

Service Discharge Status and Suicide Risk



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

U.S. service members can separate from service with one of several discharge types including, but not limited to: honorable, general, other than honorable (OTH), bad conduct, dishonorable, or officer dismissal. Studies often group OTH discharges into broader ‘non-honorable’ or ‘administrative’ discharge groups with varying definitions. As such, the nomenclature used in individual studies is preserved and defined.

Overview

Upon separating from military service and entering civilian life, every service member is assigned a character of service. Most service members receive an honorable discharge – a service characterization assigned after a voluntary or involuntary separation when the quality of service meets acceptable conduct and performance standards.^{1,2,3} However, there are other designations that service members may receive upon separation.⁴

Service members who receive a general discharge under honorable conditions have demonstrated quality service but do not meet the standards of honorable discharge. They are eligible for most VA benefits.^{4,5} An OTH designation is assigned when a service member’s quality of service did not regularly meet required standards – often due to issues with conduct. An OTH designation impacts eligibility for VA benefits, including health benefits, under State and Federal laws. Service members who have been court-martialed and have received a dismissal, bad conduct, or dishonorable discharge (i.e., a punitive discharge) are not eligible for VA benefits.^{3,4,6}

Around 7% (~548,000) of all former service members between 1980 and 2015 received a discharge from service characterized as non-honorable (including OTH, bad conduct, and dishonorable) (Veterans Legal Clinic, 2020).³ National data from the Bureau of Justice Statistics show higher rates among incarcerated Veterans, 16.2% of whom received a discharge from military service that was characterized as OTH or dishonorable/bad conduct.⁷

Several studies have found that Veterans who received a discharge from service that is not characterized as honorable have a higher suicide rate than honorably discharged Veterans.^{3,5,8,9,10,11} More research is needed to understand why, but some evidence suggests that the burden of mental health and substance use disorders is much higher among former service members discharged as non-honorable than among their honorably discharged peers. In light of these findings, 38 USC 1720I was enacted to provide mental or behavioral health care services to certain former service members discharged under a condition that is not honorable (but not a dishonorable discharge or a discharge by court martial).¹²

Key Findings

Mental Health and Suicide-Related Concerns

- Among the more than 3 million service members

who served between 2001 and 2007, those not honorably discharged (including general discharge under honorable conditions, OTH discharge, dishonorable discharge, and bad conduct discharge) had double the suicide rate of those honorably discharged.¹¹

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- Vietnam era Veterans who received a non-honorable discharge (including dishonorable, unfitness, and misconduct) were twice as likely to die by suicide than Vietnam Veterans who received an honorable discharge.¹⁰
- Former service members with a non-honorable (e.g., general under honorable conditions, OTH, bad conduct, dishonorable, dismissal, uncharacterized, or other)⁸ or other than honorable (or undesirable) discharge status¹³ may have mental or physical challenges that predate their military discharge and may have contributed to their discharge.^{8,13}
- Veterans who have been non-honorably discharged tend to be younger than honorably discharged Veterans,^{5,13,14} are more likely to be unmarried,¹⁴ have experienced intense combat,^{5,14} report lower income,¹³ lack health insurance,¹³ and have a history of incarceration.¹⁴
- OTH discharged former service members ages 18–34 are more likely than their honorably discharged peers to report clinically significant levels of mental health or substance use problems, including generalized anxiety disorder (69% vs. 42.3%), depression (58.6% vs. 36.5%), posttraumatic stress disorder (PTSD [79.3% vs. 48.4%]), traumatic brain injury (44.8% vs. 20%), alcohol misuse (62.1% vs. 32.4%), and cannabis misuse (58.6% vs. 6.8%). Former service members who receive a general or OTH discharge were also more likely than their honorably discharged peers to report clinically significant levels of mental health and substance use problems.⁵
- In a sample of post-9/11 Veterans, those given a general discharge or a discharge under other than honorable conditions (UOTHC) had a significantly higher prevalence of suicidal ideation compared to those who had been honorably discharged. However, after controlling for history of suicide attempts, combat exposure, PTSD, depression, and drug dependence, discharge status was no longer associated with suicidal ideation.¹⁵
- In a sample of post-9/11 Veterans who had been separated from military service for three years, separating UOTHC or with a punitive discharge was associated with five times greater odds of experiencing remitting suicidal ideation (i.e., high levels upon separation that decreased over time) as compared to experiencing minimal suicidal ideation during this reintegration time period.¹⁶
- Post-9/11 Veterans with a general discharge or a discharge UOTHC were also more likely to use mental health services than their honorably discharged counterparts. Among Veterans who did not use mental health services in the past three months, having a general discharge or a discharge UOTHC was associated with a significant increase in suicidal ideation.¹⁵
- Former service members with OTH or general discharge under honorable conditions have a less favorable attitude toward seeking professional mental health help than honorably discharged Veterans.⁵
- Post-9/11 service members who received an OTH discharge were twice as likely as those who received an honorable or general discharge to have family histories of depression and drug misuse. They are also more likely to misuse drugs and have poor social support, sleep issues, and a history of psychiatric hospitalization.¹⁴
- Among former service members, a higher score on the Combat Experiences Scale or a non-honorable discharge (including general under honorable conditions; OTH; bad conduct discharge; dishonorable discharge; dismissal; uncharacterized; other) were positively correlated with more severe PTSD symptoms. Additionally, the study found that reported social connectedness had an inverse relationship with PTSD symptom severity.¹⁷ Service members with OTH or general discharge status had comparable levels of PTSD symptoms to those with an honorable discharge one year prior to separating from service, but symptoms increased close to the time of separation and remained elevated.¹
- A 2018 study of over 310,000 former service members who separated from the military in 2005–06 found that those with an OTH discharge were at higher risk of experiencing homelessness than honorably discharged Veterans.¹⁷

Ways You Can Help

- Familiarize yourself with **VA mental and behavioral health care services available** to former service members discharged under a condition that was not honorable. Research suggests that mental health care services have the potential to mitigate the elevated risk for suicidal ideation among Veterans with non-honorable discharges.¹⁵
- Explore barriers to care and patients' assumptions about care; OTH discharged former service members have less



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favorable attitudes toward receiving professional mental health care.^{5,18}

- Do not assume that former service members discharged under a condition that is not honorable understand which services they are eligible to receive. Former service members who qualify are likely to need help understanding what services they are eligible to receive, what they need to do to receive services, and how to navigate community resources and treatment options. **Contact your local VA Social Work office for care and treatment resources and support.**
- Approach these former service members with compassion and understanding, validating their experiences and present difficulties, as you help them connect with care in the community.
- Familiarize yourself with the **Veterans Justice Outreach** facilitators at your facility because former service members discharged under a condition that is not honorable are disproportionately involved in the legal system.¹⁸
- VHA can provide some mental and behavioral health care services to eligible former service members discharged under a condition that is not honorable, including those individuals at risk for harm to self or others. Those who meet eligibility criteria are not required to enroll in VA's health care system, or to pay any co-payments for mental and behavioral health care services included under VA's standard medical benefits package.¹² The 2020 VHA Directive 1601A.02(2) for Eligibility Determination can be accessed on the Veterans Health Administration Publications Homepage in the **list of directives**. Contact your local eligibility office for more information.
- Under the **Veterans Comprehensive Prevention Access to Care and Treatment (COMPACT) Act**, Veterans in acute suicidal crisis will be able to go to an VA or non-VA health care facility for emergency health care at no cost. Eligible individuals, regardless of VA enrollment status, include Veterans who were discharged or released from active duty after more than 24 months of active service under conditions other than dishonorable.
- **VHA Train** is an external learning management system to provide valuable, Veteran-focused, accredited, continuing medical education at no cost to community health care providers, including courses on suicide prevention.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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