

Other Designated Physical and Mental Conditions

The military may discharge for "other designated physical and mental conditions" servicemembers who have conditions that do not qualify for a disability discharge, but "that potentially interfere with assignment to or performance of duty...."¹ Personality disorders are the most common grounds for discharge under other designated physical and mental conditions (ODPMC). In addition to personality disorders, grounds for discharge can include: seasickness, bedwetting, airsickness, sleep walking, certain allergies, severe nightmares, severe stuttering, obesity, and excessive height.²

Consider seeking an ODPMC discharge if you experience emotional distress, difficulty in coping with military life, or an inability to behave and think as you would like to behave and think. While personality disorders are fairly complex, and real diagnoses can only come from a psychiatrist or psychologist, lay people can identify common symptoms and help to determine whether psychiatric evaluation is warranted. Common symptoms of some personality disorders include feeling depressed, helpless, or out of control, difficulty sleeping or inability to cope with work or people, or occasional thoughts of suicide.

A personality disorder is grounds for discharge only when "a diagnosis by a psychiatrist or psychologist...concludes that the disorder is so severe that the member's ability to function effectively in the military environment is significantly impaired."

This is a command-initiated discharge, which means there is no application procedure and you have no "right" to this discharge. Getting an early discharge is not easy and the procedures can be complicated. Discharge regulations are intended to give commanders control over their troops to maintain good order and discipline. You must persuade your command that a discharge is warranted and in the best interests of the military. Call us at the GI Rights Hotline for help.

The regulations give commanding officers a great deal of discretion, and only minimal guidelines, for deciding whether or not discharge is appropriate. Policies may differ from one command to another (even within the same base) and a command can change policy without warning. The military normally will not discharge a member with a short-term and

1. DoD Directive 1332.14 §E3.A1.1.3.4.8.

2. See AR 635-200 Section 5-17; MILPERSON §1910-120; MAR-CORSEPMAN §6203; AFI 36-3208 §5.11

treatable condition. A common category of disorders known as "adjustment disorders" are not considered, except by the Air Force, to be of long enough duration to warrant discharge.

Approaching the Command

The military assumes that discharges under this section are initiated by a commanding officer when a problem comes to his or her attention, usually by way of military medical or psychiatric reports.

It is useful to talk frankly with immediate superiors and others higher in the command about your symptoms and feelings. Although commands can be unreceptive to emotional or physical problems, try to approach them like a patient seeking help.

An outright request for discharge often meets with absolute rejection. It is more useful to show the commanding officer the

evidence of the problem, explain the feelings and symptoms briefly, and simply ask for help. This gives the command the opportunity to recommend discharge on their own initiative.

Mention all symptoms which affect your performance and ability to function in the military, and perhaps role-play a few hostile questions. Be open and do not minimize symptoms, but avoid becoming antagonistic. Military psychiatrists are on the lookout for exaggeration of symptoms. Talk about why you are not able to perform your duties, and avoid framing the conversation with the military psychiatrist around a desire for discharge. It is essential that you do not lay all blame for your condition on the military.

Military psychiatrists can be friendly and supportive, but it is not unusual to find rude, unconcerned, or openly hostile doctors. You may actually be harassed or insulted by the psychiatrist; resist the temptation to respond in kind. Most psychiatrists can be persuaded to take your problems seriously if you persist in discussing them.

Military psychiatrists will often diagnose the condition and may recommend discharge after the first interview. If this does not happen (if they fail to recognize the condition, or diagnose a less serious condition), it may be necessary to make repeated visits to the psychiatrist until it seems the doctor understands the seriousness of the problem.

Confidentiality

- There is no patient-doctor confidentiality in the military!
- Anything you say to a military doctor or psychologist can be passed on to your command.

www.girights.org

800 394 9544

The GI Rights Hotline

Documentation

With some of these conditions, local commands are reluctant to believe that the problem exists and to grant discharge. Medical or psychiatric documentation is vital.

The best documentation for a personality disorder is a current and thorough psychiatric evaluation. While the military will require psychiatric examination by a military psychiatrist or licensed clinical psychologist, civilians are usually more thorough and more sympathetic than military doctors.

Military commands and psychiatrists may demand to know why a civilian psychiatrist was consulted, even though it is perfectly legal to do so. Members can justify the consultation by explaining how their emotional state frightened them, and it is best to avoid discussing discharge.

You may want to write a cover letter describing your difficulties in performing your duties and what you have tried to do to alleviate the problem. This letter should not be a request for discharge but an outline of the problems you are having.

The GI Rights Hotline may be able to help you find psychiatrists or licensed psychologists who are generally supportive and willing to learn about the military's criteria and procedures.

It is not helpful to give the psychiatrist a detailed account of how the military has made life miserable for you. Instead, discuss your own feelings and actions, without simply laying blame on the military. It is always best to be open and honest.

While it is important to be honest, do not give a psychiatrist self-incriminating information about illegal activity (drug use or homosexual acts, for example) unless you want such information to be included in the report. There is no patient-doctor confidentiality in the military! Do not stress your desire for discharge but focus on discussing the problems you are experiencing.

Nonmedical Documentation

Nonmedical documentation of a personality disorder can be very helpful, but it should be in addition to a current psychiatric report. Friends, and sometimes a sympathetic chaplain or medical officer, can report problems that they have seen to your superiors. Letters from a concerned relative or family minister, or from professionals such as social workers or marriage counselors, may also be useful.

The Navy and Marine Corps usually require nonmedical evidence which cites specific examples of the member's inability to function in the military. You can help to document a personality disorder by allowing its symptoms to show. Many members make strenuous efforts to control their problems while on duty, or you may simply have less visible or detectable symptoms. Be open and honest about your symptoms, but be careful not to violate regulations in the process. For example:

- If you hide your depression, talk about it, or otherwise let it show.
- If you have trouble concentrating, mention this to superiors and ask for help.
- If you experience crying spells, cry openly.
- If you experience difficulty keeping your anger under control, let your superior know you are having trouble — but do not hurt or threaten anyone.
- Let your superiors know when you are experiencing difficulty more and more frequently.

Refer to specific Service regulations for a detailed description of the criteria for discharge and use these as guidelines for documenting each claim.

Type of Separation

Characterization of service for ODPMC will be either Honorable, General (under Honorable Conditions), or an Entry Level Separation. The member's discharge document (DD 214) may specifically state "personality disorder" as the narrative reason for discharge. People who do not want to have psychiatric problems on their record (which may be requested by future potential employers) may prefer another discharge.

Symptoms

The following are some symptoms which may indicate personality disorders. Consider an ODPMC discharge if you:

- are frequently depressed, or find yourself crying;
- have feelings of helplessness;
- lack self-confidence or feel worthless;
- have difficulty controlling your temper;
- ever act violently, or desire to;
- have ever thought, even fleetingly, of suicide;
- tend to feel out of control;
- have trouble concentrating, or "space out";
- have physical problems for which there are not obvious physical answers (headaches, pre-ulcerous conditions, rashes, etc.);
- have difficulty sleeping;
- have disciplinary problems in which you were not able to act as you wanted to;
- have difficulty completing tasks or handling stressful assignments.