

## The DoD Times (Redacted)



### *People First... (Sometimes)... When it Comes to Behavioral Health*

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**Did You Know:** Department of Defense Service regulations provide commanders the ability to involuntarily separate an individual if they receive a diagnosis of “adjustment disorder,” which is the most common mental health diagnosis in the DoD with a [diagnosis rate of 30.8%](#).

The [American Psychological Association](#) defines adjustment disorder as “Impairment in social or occupational functioning and unexpected severe emotional or behavioral symptoms occurring within 3 months after an individual experiences a specific identifiable stressful event, such as a divorce, business crisis, or family discord. The event does not meet the traumatic stressor criteria of experiencing or witnessing actual or threatened death or serious injury or a threat to the physical integrity of oneself or others, which can lead to [acute stress disorder](#) or [posttraumatic stress disorder](#). Symptoms may include anxiety, depression, and conduct disturbances and tend to remit following elimination of the stressors or acquisition of new coping skills.”

Simply put, an adjustment disorder is an emotional or behavioral response to acute or chronic stress in an individual's life, which is subjective to the individual. These diagnoses are generally resolvable within 6 months.

Here are some potential implications of these facts:

1. Commanders can pressure Behavioral Health (BH) providers to supply a diagnosis of adjustment disorder to enable the separation of an individual they deem as a “problem.”
2. As we have [previously discussed](#), commanders can also exert this pressure as a form of retaliation and to affect the characterization of service one receives upon discharge from the military.
3. Given adjustment disorder is not recognized as a medical disability and thus involuntarily separated service members are not referred to the Integrated Disability Evaluation System (IDES), proper BH care for the individual is at risk. The risk of inappropriate BH care is often [catastrophic](#).
4. [Military readiness metrics](#) incentivize commanders to have a low number of BH profiles, thus ensuring, at least on paper, a high rate of readiness and deployable service members. These incentives encourage

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commanders to adopt the mentality that they should simply chapter an individual to make room for a service member who is more “ready.”

5. Service members who want an easy way out of their term of service may abuse the BH system to secure an early release from service, albeit to their own detriment.

As a witness to command proceedings in which the commander directed our team to “find a way to chapter those with adjustment disorders faster,” I argue that these regulations give unscrupulous DoD commanders abusive authority over the careers and future of service members. I contend there are only a few reasons a commander will chapter a service member for a BH issue and not properly refer them to the IDES process: out of malice, as a form of retaliation, or for self-serving reasons. These decisions, and the Service regulations that support them, are not only abusive, but they are also clinically unsound as they do not allow for proper mental health treatment as generally accepted in mental health circles outside of the military.

Service Regulations:

- Army: [Army Regulation 635–200](#), Chapter 5-14
- Navy/Marine Corps: [MILPERSMAN 1900-120](#), Chapter 65
- Air Force: [AFI36-3206](#), Chapter 2
- Coast Guard: [COMDTINST 1000.4B](#), Chapter 37

If you feel that you have been a victim of these types of concerns, feel free to reach out privately at [francescagraham@walkthetalkfoundation.org](mailto:francescagraham@walkthetalkfoundation.org), or share your story in the comments.

If you would like to help us fight these issues, please consider donating to the [Walk the Talk Foundation](#) via either [Venmo](#) or [PayPal](#). We greatly appreciate your support.

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