

DEPARTMENT OF THE NAVY BOARD FOR CORRECTION OF NAVAL RECORDS 2 NAVY ANNEX WASHINGTON DC 20370-5100

CRS Docket No: 5703-00 28 February 2002

This is in reference to your application for correction of your naval record pursuant to the provisions of Title 10, United States Code, Section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 21 February 2002. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by the Bureau of Medicine and Surgery dated 17 November 2000, a copy of which is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion.

The Board further noted that an RE-4 reenlistment code is authorized by regulatory guidance and is often assigned when a servicemember is separated due to a diagnosed personality disorder, especially when an individual such as yourself is deemed to be a threat to himself or others. The Board thus concluded that there is no error or injustice in your reenlistment code.

Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER Executive Director

Enclosure

National Naval Medical Center Department of Psychiatry Outpatient Division Bethesda, Maryland 20889-5600

17 November 2000

From: MC USA

To: **Contract Content** MC USN, Specialty Advisor for Psychiatry, Chief BUMED, Naval Medical Center, San Diego, CA 92134-5000

Through: Chairman, Department of Psychiatry, NNMC

Subject: APPLICATION FOR CORRECTION OF NAVAL RECORDS ATAN NO.

Ref: (a) 10 U.S.C. 1552

(b) Board for Correction of Naval Records letter of 10 October 2000 to Specialty Advisor for Psychiatry

Encl: (1) BCNR File

(2) Service Record

(3) VA records, medical records

1. Per your request for review of the subject's petition for a correction of her Navy records and in response to reference (b), I have thoroughly reviewed enclosures (1), (2), and (3).

2. Review of available Navy medical records revealed:

a. SF 513, Consultation Sheet, dated 19 September 1997 from the Mental Health Clinic, Naval Hospital Oak Harbor, was initiated to document a personality disorder manifested by suicidal ideation, impaired interpersonal skills, and trouble adjusting to shipboard life and the pressures of sea duty. The report by Dr. Jane E. Beshore PhD, documented work related stress, stress related to an upcoming marriage, and interpersonal conflicts with roommates that resulted in the patient feeling sad, hopeless, and anxious. The patient received treatment with sertraline and psychotherapy beginning March 1997 with good resolution of her depressive symptoms. The service member unexpectedly received orders which indicated that she and her new husband would be assigned on different deployment schedules. Receipt of these orders resulted in recurrence of her symptoms and in suicidal ideation. The report also documents that the patient has struggled with adaptation to the Navy since entry into the service, has had trouble with the majority of her roommates, and does not make friends due to her dependent and avoidant personality traits. The patient reports that this condition is lifelong, as evidenced by her inability to make friends in school and by her relying on her family for her total emotional support. The patient also reports being afraid of being on a ship with 500 men and working on the flight deck.

b. SF 600, Chronological Record of Medical Care, dated 10 March 97, documenting the service member's report of work related stress, stress related to an upcoming marriage, and interpersonal conflicts with roommates that resulted in her feeling sad, hopeless, and anxious.

c. SF 600, Chronological Record of Medical Care, dated 15 April 97, documenting the service member's report of significant improvement in her symptoms after treatment for five weeks with sertraline.

d. SF 558, Emergency Room report dated 24 July 97 documenting the service member's suicidal ideation that was the result of the service member unexpectedly receiving orders that indicated that she and her new husband would be assigned on different deployment schedules.

e. SF 600, Chronological Record of Medical Care, dated 30 July 97, Mental Health Department, Naval Hospital Oak Harbor, documenting on Axis I: Adjustment Disorder with Depressed Mood, Dysthymia, and on Axis II: Dependent and Avoidant Traits

3. Review of the service record revealed:

a. ATAN entered the service on 18 August 94 in Portland, Oregon. She completed basic training at Great Lakes, Illinois on 12 May 1995, and finished Aviation Maintenance "A" training in September 95. This was followed by assignment to VAQ 129, NAS Whidbey Island, Washington, where she served as a KA-6B System Organizational Maintenance Technician.

b. ATAN dependence at VAQ 129 was sufficient to warrant promotion to ATAN in September 96.

c. There were no awards or letters listed in the service record and no evidence of military offenses or civilian convictions.

d. Letter dated 17 Oct 97 of Honorable administrative discharge for Personality Disorder Not Otherwise Specified with Dependent and Avoidant Traits.

4. Review of the VA records revealed:

a. Rating decision effective 18 October 97, listing a jurisdiction of 30% for Generalized Anxiety Disorder. Reevaluation on 23 February 2000 recommended decrease in the jurisdiction to 10% because the condition noted on 18 October 97 had improved to become Depressive Disorder NOS and Anxiety Disorder NOS. Disability of 30% was continued because the 23 February 2000 reevaluation was a single evaluation and was therefore insufficient to establish sustained improvement. On both of the VA exams diagnosis on Axis II was deferred. No evidence for or against the previous diagnosis of Personality Disorder Not Otherwise Specified with Dependent and Avoidant Traits was presented.

5. Discussion:

a. **Constitution** as evaluated by her flight surgeon and by mental health. She was originally found to have symptoms primarily of depression and to a lesser extent of anxiety, neither of which were sufficient to warrant diagnoses of mental illness which rendered the service member disabled or unfit for full duty. These symptoms are consistent with the finding of personality disorder, and were treated successfully with sertraline. However, when faced with the additional stressor of potential separation from her spouse, who was her primary emotional and social support, the patient became suicidal. This level of dysfunction under stress is also consistent with the diagnosis of personality disorder. There is no evidence of a mental illness present at the time of separation that rendered the service member disabled or unfit for full duty, but, given the increased risk of suicide in persons with personality disorder, the lifelong nature of personality disorders, making it very likely that the maladaptive behavior would recur, and the reduced capacity of persons with a personality disorder to adapt to the stresses of military life, the Navy elected to administratively separate her.

b. There is no documentation in the patient's medical record of treatment in a mental health facility during the period of active duty that would support the diagnosis of Generalized Anxiety Disorder given by the VA.

c. There is no documentation of treatment at a VA facility for a major Axis I psychiatric disorder that would have rendered the service member disabled or unfit for full duty.d. There is no documentation by the VA of evidence to refute the diagnosis of Personality Disorder Not Otherwise Specified with Dependent and Avoidant Traits.

6. Opinion and Recommendations: There is no evidence in the information provided to support amending the diagnosis of Personality Disorder Not Otherwise Specified, with Dependent and Avoidant Traits to a diagnosis of Generalized Anxiety Disorder, or any other psychiatric condition which is unfitting for military service. There is no reason to amend the Administrative Separation from of Personality Disorder Not Otherwise Specified, with Dependent and Avoidant Traits to "medical discharge" as requested in the original correspondence from the service member.

