Discharge Status and Public Health: 
A Snapshot of U.S. Soldiers and Marines 
Discharged Between 2001 and 2011

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While an expedient discharge of problematic service members aligns well with the mission to fight and win wars, the consequences passed on to the civilian public health and criminal justice systems have yet to be quantified and largely remain unknown.¹ The Uniform Code of Military Justice (UCMJ) is federal law that defines the military justice system, in which a military commander has substantial control over administrative separations and courts-martial. While minor infractions are typically handled by sanctions such as extra duty, more serious infractions can lead to involuntary separation from the military. These include (1) punitive discharges (e.g., bad-conduct discharge, dishonorable discharge) or (2) administrative discharges (e.g., other-than-honorable discharge).

Many eligibility requirements for benefits through the Department of Veterans Affairs (VA) are dependent on receiving an honorable or under-honorable-conditions discharge. As such, service members receiving a bad-conduct or other-than-honorable discharge are often ineligible and require further determination of benefits through the VA’s evaluation process. Prior work has brought to light the negative impacts of general and undesirable discharges from military service on the individual dating back decades, resulting in recent changes to eligibility requirements for specific behavioral health benefits through two VA programs. The first program was initiated in 2017 to provide emergency mental health services to those with OTH discharges who are in distress. This emergency mental health treatment is available for up to 90 days.

The second program relates to Public Law 115-141 and allows former service members with OTH discharges to receive ongoing mental and behavioral health care if they meet one of two criteria: (1) were on active duty for more than 100 days and served in a combat role, or (2) experienced sexual harassment or sexual assault while serving. These programs are steps in the right direction. Still, the treatment of Veterans with OTH discharges, who may have behavioral health conditions related to their military service, is potentially passed onto local health care and criminal justice systems. A better understanding of the behavioral health status of Veterans with OTH discharges is necessary to inform future policy and practice.

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Given this gap in knowledge, this analysis provides a better understanding of the behavioral health status, including mental health and criminal justice involvement, of U.S. Army and Marine Corps service members with OTH discharges between 2001 and 2011.

### Discharges

As shown in Figure 1, the vast majority of Soldiers and Marines received an honorable or under honorable condition discharge, however, there are still over 50,000 Soldiers and Marines who received an OTH discharge between 2001 and 2011.

![Figure 1. Number of discharges by type and branch of service](image-url)
Veterans with Other-than-Honorable Discharges

Table 1. Demographics and Receipt of Accession Waiver of US Army and Marine Corps OTH Discharges, 2001-2011

<table>
<thead>
<tr>
<th></th>
<th>Army</th>
<th></th>
<th>Marines</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
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<tr>
<td>Male</td>
<td>26244</td>
<td>88.6</td>
<td>21749</td>
<td>96.26</td>
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<tr>
<td>Female</td>
<td>3378</td>
<td>11.4</td>
<td>846</td>
<td>3.74</td>
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<tr>
<td><strong>Waiver</strong></td>
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<td></td>
</tr>
<tr>
<td>Age</td>
<td>16</td>
<td>0.05</td>
<td>60</td>
<td>0.27</td>
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<tr>
<td>Dependency</td>
<td>239</td>
<td>0.81</td>
<td>846</td>
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<tr>
<td>Mental</td>
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<td>9.91</td>
<td>4263</td>
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<tr>
<td>Separation</td>
<td>697</td>
<td>2.35</td>
<td>231</td>
<td>1.02</td>
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<tr>
<td>Drug</td>
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<td>Education</td>
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<td>Alien</td>
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<td>0</td>
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<td>Loyalty</td>
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<td>0.34</td>
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<tr>
<td>Objector</td>
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<td>0</td>
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<td>0</td>
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<td>Unique</td>
<td>123</td>
<td>0.42</td>
<td>1297</td>
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<tr>
<td>Other</td>
<td>15</td>
<td>0.05</td>
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Table 2. Number of Deployments

<table>
<thead>
<tr>
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<th></th>
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<tbody>
<tr>
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<td>3+</td>
<td>261</td>
<td>0.89</td>
<td>114</td>
<td>0.5</td>
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</tbody>
</table>

Average Length of Service in Years

Army 3.15
Marines 2.86

Ever Deployed

Army 15.56%
Marines 20.37%
Mental Health and Substance Abuse

Despite efforts to decrease stigma related to mental health in the military, there remains an underreporting of behavioral health issues by service members; many help-seeking behaviors come in the form of utilization of chaplains or other non-medical personnel. Therefore, mental health diagnosis rates reflect two important points: (1) rates are likely an underrepresentation of actual numbers of service members experiencing mental health issues, and (2) the mental health issues that are reported are likely more severe. Types of discharge by behavioral health diagnosis, both inpatient and outpatient, are shown in Appendix B and Appendix C.

<table>
<thead>
<tr>
<th>Behavioral Health Diagnosis</th>
<th>Army Outpatient</th>
<th>Army Inpatient</th>
<th>Marines Outpatient</th>
<th>Marines Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Mental Health</td>
<td>1255</td>
<td>228</td>
<td>1170</td>
<td>173</td>
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<tr>
<td>PTSD</td>
<td>227</td>
<td>32</td>
<td>246</td>
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<tr>
<td>Anxiety</td>
<td>342</td>
<td>45</td>
<td>329</td>
<td>21</td>
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<tr>
<td>Depressive</td>
<td>496</td>
<td>89</td>
<td>468</td>
<td>60</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1096</td>
<td>113</td>
<td>980</td>
<td>61</td>
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</table>

Table 4. Criminal Justice Involvement

<table>
<thead>
<tr>
<th>Crime</th>
<th>Army Frequency</th>
<th>Army Percent</th>
<th>Marines Frequency</th>
<th>Marines Percent</th>
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<tbody>
<tr>
<td>Any</td>
<td>4140</td>
<td>13.98</td>
<td>2590</td>
<td>11.46</td>
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<tr>
<td>Drug</td>
<td>2188</td>
<td>7.39</td>
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</tr>
<tr>
<td>Property</td>
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<td>4.31</td>
<td>810</td>
<td>3.58</td>
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<tr>
<td>Violent</td>
<td>1132</td>
<td>3.82</td>
<td>638</td>
<td>2.82</td>
</tr>
<tr>
<td>Other</td>
<td>2112</td>
<td>7.13</td>
<td>1072</td>
<td>4.74</td>
</tr>
</tbody>
</table>
Had a Mental Health Diagnosis or Documented Substance Abuse While Serving

Army 6.89%

Marines 8.59%
Criminal Justice Involvement

While there are many programs available for justice-involved Veterans, we know that more than half of justice-involved Veterans have mental health or substance-abuse disorders. To exacerbate the problem, Veterans with an OTH or dishonorable discharge lose access to the very mental health or substance abuse treatment programs that could reduce their risk of criminal justice involvement. In addition, while it is more pronounced within the Marine Corps, both services had a greater percentage of OTH and bad conduct/dishonorable discharges for service members with a drug related criminal offense compared to those with a violent criminal offense. As noted in the Methods section below, these crime data only include contact with military police, thus, criminal justice incidents are likely underreported.

Conclusions

Taken together, these findings have important implications for both policy and practice. First, it is possible that military experiences exacerbated, or were the impetus for, behavioral health conditions, such as mental health or substance abuse issues. Policymakers should take into consideration perimilitary diagnoses in determining eligibility for behavioral health care and other benefits known to confer protection against negative outcomes (e.g., homelessness, suicide) in Veterans with OTH discharges. Second, the high number of individuals receiving an OTH discharge who received accession waivers, specifically legal and drug waivers, indicates that the use of these types of waivers may be associated with long-term negative sequelae including economic costs related to training and lost productivity and decreased unit morale or cohesion. Finally, although OTH and dishonorable discharges have historically been used as punitive measures, the ramifications of separating service members with documented behavioral health conditions from the military in this way should be considered, particularly given the implications for these Veterans in terms of continued receipt of mental health and substance abuse treatment.

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This study, conducted by RTI International at the request of the North Carolina Department of Health and Human Services, provides a behavioral health profile of United States Soldiers and Marines who received an Other-than-Honorable discharge between 2001 and 2011.

Participants and Procedure
The analysis dataset was assembled from DoD records and included all service members who accessed into the U.S. Army or U.S. Marine Corps between 2001 and 2011 (N = 1,184,703 total personnel, N = 812,002 individuals who served in the Army, and N = 362,169 individuals who served in the Marine Corps). There were 10,532 personnel who served in multiple service branches over their military careers and were excluded to simplify analyses. After omitting cases with missing data, the analysis dataset consisted of 773,359 Army soldiers and 332,093 Marines, which comprised 95.2% and 91.8% of the full populations, respectively.

We used merged data from the Career History and Archival Medical Personnel System (CHAMPS), the Defense Manpower Data Center (DMDC), and the Expeditionary Medical Encounter Database (EMED) to obtain an extensive and multifaceted picture of military experience for each service member, including accession and discharge dates, accession and Delayed Entry Program (DEP) waivers, duty station and deployment information, inpatient and outpatient medical visit dates and International Classification of Diseases (9th rev.; ICD-9) diagnostic codes, combat injury records, rank and pay grades, Unit Identification Codes (UICs) over time and enrollment in substance abuse treatment over time, as well as the Centralized Operations Police Suite (COPS) database, which is a military law enforcement reporting and tracking system. The COPS database includes all reports
made by military police of both violent and nonviolent criminal offenses. All study procedures were approved by RTI International’s Committee for the Protection of Human Subjects, the Naval Health Research Center’s Institutional Review Board, and the US Army Medical Research and Material Command Office of Research Protections.

**Outcome measures.** Outcomes were measured as the occurrence of an outpatient or inpatient visit that resulted in a recorded ICD-9 diagnostic code for PTSD (308.x and 309.8x), non-PTSD anxiety disorder (293.84, 300.00-300.02, 300.09, 300.10, 300.2x, 300.3, 300.5, 300.89, 300.9, 308.x, 313.0-313.33, 313.82, 313.83), depressive disorder (293.83, 296.2x, 296.3x, 300.4 and 311.0), or any mental health disorder (290.x, 293.x-302.x, 306.x-319.x, 331.0-331.2, 331.82, 648.4x, V11.0-V11.2, V11.4-V11.9, V15.4x, V40.x, V66.3, V67.3). These diagnosis groups originated from the Clinical Classifications Software (CCS) multilevel diagnoses categories, with some exceptions (V15.82, V62.85, V62.85, V70.1, V70.2, V71.0x, V79.0, V79.2, and V79.9 were excluded from our definition of overall mental health; Healthcare Cost and Utilization Project Clinical Classification Software, 2017). Posttraumatic stress disorder, defined as an anxiety disorder characterized by disturbing mental symptoms lasting longer than a month and precipitated by a traumatic event, is recognized to be a stigmatized disorder (Mittal et al., 2013). Therefore, following prior examples in the field, we opted for a more inclusive definition to counteract potential underreporting common in administrative data (Crum-Cianflone, Powell, LeardMann, Russell, & Boyko, 2016; LeardMann, Smith, & Ryan, 2010). The definition of non-PTSD anxiety disorders excluded the ICD-9 code for PTSD (309.81).

Substance or alcohol abuse disorders were measured as the occurrence of enrollment in substance abuse treatment or a medical outpatient or inpatient visit at a military medical facility that resulted in a recorded ICD-9 diagnosis of a substance or alcohol abuse disorder. We defined a diagnosis as an inpatient or outpatient visit which listed the ICD-9 codes for substance-abuse disorder (291.x, 292.x, 303.x, 304.x,
Appendix A: Methods

305.x, 357.5, 425.5, 535.3x, 571.0-571.3, 648.3x, 655.5x, 760.71-760.73, 760.75, 779.5, 790.3, 965.0x, 980.x, V65.42). These diagnosis groups originated from the Clinical Classifications Software (CCS) multi-level diagnoses categories.

Criminal activity was also examined. Offense codes were not provided in the COPS database; we used keyword searches in the offense description and incident title fields to categorize offenses into National Incident Base Reporting System (NIBRS) categories including violent and drug offenses. This includes only reports made by military police and does not account for contact with the civilian criminal justice system.

All waivers were up-coded to the broadest category; for example, substance-related/drug waivers included enlistment waiver codes FAA through FDF (drug involvement not considered a law violation with alcohol abuse waiver, drug involvement not considered a law violation with marijuana usage waiver, drug involvement not considered a law violation with other drug usage waiver, and drug involvement not considered a law violation with drug and alcohol test positive waiver).
Appendix B: Comparisons across Discharge Types, Army*

Discharge Type by Sex

Male Soldiers were more likely to receive an OTH discharge than female Soldiers.

Discharge Type by Age Waivers

Soldiers who had received age waivers were less likely to receive an OTH discharge than those who had not.

*All graphs shown in Appendix display statistically significant differences.
Appendix B: Comparisons across Discharge Types

Army

Soldiers who had received mental health waivers were more likely to receive an OTH discharge than those who had not.

Soldiers with legal waivers were more likely to receive an OTH discharge than those without legal waivers.
Appendix B: Comparisons across Discharge Types

Army

Soldiers who had received a separation waiver were less likely to receive an OTH discharge than those without a separation waiver.

Soldiers who had received a drug waiver were more than twice as likely to be discharged under OTH conditions, and three times as likely to receive a dishonorable discharge, than those who had not received a drug waiver.
Appendix B: Comparisons across Discharge Types

**Army**

Soldiers with a medical waiver were less likely to receive an OTH discharge than those who did not.

Discharge Type by Medical Waiver

Soldiers who had an outpatient PTSD diagnosis while in the military were only half as likely to receive an OTH or dishonorable discharge as those without.

Discharge Type by PTSD–Outpatient
Appendix B: Comparisons across Discharge Types

Army

Soldiers with an outpatient substance abuse diagnosis were more than twice as likely to receive an OTH discharge than those without.

Discharge Type by Substance Abuse—Outpatient

Soldiers with an inpatient substance abuse diagnosis received an OTH discharge at nearly three times the rate of those without, and were more than twice as likely to receive a dishonorable discharge.

Discharge Type by Substance Abuse—Inpatient
Appendix B:  
Comparisons across 
Discharge Types

Army

Soldiers with an outpatient depressive disorder diagnosis were less likely to receive an OTH or dishonorable discharge than those without.

Discharge Type by Depressive–Outpatient

Yes (n = 14,504)  
No (n = 609,315)

Soldiers with an inpatient depressive disorder diagnosis were more likely to receive an OTH discharge than those without.

Discharge Type by Depressive–Inpatient

Yes (n = 1,432)  
No (n = 622,387)
Appendix B: Comparisons across Discharge Types

Army

Soldiers with other outpatient mental health diagnoses were less likely to receive an OTH discharge than those without.

Discharge Type by Mental Health–Outpatient

- Yes (n = 35, No (n = 588)
- Honorably or Under Honorable Condition: 96.4%
- Under Other Than Honorable (OTH) Conditions: 3.5%
- Bad Conduct / Dishonorable: 0.1%

However, Soldiers with other inpatient mental health diagnoses were more likely to be discharged under OTH conditions.

Discharge Type by Mental Health–Inpatient

- Yes (n = 3,560, No (n = 620,259)
- Honorably or Under Honorable Condition: 93.5%
- Under Other Than Honorable (OTH) Conditions: 6.4%
- Bad Conduct / Dishonorable: 0.1%

- Honorably or Under Honorable Condition: 95.1%
- Under Other Than Honorable (OTH) Conditions: 4.7%
- Bad Conduct / Dishonorable: 0.2%
Appendix B: Comparisons across Discharge Types

Army

Soldiers with an outpatient anxiety disorder diagnosis were less likely to receive OTH discharges than those without.

However, Soldiers with inpatient anxiety disorder diagnoses were more likely to be discharged under OTH conditions than those without.

Discharge Type by Anxiety–Outpatient

Discharge Type by Anxiety–Inpatient
Appendix B: Comparisons across Discharge Types

Army

Soldiers with any crime documented by military police were more likely to receive OTH and dishonorable discharges than those without.

Discharge Type by Any Crime

Soldiers with documented drug crimes were three times as likely to receive an OTH discharge and more than four times more likely to receive a dishonorable discharge than those without.

Discharge Type by Drug Crime
Appendix B: Comparisons across Discharge Types

Army

Soldiers with documented property crimes were more likely to receive an OTH discharge and more than five times as likely to receive a dishonorable discharge than those without.

Soldiers with documented violent crimes were more likely to receive an OTH discharge and more than four times as likely to receive a dishonorable discharge than those without.
Appendix B:
Comparisons across Discharge Types

Army

Number of Deployments by Discharge Type

- Honorable or Under Honorable Condition
- Under Other than Honorable (OTH) Conditions Discharge Type
- Bad Conduct / Dishonorable

<table>
<thead>
<tr>
<th>Number of Deployments</th>
<th>Honorable or Under Honorable Condition</th>
<th>Under Other than Honorable (OTH) Conditions Discharge Type</th>
<th>Bad Conduct / Dishonorable</th>
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<tr>
<td>0</td>
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<td>1</td>
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<tr>
<td>3+</td>
<td>2.3</td>
<td>7.8</td>
<td>2.3</td>
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</tbody>
</table>

22
Male Marines were more likely to receive OTH discharges and were three times as likely to receive bad conduct or dishonorable discharges than female Marines.

Marines who had received dependency waivers were more likely to receive OTH and dishonorable discharges than those who had not.

*All graphs shown in Appendix display statistically significant differences.*
Appendix C: Comparisons Across Discharge Types

Marines

Marines who had received legal waivers were more likely to receive OTH and dishonorable discharges than those who had not.

Discharge Type by Legal Waivers

<table>
<thead>
<tr>
<th>Discharge Type</th>
<th>Yes (n = 35,021)</th>
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<td>Honorable or Under Honorable Condition</td>
<td>82.7</td>
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<tr>
<td>Bad Conduct / Dishonorable</td>
<td>5.2</td>
<td>3.2</td>
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</table>

Marines who had received separation waivers were less likely to receive OTH and dishonorable discharges than those who had not.

Discharge Type by Separation Waiver

<table>
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<tr>
<th>Discharge Type</th>
<th>Yes (n = 4,442)</th>
<th>No (n = 270,006)</th>
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<td>88.2</td>
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<td>Under Other than Honorable (OTH) Conditions Discharge Type</td>
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</tr>
<tr>
<td>Bad Conduct / Dishonorable</td>
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<td>3.5</td>
</tr>
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</table>
Appendix C: Comparisons Across Discharge Types

Marines

Marines who had received a drug waiver were more than two and a half times as likely to receive OTH discharges, and more likely to receive dishonorable discharges, than those who had not.

Discharge Type by Drug Waiver

Yes (n = 59,381)
No (n = 215,067)

Marines who had received medical waivers were equally likely to receive honorable discharges, but were slightly more likely to receive OTH, and slightly less likely to receive dishonorable discharges, than those who had not.

Discharge Type by Medical Waiver

Yes (n = 30,395)
No (n = 244,053)
Marines with an outpatient PTSD diagnosis were slightly more likely to receive honorable discharges, more likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an outpatient PTSD diagnosis.

Marines with an inpatient PTSD diagnosis were less likely to receive honorable discharges, more than twice as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an inpatient PTSD diagnosis.

<table>
<thead>
<tr>
<th>Discharge Type by PTSD–Outpatient</th>
<th>Yes (n = 2,249)</th>
<th>No (n = 272,199)</th>
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</thead>
<tbody>
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<td>Honorable or Under Honorable Condition</td>
<td>88.7</td>
<td>88.3</td>
</tr>
<tr>
<td>Under Other than Honorable (OTH) Conditions Discharge Type</td>
<td>10.9</td>
<td>8.2</td>
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<tr>
<td>Bad Conduct / Dishonorable</td>
<td>0.4</td>
<td>3.5</td>
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<table>
<thead>
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<th>Discharge Type by PTSD–Inpatient</th>
<th>Yes (n = 103)</th>
<th>No (n = 274,345)</th>
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<td>Honorable or Under Honorable Condition</td>
<td>83.5</td>
<td>88.3</td>
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<td>Under Other than Honorable (OTH) Conditions Discharge Type</td>
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<tr>
<td>Bad Conduct / Dishonorable</td>
<td>0</td>
<td>3.5</td>
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</table>
Appendix C: Comparisons Across Discharge Types

Marines

Only 41.5% of Marines with a documented outpatient substance abuse disorder received honorable or general under honorable discharges. Marines with outpatient substance abuse diagnoses were less than half as likely to receive honorable or under honorable conditions discharges and were more than seven times as likely to receive an OTH discharge as those without.

Only 45.2% of Marines with a documented inpatient substance abuse disorder received honorable or general under honorable discharges. Marines with inpatient substance abuse diagnoses were about half as likely to receive honorable or under honorable conditions discharges and were almost six times as likely to receive an OTH discharge as those without. Marines with inpatient substance abuse diagnoses were also much more likely to receive bad conduct or dishonorable discharges.
Appendix C: Comparisons Across Discharge Types

**Marines**

Marines with an outpatient depressive disorder diagnosis were less likely to receive honorable discharges, about twice as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an outpatient depressive disorder diagnosis.

Marines with an inpatient depressive disorder diagnosis were less likely to receive honorable discharges, more than two and half times as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an inpatient depressive disorder diagnosis.
Appendix C: Comparisons Across Discharge Types

Marines

Marines with an outpatient mental health disorder diagnosis were less likely to receive honorable discharges, more than twice as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an outpatient mental health disorder diagnosis.

Marines with an inpatient mental health disorder diagnosis were less likely to receive honorable discharges, nearly three times as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an inpatient mental health disorder diagnosis. Nearly one quarter of Marines with inpatient mental health diagnoses did not receive honorable or under honorable conditions discharges.
Appendix C: Comparisons Across Discharge Types

Marines

Marines with an outpatient anxiety disorder diagnosis were less likely to receive honorable discharges, more than twice as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an outpatient anxiety disorder diagnosis.

Discharge Type by Anxiety–Outpatient

Yes (n = 1,947)
No (n = 272,501)

Marines with an inpatient anxiety disorder diagnosis were less likely to receive honorable discharges, more than twice as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an inpatient anxiety disorder diagnosis.

Discharge Type by Anxiety–Inpatient

Yes (n = 106)
No (n = 274,342)
Appendix C:
Comparisons Across Discharge Types

**Marines**

Marines with any crime documented by military police were more than three and a half times as likely to receive OTH discharges, and more likely to receive dishonorable discharges, than those without.

![Discharge Type by Any Crime](image)

Yes (n = 9,585)  
No (n = 264,863)

Less than one quarter of Marines with a documented drug crime received honorable or general under honorable discharges. Marines with documented drug crimes were more than eight times as likely to receive an OTH discharge and almost four times more likely to receive a dishonorable discharge than those without.

![Discharge Type by Drug Crime](image)

Yes (n = 1,828)  
No (n = 272,620)
Appendix C: Comparisons Across Discharge Types

**Marines**

Marines with documented property crimes were more than three and a half times as likely to receive an OTH discharge and almost three times more likely to receive a dishonorable discharge than those without.

Marines with documented violent crimes were 2.75x as likely to receive an OTH discharge and more likely to receive a dishonorable discharge than those without.
Appendix C: Comparisons Across Discharge Types

Marines

Number of Deployments by Discharge Type

- 0 deployments: Honorable or Under Honorable Condition - 44.2%, Under Other than Honorable (OTH) Conditions Discharge Type - 79.6%, Bad Conduct / Dishonorable - 85.1%
- 1 deployment: Honorable or Under Honorable Condition - 30.7%, Under Other than Honorable (OTH) Conditions Discharge Type - 15.9%, Bad Conduct / Dishonorable - 11.9%
- 2 deployments: Honorable or Under Honorable Condition - 19.0%, Under Other than Honorable (OTH) Conditions Discharge Type - 4.0%, Bad Conduct / Dishonorable - 2.6%
- 3+ deployments: Honorable or Under Honorable Condition - 6.1%, Under Other than Honorable (OTH) Conditions Discharge Type - 0.5%, Bad Conduct / Dishonorable - 0.3%