

A Mental Health Diagnosis Doesn't Have to Impact Your Career

By Antonietta Rico, Directorate of Prevention, Resilience and Readiness

The constant anger or drinking, the worrying, restlessness or unhappiness, the constant mental pain—these symptoms are *not* who you are. They can be signs of a common and treatable mental health condition—and ignoring them will not make them go away.

More than half a million active-duty service members [were diagnosed with a mental health disorder](#) between 2019 and 2023, with almost half of those having more than one diagnosis, according to the Medical Surveillance Monthly Report for December 2024, a peer-reviewed journal of the Armed Forces Health Surveillance Division. Annual diagnosis rates increased from 2021 to 2023, coinciding with the COVID-19 pandemic, and most of them were for adjustment, anxiety, depressive, post-traumatic stress, and alcohol-related disorders, according to the report.

Although the pandemic helped [normalize talking about mental health and getting treatment](#), fear that seeking help may damage a Soldier's career persists. While some temporary career goals (like a school slot) may have to be put on hold to get treatment and get better, getting help is necessary to have a long-lasting career in the Army. Those who fear career repercussions are postponing the issue to a point where they may have no choices left while letting their personal lives deteriorate, said Milagros Frank, a former Suicide Prevention Program Manager for Fort Belvoir, Va., and a current Program Analyst with the Assessments Division, Evaluations Branch, Directorate of Prevention, Resilience and Readiness.

"Whether you get help now or later, you're going to have to cross that road," Frank said. "If you're not getting the help you need, it will manifest at some point so your career can still end later down the road—and it may be worse because you failed to take action."

A major concern for Soldiers is losing their security clearance—but that's essentially a myth. According to DOD out of more than 7.7 million cases reviewed from 2012-2023, just 1,165 cases (or .01%) had a security clearance denied or revoked "[due to psychological health and additional conditions](#)."

"Of the 1,165 cases that resulted in a denial or revoked clearance, none of the decisions was solely for seeking mental health care but were for one or more *other* concerns," DOD [reported](#). The primary reason security clearances are denied are [due to financial reasons](#).

Some other barriers to accessing care for the military community includes stigma, especially self-stigma, said Tramaine EL-Amin, Vice President of Mental Health First Aid, National Council for Mental Wellbeing.

"Stigma can be 'what other people will say about me'... self-stigma is about internalizing those negative beliefs or those negative stereotypes," EL-Amin said. She said that if we have a certain belief of what being a service member, a spouse of a service member or a Veteran, means—and it includes that they "shouldn't" struggle with their mental health or substance misuse—then that will act as a barrier to seeking help.

"As service members continue to experience increased rates of mental health disorders after the COVID-19 pandemic, help-seeking behaviors to address psychological as well as emotional well-being should be prioritized to maintain force readiness," the MSMR report recommended.

Staff Sgt. Dani Debehets was stationed in Belgium and trying to make her way to base but just couldn't figure it out despite having been stationed there for years. That is when she said she had a breakdown that had been building for months. What she remembers most from that moment was her 3-year-old daughter sitting in the back seat.

"I think if I didn't have that happen in the car with my kid looking scared to death 'cause she doesn't understand what's going on, I probably would've kept trying to push through it," Debehets said.

For months she had been "trudging" through her work, making mistakes, messing up simple tasks and having to redo her work again and again.

"...Because I was burying my head in the sand ... that's where it affected me big time," Debehets said. "I kinda lost my credibility with my superiors and my subordinates because I wasn't working and producing like usual."

Debehets had struggles with her mental health since her deployment to Afghanistan years before, including experiencing survivor's guilt.

"I went through the Korengal on a convoy, and someone died," Debehets said. The Soldier who died was a mom and had a husband.

"At the time I didn't have kids, I had no responsibilities, so to me I was like 'Why couldn't it have been me? She had a Family, I don't,'" Debehets said.

Therapy helped her process that the Soldier who died would never want her to live her life feeling that guilt, that they were both randomly selected for the vehicles they rode in and that she had no control of that situation.

"People often hope that they can just tough it up and it'll go away," said Dr. Joe Parks, a practicing psychiatrist for over 30 years and a Principal Medical Advisor with the National Council for Mental Wellbeing. "They're not as aware of the effectiveness of mental health and substance use disorder treatments. There are different therapies, there's different medications ... there's a lot of different approaches that are as effective on average as treatments for chronic medical illnesses."

While some reactions are a normal response to challenging events, if symptoms persist most of the day, nearly every day, going on for over two weeks and either keep you from doing what you need to do professionally or at home, it could be a disorder, Parks said.

"If any of these experiences are ... interfering with them getting their jobs done or if it's something that is taking up all their time and attention just dealing with it, then it's probably something that deserves attention," he said.

Soldiers who do seek help and receive a diagnosis might feel ashamed, or overwhelmed by their mental health condition and think it will take over their lives. But once diagnosed, a good first step is to do some research from a legitimate source and get educated about your condition, Parks said.

"I'm an expert on depression in general but you're the expert on your particular instance of depression. So, you need to build your expert knowledge if you're going to manage yourself well," Parks said.

One helpful way to think about having a mental health condition is as if it's just a chapter in a book with many chapters—but it's not the whole book, said EL-Amin.

“(A mental health diagnosis) does not define everything but it is an opportunity to acknowledge that this is a place that you might be in at the moment—that it is not a sign of weakness, but a way to understand and really manage a real medical condition,” EL-Amin said. “What the naming of the specific challenge means is that now you get access to the supports and services that you need to really improve your well-being and so it's a step towards getting better.”

For those who know a Soldier, Family member, colleague or youth who has been diagnosed with a mental health condition, EL-Amin said that continuing to be empathetic and patient, continuing to treat the person with dignity and respect, providing practical help when things get overwhelming for the person, and offering consistent support and understanding is important. So is having realistic expectations that their struggles are not going to be resolved right away, she said.

“If we think about the TV shows we watch, (problems are) all tied up in a nice bow and it's done at the end of the episode and that's not how real life works,” EL-Amin said.

She cautions people against using words like “faking” or “lazy” or “weak” or “selfish,” which will not help motivate that person to get out of the place they are in.

For Debehets, one key for her seeking help was having an NCOIC who was understanding.

“She didn't make me feel like I'd be judged for it or brought down or belittled because something's not operating right in my noggin,” she said. Once she sought help, her life and work improved.

“I was enjoying life again, I wanted to go out and do things with my kid, my work wasn't suffering anymore. I was producing sound work again,” she said.

Depending on the disorder, it may mean that a person will have to keep an eye on how they're doing throughout their life, but it doesn't have to take over their life, Parks said.

“It's something you manage and take care of like you take care of maintenance on your car or your mortgage—and then you get on with life,” he said.

At a different duty station, Debehets found herself in a “very dark mental state” and returned to therapy.

“I took note and went back for additional help which I attribute to already getting help in Belgium and realizing I was in a bad place and possibly worse than before,” she said. “It's not a forever fix but an ongoing situation that you learn to live with and seek help when needed.”

It has been almost ten years since her breakdown in Belgium and Debehets has since been promoted and is now stationed stateside.

“That whole experience made me the NCO I am today,” she said. “It made me realize that ... I'm not the only one. Eventually I'm going to have Soldiers who have these problems—maybe not what I was dealing with but their own problems—and I need to start destroying this (old school) mindset and stigma.”

If you think you might need help, [Military OneSource](https://www.militaryonesource.com) offers confidential, no cost counseling to service members and their Families. Visit their website at www.militaryonesource.com/confidential-counseling. You can also contact your unit chaplain or Behavioral Health Officer to get support and guidance.