commander, Navy Medicine (West/East/NCA/Support Command)
To: Commanding Officer (of Member)

Subj: LETTER FOR ADMINISTRATIVE SEPARATION DUE TO PERSONALITY DISORDER ICO (Member's Name, Rate/Rank)

1. The above member voluntarily (involuntarily) presented to the (location) for evaluation by Dr. (name), (credentials), on (date). Findings were as follows:

a. Impressions: Mental Health Evaluation determined Personality Disorder (type).

b. Recommendation(s): The member is not considered to be mentally ill (no medically boardable condition), but does manifest a long-standing disorder of character and behavior, which is of such severity as to render this individual unsuitable for continued military service. This diagnosis addresses post-traumatic stress disorder (PTSD) or other mental illness co-morbidity. The member is competent. Short-term psychiatric treatment for this condition is of limited benefit, and long-term treatment is not available within the military. The member is deemed suitable to return to duty for immediate processing for (expeditious) administrative separation in accordance with NAVMILPERSMAN 1910-122 or MARCORSEPSMAN P1900.16F.

2. The aforementioned diagnosis and treatment recommendations were discussed with and understood by the member.

3. The aforementioned diagnosis and recommendations were reviewed and agreed upon by Dr. (name) in accordance with DoDI 1332.14.

4. Point of contact for this evaluation is Dr. (name) at (phone number).

(Signature Block)

Copy to:
As appropriate