DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
701 S. COURTHOUSE RD
ARLINGTON, VA 22204

[redacted]
Docket No. 4192-25
Ref: Signature Date

[redacted]

Dear [redacted]

This is in reference to your application for correction of your naval record pursuant to Title 10, United States Code, Section 1552. After careful and conscientious consideration of relevant portions of your naval record and your application, the Board for Correction of Naval Records (Board) found the evidence submitted was insufficient to establish the existence of probable material error or injustice. Consequently, your application has been denied.

A three-member panel of the Board, sitting in executive session, considered your application on 18 March 2026. The names and votes of the panel members will be furnished upon request. 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, relevant portions of your naval record, and applicable statutes, regulations, and policies. The Board also considered a 26 January 2026 advisory opinion (AO) from a board-certified psychiatrist. Although you were provided an opportunity to respond to the AO, you chose not to do so.

The Board determined your personal appearance with or without counsel would not materially add to their understanding of the issues involved. Therefore, the Board determined a personal appearance was not necessary and considered your case based on the evidence of record.

A review of your naval record reveals that you commissioned in the Navy and commenced a period of active duty on 5 May 2019. According to the report of the AO, on 26 August 2021, you presented to the [redacted]) Emergency Medical Department with suicidal ideation. You reported feeling "overworked and overwhelmed" and that you did "not want to be in the Navy anymore." You reported that your stress began in April 2020 with your stepfather passing away from heart attack while you were on deployment and, three days prior to the medical evaluation, you received orders to another sea-going command. You stated that, "the idea of deploying again" caused you "significant distress." You were diagnosed with Adjustment Disorder with Depressed Mood and Other Problem Related to

Employment. According to the AO, citing a 3 September 2021 Psychiatry Clinic, [redacted], note, you were admitted in-patient to the Psychiatry Unit from 26 August 2021 to 2 September 2021. According to the AO, citing a 21 September 2021 Administrative Note, a psychiatrist at NMCP wrote:

> I served as Convening Authority for this Limited Duty Board. As part of this, I have reviewed the pertinent medical and mental health records of the service member within AHLTA and HAIMS. In review of the record, I concur with the recommendation to return the member to [duty] and pursue CND [Condition, Not a Disability] given updated case formulation.

Next, according to the AO, citing a 24 September 2021 Administrative Note, a different psychiatrist at [redacted] wrote:

> I served as MEB2 for the Medical Evaluation Board assembled to review the case of this Service Member. Upon review of the case, I concur with the recommendation for this Service Member for Administrative Separation on the basis of an Adjustment Disorder, IAW MILPERSMAN 1900-120. Based upon consultation with the initiating provider and review of the medical records, there appears to be no basis for referral of this Service Member's case to the Physical Evaluation Board/Disability Evaluation System. This includes a lack of PTSD/TBI (both have been ruled out), as well as any other medical condition, psychiatric or otherwise.

Your diagnosis remained Adjustment Disorder with Depressed Mood and you were released to full duty without limitations. Next, according to the AO, citing a 21 September 2021 Administrative Note, a psychiatrist at [redacted] wrote:

> As Convening Authority, I have reviewed the available medical record for this CND [Condition, Not a Disability] case. The service member is a LTJG with approximately 2 years 4 months TIS [time in service] currently assigned Expeditionary[redacted]. The SM has been recommended for a voluntary administrative separation based on an acute adjustment disorder in context of the service member's dissatisfaction with military service and poor motivation to continue such. The member was initially offered a period of limited duty to attempt to address his depressive and anxiety symptoms but the SM has made it clear he attributes his symptoms specifically to naval service and is not motivated for further treatment perceiving separation as only avenue to alleviate them. There is no evidence of PTSD/TBI or other ratable disabling mental or physical medical condition. This reviewer concurs with the diagnosis and administrative separation recommendations. For full report, please see LIMDU SMART."

Your diagnosis remained Adjustment Disorder with Depressed Mood and you were released to full duty without limitations. Next, according to the AO, a 29 September 2021 Administrative note from Naval Medical Forces Atlantic by a psychiatrist stated, in part:

> I served as medical officer reviewer on behalf of NMFL FO [Naval Medical Forces Atlantic Flag Officer] for this CND [Condition, not a Disability]. The service member is 24 year old LTJG with 2 years 4 months TIS currently assigned to ESG2, previously assigned to the [redacted], prior to being placed on limited duty after he was psychiatrically admitted in August for 7 days due to suicidal ideations in the context of occupational and military stressors. At that time he was diagnosed with adjustment disorder with depressed mood and Z56.9 Other Problem Related to Employment. While on LIMDU assigned to ESG2, he required another 10 day psychiatric inpatient hospitalization earlier this month secondary to worsening suicidal ideations, all in the context of significant dissatisfaction with the navy, even in a shore duty capacity. The service member has been returned to full duty, but recommended for a member initiated, voluntary administrative separation based on an acute adjustment disorder in context of the service member's dissatisfaction and failure to adapt to military service and poor motivation to continue such. Poor adaptability has been demonstrated by his requiring two psychiatric hospitalizations over the course of the last month for the aforementioned SI in the context of naval service. It is the opinion of the MEB the member's condition will worsen if returned to an operational setting. In his memo submitted for the voluntary CnD, he clearly notes that if he remains in the navy, he will continue to have worsening depressive and anxiety symptoms. If retained he poses risks of danger to self, others or mission. There is no evidence of PTSD/TBI or other ratable disabling mental or physical medical condition. This reviewer concurs with the CND and is forwarding to FO recommending endorsement of such.

Next, according to the AO, you were evaluated by a clinical psychologist at [redacted] on 5 October 2021, who stated that you reported that you your current stressors were to get out of the Navy and return home to be with your mother. You stated "I got really depressed and can't be in the navy after my dad died." It was further noted that:

> He shares that being in the navy has made him miserable and the grief of his stepfather's death, leaving his mother alone, have all made it all more difficult to cope with being in the navy. He has been approved for administrative separation (CnD) that was submitted during his 2nd episode of inpatient psychiatric hospitalization. He shares that he realized the navy is not a good fit and he joined 'solely to gain the validation' of his stepfather who insisted that his children served in the military. His symptoms have caused significant challenges to his social, emotional, and occupational functioning.

On 8 November 2021, you submitted a request for separation based on Medical Condition Not Amounting to a Disability. In your request, you requested separation based on the medical condition for which your attending physician believed to exist, but did not amount to a disability per current Navy guidance. On 9 November 2021, your commanding officer endorsed your request, commenting as follows:

> The service member reported symptoms of anxiety and depression while onboard [redacted] Removing him from operational duty resolved these

> symptoms. It is highly likely symptoms would recur if he returns to an operational environment. His impairment makes him incompatible with military service, but does not amount to a physical disability, I recommend him for administrative separation per MILPERSMAN 1900-120.

On 18 July 2022, the Deputy Chief of Naval Personnel approved your discharge and, on 30 November 2022, you were so discharged.

In your application to this Board, you request (1) reimbursement of your ROTC scholarship debt $34,295.05 that you remitted after being discharged for not completing your entire active duty requirement, and (2) reevaluation by a Medical Evaluation Board (MEB) for consideration of a medical retirement. In support of your request, you asserted that you should be reimbursed for the tuition you repaid for your ROTC scholarship debt because you entered your ROTC contract in good faith and the Navy decided to separate you. With respect to his request to be reviewed by a MEB for a medical retirement, you stated that, while you agree that your rating from the Department of Veterans Affairs (VA) is not conclusive on this issue, it does show that your mental health issues and migraines that hindered you on active duty persist now. You further asserted that an "adjustment disorder" diagnosis is an expedient mechanism to separate some service members. Further, you argued that, with over three years in service, you should not be summarily lumped in or labeled with this one single diagnosis, which has been proven not to include your other mental and physical issues.

In order to assist it in reviewing your application, the Board sought the AO, which was considered unfavorable to your request and, as noted, you did not seek to rebut. According to the AO, after reviewing the available evidence, at the time of your discharge from naval, the preponderance of evidence did not support your contention that your Adjustment Disorder condition should have been considered Chronic and referable to the Disability Evaluation System (DES). Further, the AO states, "Based on the available evidence, it is my clinical opinion there is insufficient evidence of error in the in-service diagnoses," and that the "preponderance of evidence did not indicate he suffered from a medical or mental health condition that prevented him from reasonably performing the duties of his office, grade, rank, MOS, or warranted referral to the Disability Evaluation System for adjudication for fitness for continued service."

The AO concluded, "in my medical opinion, the preponderance of objective clinical evidence provides insufficient support for Petitioner's contention that at the time of his discharge he was unfit for continued military service and should have been referred to the Disability Evaluation System for adjudication of fitness for continued service and consideration for medical retirement."

The Board carefully reviewed your contentions and the material that you submitted in support of your request and it disagreed with your rationale for relief. With respect to your request to be reimbursed for the funds that you remitted to repay your ROTC scholarship debt, a review of your submission indicates you have not exhausted your administrative remedies. Specifically, debt remission requests for the Naval Reserve Officers Training Corps program must first be considered by the Deputy Assistant Secretary of the Navy for Military Manpower and Personnel (DASN (MMP)). You may submit DD Form 2789 "Waiver/Remission of Indebtedness

Application" along with your substantiating documentation via email to nxag_n130d@navy.mil. Additional information on the process may be found at: www.dfas.mil/waiversandremissions/.

The Board then turned to your request to be reviewed by a MEB for placement into the DES for consideration of a service disability retirement. Here, the Board determined that you provided insufficient evidence that there was an error or injustice in your record. Specifically, your contention that you were not reviewed by a MEB and referred to the DES while in service. In reviewing naval records for errors or injustice, the Board observed that it applies a presumption of regularity to support the official actions of public officers and, in the absence of substantial evidence to the contrary, will presume that they have properly discharged their official duties. In light of this standard, the Board observed that your naval records do not reflect any indication that there was an error or injustice in the medical evaluations that you received while you were in service or your ultimate discharge from the Navy for a condition, not a disability. The Board further observed that your application provided insufficient evidence to overcome the presumption of regularity that the numerous mental health evaluations you received while in service reached a proper diagnosis based on the information that you provided while you were in service. Further, the Board observed that naval medical professionals are specifically trained in conducting such evaluations and there is no indication that any of the providers that evaluated you while you were in service recommended that you be referred to the DES. In fact, three separate psychiatrists and found no evidence of a ratable disabling mental or physical medical condition warranting such a referral. In particular, the Board was persuaded by comments by one of the psychiatrists which documents that you made it clear that your symptoms were specifically related to your naval service and that you were not motivated for further treatment. When that information is considered in combination with the fact you initiated your voluntary request to be separated for your diagnosed adjustment disorder, the Board determined there was neither error nor injustice with your administrative separation for CND. Finally, in reaching its decision, the Board concurred with the finding of the AO, which it found to be rational and based on substantial evidence. Thus, the Board incorporates by reference the AO in its entirety herein. Accordingly, given the totality of the circumstances, the Board determined that your request does not merit relief.

You are entitled to have the Board reconsider its decision upon submission of new matters, which will require you to complete and submit a new DD Form 149. New matters are those not previously presented to or 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,

4/7/2026

[redacted]