

# U.S. Military Discharges and Pre-existing Personality Disorders: A Health Policy Review

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**Abstract** The Department of Defense (DoD) is facing allegations service members were wrongfully discharged for pre-existing personality disorders. From 2001 to 2007, 26,000 enlisted service members were discharged for a pre-existing personality disorder (2.6 % of total discharges). With national media attention of the issue, personality disorder discharges were reduced by 31 % in 2008 with new discharge procedures issued by the DoD. Even with the reduction, a government review found the DoD did not adhere to its discharge protocols. The objective of this paper is to explore personality disorders in the military, analyze various costs to stakeholders, and identify potential policy alternatives.

**Keywords** Personality disorder · Military discharge · U.S. military

## Introduction

Since the onset of Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) and Operation Enduring Freedom (OEF), claims have come forward the U.S. military wrongfully discharged enlisted service members for a pre-existing personality disorder by failing to properly adhere to discharge protocol (Vietnam Veterans of America 2012). Some of the discharged service members were even required to repay enlistment bonuses (Vietnam Veterans of America 2012). These assertions caught the attention of

media outlets and the United States Senate, which forced a review of the then-current personality disorder discharge procedures (Personality Disorder Discharges 2010).

The core issue is the complexity of disentangling personality disorders to determine if the disorder pre-dates military service. Certain conditions such as traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD) may also exacerbate personality disorder symptoms (Silver et al. 2011). While the Department of Defense (DoD) has policies to guard against service members with TBI or PTSD from being discharged due to a pre-existing personality disorder (Under Secretary of Defense 2010), it has deviated from its guidelines for separating service members (U.S. Government Accountability Office 2010). It remains unknown how many service members were discharged when separation protocol was violated and the extent of such impact to their lives. Key stakeholders in this issue include the Department of Veterans Affairs (VA), the DoD, and the discharged service members. The purpose of this paper is to explore personality disorders in the U.S. military, analyze inherent costs, and address potential policy alternatives. Information for this paper was gathered from relevant peer-reviewed journal articles, government reports, DoD instructions, and data made publicly available by the DoD.

## Personality Disorders in the U.S. Military

### U.S. Military Demographics

To comprehend the scope of personality disorders it is useful to understand the makeup of the U.S. military. This analysis only consists of the active duty population of the Army, Air Force, Navy, and Marine Corps. It is worth

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noting, however, Reserve and National Guard service members, in addition to the Coast Guard, also encounter military discharges for pre-existing personality disorders. The total population of the four services in fiscal year 2012 is 1,388,028 (Military One Source 2013). The Army is the largest military service comprised of service members, followed by the Air Force, the Navy, and then the Marine Corps (Military One Source 2013). When in aggregate (i.e., officers and enlisted), 42.7 % of all service members are 25 years old or younger (Military One Source 2013). The average age of an enlisted service member is 27.4 years old (Military One Source 2013). Young, enlisted service members make up the largest category of the military—they are also the group largely associated with discharges for personality disorders. More than 75 % of enlisted men and 60 % of enlisted women diagnosed with personality disorders are less than 21 years old (Gundersen and Hourani 2003). Military rank is also a significant predictor for a mental disorder; low ranking enlisted service members are at greater odds for mental disorders as compared to officers (Kessler et al. 2014).

#### Understanding Personality Disorders

The American Psychological Association (2013) recognizes 10 forms of personality disorders (paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, and obsessive–compulsive). The most common types of personality disorders diagnosed in the military are obsessive–compulsive, paranoid, and schizoid (RAND Corporation 2008). Personality disorders typically present in adolescence or early adulthood, and can lead to marked difficulty in performing military duties (Department of Defense Instruction 1332.14 2008).

The United States has pre-screened military applicants for psychological abnormalities since World War I (Cardona and Ritchie 2007). Screening efforts were further refined during World War II and this period marked a shift in reliance on intelligence testing in identifying psychological abnormalities (Cardona and Ritchie 2007). Even during World War II, however, there was a divergent opinion as to whether service members with pre-existing personality abnormalities could adequately serve in a military setting and perform their duties accordingly (Cardona and Ritchie 2007). Today's military screening utilizes three components to identify psychological abnormalities—the Armed Services Vocational Aptitude Battery (ASVAB) which was introduced in 1968, the attainment of a high school diploma (significant predictor for finishing an enlistment term), and a general psychological evaluation in the Military Entrance Processing Station (MEPS) (Cardona and Ritchie 2007).

#### Discharge from the U.S. Military

Various classifications of military discharge can impact guaranteed benefits and can also impact future employment opportunities. There are two broad categories of discharges—punitive and administrative (Richardson 2010). The punitive category contains discharges related to disciplinary issues where the service member receives a *Dishonorable Discharge* (Types of Administrative Discharges 1999). Outcomes for administrative discharges are *Honorable*, *Under Honorable Conditions* (i.e., General Discharge), and *Under Other Than Honorable Conditions* (Types of Administrative Discharges 1999). Honorable, Under Honorable Conditions, and some forms of Other Than Honorable Conditions discharges may still qualify a service member to benefits through the VA (U.S. Department of Veterans Affairs 2010). Service members discharged with a personality disorder could potentially receive any classification of discharge depending on service-specific guidelines and any pertinent circumstances upon exiting the military (e.g., disciplinary action).

Each military service classifies personality disorder discharges in separate ways. The U.S. General Accounting Office (“DoD Needs,” 1998) notes under the category of personality disorder, the enlisted service member is discharged from the Air Force and the Marine Corps as a fraudulent enlistment (U.S. General Accounting Office, “DoD Needs,” 1998). In contrast, the Army's classification falls under a failure to meet medical or physical standards (U.S. General Accounting Office, “DoD Needs,” 1998). The Navy, on the other hand, classifies this separation as an erroneous enlistment (U.S. General Accounting Office, “DoD Needs,” 1998).

Classifying discharges as fraudulent or erroneous may present contextual issues, because the classification implies the service member had implicit knowledge of the disorder prior to enlistment. There are three hypothetical cases of service members that highlight these contextual issues with discharge classifications. The first case involves the service member that has a personality disorder, but does not know the disorder exists or believes the undiagnosed symptoms warrant no medical attention (this type of case exists as demonstrated by Mojtabai et al. 2002). With this service member a discharge classified as erroneous or fraudulent is inappropriate as there was no implicit knowledge of the disorder. The second hypothetical cases involves a service member that enlists with prior knowledge of the disorder, but withholds this information from officials at the time of enlistment. In this case the fraudulent or erroneous classification seems justified. The third case, possibly the rarest, entails a service member that disclosed the personality disorder at the time of enlistment, but was admitted to the military (either due to an approved medical waiver or

disclosed information was overlooked). In this case classifying the discharge as erroneous or fraudulent is also unwarranted.

When service members leave the military they can seek care through the VA if they had service in combat after November 1998 (Burnam et al. 2009). The period of eligibility for VA care is 5 years from the date of military separation (U.S. Department of Veterans Affairs). Under the Enhanced Eligibility criteria for Veterans with combat-related medical conditions associated with OIF/OND/OEF, there are no copays for combat-related medical conditions (U.S. Department of Veterans Affairs). Veterans receive care based on specific priority ratings—there are a total of eight priority groups (Priority Group 1 has the highest priority, Priority Group 8 has the lowest priority). The existence of a personality disorder prior to enlistment may jeopardize future medical care in the VA. The possibility exists the DoD could pursue a discharge and discharge classification that would bar the service member from receiving VA medical care (once the personality disorder is determined it pre-dates military service). Alternatively, if the service member is discharged for a pre-existing personality disorder (with a discharge and discharge classification that allows for VA medical care of other service-related conditions), the service member may decide not to pursue care as a result of becoming marginalized by the government. Service members involuntarily separated may also have eligibility up to 180 days of TRICARE coverage through the Transitional Assistance Management Program or 18 months of eligibility through the Continued Health Benefit Program, a premium-based program (Defense Health Agency 2014). Eligibility for the Transitional Assistance Management Program is also dependent upon discharge classifications, which could vary depending on individual circumstances (Defense Health Agency 2014).

#### Personality Disorder Separations

From 1990 to 1999 there were 13,921 military inpatient hospitalizations and 35,107 military outpatient visits resulting in a diagnosis of a personality disorder across the military services (Hoge et al. 2002). Almost half (47 %) of all service members hospitalized for a mental health disorder were discharged from the military within 6 months of the hospital discharge date (Hoge et al. 2002). Personality disorders and other neurotic conditions were the leading medical diagnoses that result in hospitalization for enlisted service members with 1–2 years of military service from 2007 through 2012 (Walter Reed Army Institute of Research 2013). The DoD estimates 26,000 enlisted service members were separated for the diagnosis of a personality disorder between November 2001 and June 2007 (U.S. Government Accountability Office 2008). This represents

2.6 % of total enlisted discharges. Data on the number of inpatient hospitalizations and outpatient visits to coincide with the November 2001 to June 2007 timeline of personality disorder discharges are unavailable.

Involuntary separations associated with mental disorder hospitalizations are tied to misconduct, legal troubles, and alcohol/drug treatment failures (Hoge et al. 2005). Enlisted Sailors in the U.S. Navy with personality disorders are at greater odds for demotions, unauthorized absences, and periods of desertion, along with short periods of service (Gunderson and Hourani 2003). Enlisted service members with personality disorders also have a higher association with suicidal tendencies (Booth-Kewley and Larson 2005). It is unlikely a discharge for a pre-existing personality disorder occurred in the absence of disciplinary issues. This raises the question, however, whether the service member is discharged for a pre-existing personality disorder or whether the pre-existing personality disorder diagnosis is used as means to separate a service member facing disciplinary action.

#### The Costs of Pre-existing Personality Disorders

Given that the VA, DoD, and service members (and their families) are all stakeholders impacted by pre-existing personality disorders, this section evaluates each perspective, analyzes the relevant costs, and provides recommendations for areas of future research. Overall, there is an inherent lack of data specifying the extent of mental health conditions that pre-date military service. This lack of information acts as a downward bias in realizing the impact of pre-existing medical conditions in each military service (Walter Reed Army Institute of Research 2013).

#### U.S. Department of Veterans Affairs

The VA avoids costs in terms of disability payments and costs of medical treatment for pre-existing personality disorders as the condition does not qualify as service-related or service-aggravated. The VA is estimated to save between \$3.65 M and \$1.14 B annually by avoiding disability payments for personality disorders (Weiser 2010). The annual cost estimate of \$3.65 M was derived from the 2,800 Veterans that served in the Iraq and Afghanistan wars from 2001 through 2007 and were discharged for a pre-existing personality disorder. The annual cost estimate of \$1.144B was if all 26,000 service members that were discharged from the military from 2001 through 2007 received a 100 % disability rating. Further research is needed to determine how many service members were discharged for a pre-existing personality disorder when other mental conditions were present (e.g., TBI, PTSD)

**Table 1** Estimated sunk costs of recruitment & training for personality disorders discharges

Fiscal year	Estimated costs	2013 dollars	Estimated discharges	Estimated total costs
FY 1993	\$20,000	\$32,408	26,000	\$842,612,420
FY 1997	\$4,700	\$6,857	26,000	\$178,274,200
FY 1998	\$35,000	\$50,277	26,000	\$1,307,212,140

This table combines several reports from the U.S. Government Accountability Office and applies the cost figures in 2013 dollars to the estimated discharges for personality disorder from 2001 to 2007 to arrive at a cost range estimate. The estimated total costs represent the estimated sunk costs (forgone opportunity cost) on the part of the DoD in enlisted service members discharged for a pre-existing personality disorder. Estimated costs in 1997 are considerably lower than 1993 and 1998 as this figure is limited to costs incurred for recruit training only. The other cost figures comprise recruiting, entry, and initial training

that would have barred discharge. Additionally, further research is needed to examine the costs of medical care required for someone discharged with a pre-existing personality disorder if the care were to take place in the VA setting.

#### Department of Defense

The DoD encounters sunk costs when service members are discharged for pre-existing personality disorders. The Office of the Under Secretary for Personnel and Readiness estimates the combined costs of recruiting, entry screening, and training was approximately \$20,000 in 1993 (Clark et al. 1999). The U.S. General Accounting Office (“DoD Needs,” 1998) estimates the DoD spent \$390 M in FY 1996 (\$585 M in 2013 dollars) on new enlisted accessions that never made it to their first duty stations—they were discharged from training facilities. Instruction in boot camp, for example, costs the U.S. Navy more than \$4,700 (1997 dollars) to transport, house, feed, and train a new recruit (U.S. General Accounting Office 1997). In 1998, the U.S. General Accounting Office (“Better Data,” 1998) estimated training and recruitment costs at approximately \$35,000. The table below (see Table 1) summarizes the three estimated costs in 2013 dollars and applies these figures to the number of enlisted personality disorder discharges that occurred between November 2001 and June 2007.

The annual total sunk cost for all enlistees that did not complete their first term of obligation is estimated at \$1.3 B in 1993 (U.S. General Accounting Office, “Better Data,” 1998). To further clarify, the \$1.3 B (\$2.1 B in 2013 dollars) is the cost for all early discharges, not just costs related to personality disorders. If the \$2.1 B is extrapolated over the 2001–2007 time period (\$12.6 B),

the percent of sunk costs attributed to pre-existing personality disorders to total sunk costs is estimated between 7 and 10.8 %. Further research is needed to determine the potential costs of retaining a service member with a pre-existing personality disorder and treating them within the military setting. The research should also examine the extent to which a service member diagnosed with a personality disorder can adequately function in a military setting. This could then provide a basis in determining whether to retain a service member with a pre-existing personality disorder, especially if future incurred costs are less than estimated sunk costs (contingent on the service member’s ability to adequately function).

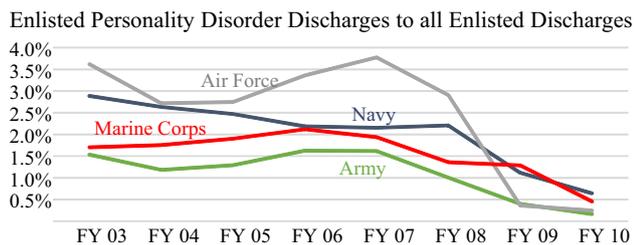
#### Service Member

The least researched area for pre-existing personality disorders in the military encompasses the perspective of costs to the discharged service member. Further research is needed to examine if medical treatment for other service-related conditions are impacted due to the exclusion of treatment for a pre-existing personality disorder in the VA. Additionally, further research is needed to study the opportunity costs incurred as a result of receiving an administrative discharge on employment or educational opportunities.

### Recent Events and Consequences

#### Recent Course of Events

In August 2008 the DoD enforced additional requirements for each military service when separating service members on the basis of a pre-existing personality disorder (Under Secretary of Defense 2010; U.S. Government Accountability Office 2010). First, the service member must receive notification he or she is undergoing separation for a personality disorder (U.S. Government Accountability Office 2010). Second, prior to the notification, the service member must receive a diagnosis of a personality disorder by a credentialed psychologist or psychiatrist with the determination the disorder interferes with the service member’s ability to serve in the armed forces (U.S. Government Accountability Office 2010). Third, the service member must receive formal counseling about the condition and their ability to adequately function in the armed forces (U.S. Government Accountability Office 2010). Lastly, the service must examine the possibility of whether another underlying medical condition is present (e.g., TBI, PTSD) if the service member deployed to a combat zone within the past 24 months from the time of diagnosis (Under Secretary of Defense 2010; U.S. Government Accountability Office 2010).



**Fig. 1** This figure combines data from the Department of Defense made publicly available through the Freedom of Information Act (Department of the Navy 2009; Under Secretary of Defense 2010; Vietnam Veterans of America 2012) and by public data from Military One Source (2013). Percentage of enlisted personality disorder discharges compared to all enlisted discharges from fiscal years 2003 through 2010. The updated personality disorder discharge policy was instituted in August 2008. In fiscal year 2009 there was a sharp decline in the percentage of enlisted personality disorder discharges to all enlisted discharges

### Intended Consequences

Discharges for pre-existing personality disorders decreased 31 % in 2008 from 2007 (Department of the Navy 2009; Under Secretary of Defense 2010; Vietnam Veterans of America 2012). A direct correlation between the new guidelines issued in 2008 and the decrease in personality disorder discharges is unknown. It is possible Commanding Officers are less likely to discharge someone under the basis of a personality disorder given the added scrutiny on the subject. The graph below (see Fig. 1) trends discharges for pre-existing personality disorders by military service (Department of the Navy 2009; Military One Source 2013; Under Secretary of Defense 2010; Vietnam Veterans of America 2012).

### Unintended Consequences

As the number of personality disorders sharply decreased following the updated policy, there is growing concern discharges for adjustment disorders are replacing discharges for personality disorders (Vietnam Veterans of America 2012). An adjustment disorder involves the manifestation of behavioral or developmental symptoms in response to specific stressors of a psychological nature (Cigrang et al. 1998). Discharge for an adjustment disorder falls outside the scope of the updated discharge requirements (Department of Defense Instruction 1332.14 2008). Additionally, adjustment disorders did not receive the media attention, inclusion into the U.S. Government Accountability Office's reports, and was not part of U.S. House of Representatives' testimony that shed light on the personality disorder discharges (Personality Disorder Discharges 2010). As a result, service members are still subject to discharge with the same outcome only with a different diagnosis.

## Policy Options and Conclusion

As a result of incremental policy over the past several years, further action is recommended. This section provides four potential policy alternatives to address discharges for pre-existing personality disorders. These options include strengthening current screening provisions, applying a sunset provision, maintaining current policy, or providing benefits through the VA. Table 2 outlines the various policy options and the impact each option may have on the stakeholders.

### Strengthen Screening Provisions

From 2007 through 2011 there were 7,037 military discharges for psychiatric conditions that existed prior to service (Accession Medical Standards Analysis & Research Activity 2013). It is unknown the percentage of these discharges that were administrative or punitive. These discharges represent service members that passed initial screening parameters at MEPSs and comprise 22.8 % ( $N = 30,842$ ) of all discharges for medical reasons that pre-existed military service. Psychiatric conditions ranked third (12.5 %) among disqualification classifications of first-time active duty applicants in 2012 (Walter Reed Army Institute of Research 2013). In a study of new Sailors in the U.S. Navy, half of the personality disorder diagnoses were attributed to existing prior to military service (Gunderson and Hourani 2003). This finding is also consistent with Soldiers in the U.S. Army (Kessler et al. 2014).

One policy recommendation is to strengthen screening provisions by implementing a personality disorder screening tool in MEPS, such as the two-minute Schizotypal Personality Questionnaire-Brief (SPQ-B) described by Raine and Benishay (1995). A tool such as the SPQ-B may prove beneficial in the applicant screening phase as it is administered quickly and is one additional tool the medical practitioner examining the applicant could use to determine if a personality disorder exists. The positive aspect of this recommendation is the efficiency of a questionnaire's administration at the time of screening. Its drawback may come in the form of its sensitivity for identifying pre-existing personality disorders. Take the case of service members that pass the initial screening (hypothetically assuming the questionnaire is in use at MEPS), but are later identified as having a pre-existing personality disorder once in military service. This then creates a complex scenario for handling a potential discharge and its classification, or deciding to retain the service member and classifying the disorder as service-related or service-aggravated.

**Table 2** Potential alternatives and impact to each stakeholder

	Strengthen screening provisions	Sunset provision	Maintain current policy	Provide care at VA
DoD	Could impact end-strength by limiting previously eligible service members from joining; sunk costs are likely to decrease, but costs to screen for pre-existing personality disorders could increase at an unknown amount	Maintains flexibility for discharging service members before sunset period expires; limited ability to remove service members with actual pre-existing personality disorder after sunset period expires	Flexibility for discharging service members with pre-existing personality disorder remains; will need to adhere to proper discharge protocol to demonstrate policy adherence	Service members might enlist only with the intention to attain medical benefits through the VA—additional research is needed to determine what impact this may have upon end strength, morale, and military culture
VA	Likely no additional impact as pre-existing personality disorders are currently excluded from eligibility	More service members could utilize the VA when their military obligation ceases	Likely no additional impact	Additional access to and utilization of services is likely as the number of eligible Veterans could increase
Service member	Less service members could gain entry into military service; service members with pre-existing personality disorders that do pass screening (i.e., lack of system's sensitivity) will still face the obstacles currently encountered when discharged	Partially ensures service member can access some Veterans' benefits; service members may conceal symptoms until sunset period expires before attempting to receive care; military applicants may explicitly deny known personality disorder to gain access to medical benefits	Care at VA is still excluded; future employment and educational opportunities are impacted depending on the type of discharge received	Guaranteed benefits are ensured; unknown how this option may impact military retention or end-strength—additional research is needed

This table examines the various policy alternatives and how each alternative may impact various stakeholders

### Sunset Provision

Weiser (2010) describes the option of a sunset provision in lieu of abandoning the policy outright. For example, a sunset provision would only allow discharges for pre-existing personality disorders to occur within the first 6 months of service (Weiser 2010). After 6 months the personality disorder is considered service-related or service-aggravated. Approximately half of all personality disorder diagnoses are made before the service member has completed 1 year of service (Gunderson and Hourani 2003). This policy recommendation's benefit is in the form of leaving Commanding Officers with considerable flexibility for managing their service members accordingly. Its inherent drawback, however, is the provision's applicability if an event manifests after 6 months into the service member's career, but was determined to pre-exist military service.

### Maintain Current Policy

In a review of adherence to service protocols when separating for personality disorders, the U.S. Government Accountability Office (2010) noted stark discrepancies in

each service's ability to follow its own guidelines for discharging service members with a personality disorder. For the three requirements (i.e., proper notification, diagnosis, and formal counseling) no service achieved compliance by the U.S. Government Accountability Office's standards. The only service to achieve compliance in two of the three categories was the Air Force (U.S. Government Accountability Office 2010).

The DoD could maintain its current policies with the updated August 2008 provisions. If this option was pursued, the first step is to increase compliance for service-specific discharge procedures. As the U.S. Government Accountability Office (2010) made clear, no service was able to achieve compliance in any three of the discharge requirements. Maintaining the existing policy and increasing compliance would help to reduce claims of alleged negligence on behalf of the military services for erroneous discharges (the benefit to the policy recommendation). This recommendation's negative aspect is its lacking ability to provide medical care and benefits for service members that had no prior knowledge of their personality disorder or did not believe their symptoms warranted medical attention, as they are still subject to discharge.

## Provide Care at Department of Veterans Affairs

This policy option provides service members discharged for a pre-existing personality disorder care at the VA regardless of the pre-existing context. If an agreement for providing medical care at the VA is made for service members discharged for a pre-existing personality disorder, the question arises as to which category they fall under. For example, Priority Group 1 includes Veterans with greater than 50 % disability and Priority Group 3 includes Medal of Honor recipients, Prisoners of War, and Purple Heart recipients (Burnam et al. 2009). The benefit of this policy recommendation is service members without prior knowledge of their personality disorder are eligible to receive medical care. The negative aspects for this policy recommendation are twofold. First, if personality disorder Veterans are placed in higher prioritization categories, it may seem incongruent with the Veterans currently in these categories (e.g., Medal of Honor recipients). Second, if the Veterans are placed in lower prioritization categories, it may appear only as if incremental reform occurred.

## Closing Remarks

Discharges for pre-existing personality disorders may remain a contentious topic until further action is taken. The Committees on Armed Services of the Senate and House of Representatives have recently renewed their interest in pre-existing personality disorder separations. Contained within the National Defense Authorization Act for Fiscal Year 2014 (2013) is the stipulation the Comptroller General of the United States is to submit a report quantifying the extent of separations for pre-existing personality disorders and adjustment disorders. Also, the report is to analyze the individual military services' ability to follow prescribed guidelines for separating service members for a pre-existing personality disorder, and the impact these separations have on service members attaining Veterans services (National Defense Authorization Act for Fiscal Year 2014 2013). The Comptroller General report may amplify whether previous deficits were corrected or if they are still persistent today.

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