

# MILITARY MENTAL HEALTH FOLLOW UP

## PODCAST TRANSCRIPT ON STIGMA

Speaker 1

Hello and welcome to the Result podcast where we give you strategies to improve resilience in your soldiers and advise to improve their health, well-being and readiness. I'm your host, Mary Sawyers. Today, our guest is Thomas Britt. He's currently a professor of psychology at Clemson University in South Carolina. He was previously a research psychologist at the Walter Reed Army Institute of Research. Doctor Britt was active duty in the US Army and he's currently a Lieutenant Colonel in the Army reserves. Welcome, Doctor Britt. Nice to have you here.

Speaker 2

Thank you. It's great to be here.

Speaker 1

Now you've spent a good part of your career studying stigma around mental health in the military, specifically in the army. Is that right? And what, what do you mean by stigma?

Speaker 2

Well, typically when we looked at the stigma of admitting a psychological problem or getting treatment for a psychological problem, we distinguish between three types of stigma. The first is career related stigma, where you're worried that if you admit a problem and get treatment for that problem that your career will be negatively impacted in some way. Either through a poor performance evaluation or not being able to get a desired duty assignment because of the mental health. And the second type of stigma is how the soldier will be treated by his or her peers and leaders. So soldiers might be concerned that if they admit a problem and get help, they'll be treated more negatively. They won't be trusted as much, and that can have a negative impact on their relationships with their fellow unit members that they care about a lot. And the third type of stigma might be the most important, and that is self-stigma. Military personnel are trained to be resilient in the face of demands that they encounter, and individuals might not want to admit to themselves that they have developed a mental health problem because they don't want to admit they might feel like they're weak or not able to handle problems on their own.

Speaker 1

Some of that stigma comes from, I would imagine, real consequences. How real are those fears, and how often is a soldier excluded from duty or excluded from a promotion because of a mental health issue?

Speaker 2

Well, I think that there certainly is a concern about consequences to career, but I do think that the concern is oftentimes magnified and overblown. For example, a study was conducted that showed that soldiers who self-referred for mental health treatment, and their problems were relatively minor, there

was not a corresponding effect on their performance evaluations. They were just as likely to get promoted as those military personnel who have not received mental health treatment. But if you wait until the symptoms become very severe and start interfering with your performance, this can lead to secondary problems such as getting a DUI or having spousal abuse issues. Then soldiers are referred, and basically are ordered to mental health treatment, and that is associated with a negative impact on the evaluation of the service member.

Speaker 1

We're talking to the leaders of these soldiers, platoon sergeants and platoon leaders. What would be the recommendation from you if they notice that they're soldiers? I guess what symptoms are they looking for early? On and what is your suggestion to get them some help?

Speaker 2

Well, I think you know normally that the clue that a soldier is suffering from a mental health problem is that there's a change in their behavior from the way they normally are. And this change in behavior often is withdrawal from unit activities, withdrawal from social activities, performance might take a downward turn, and typically the soldiers battle buddy and immediate leaders can detect that something is off from the soldiers not acting the way they normally do. And typically, when military personnel are having difficulties, of course they first rely on their own coping mechanisms and also, they rely on their battle buddy and their peers and social support to help them get through the difficulty. But if these approaches aren't working and the symptoms are persisting, despite the soldier reaching out to his or her battle buddy and leader, the soldier continues to show signs of withdrawal and poor performance. That is when the leader can say to the soldier or the soldiers unit members can say, hey, you know, I've noticed that you're not responding the way you normally do. I can tell something's wrong and it might be a good idea to go to behavioral health and talk with them about the problems you're having so that they don't get more severe, so that you can, you know, get back here quickly and contribute to the mission.

Speaker 1

That sounds great on paper, and it sounds great what you're saying, but what I have noticed in just doing research for this project is that it's really difficult for soldiers and leaders to talk about these issues and to want to talk publicly about the issues. Is there more stigma in the military or in the army than just in the civilian population, do you think?

Speaker 2

I would say that there is. There's more stigma in the military as well as other, you know, high risk occupations, police officers, firefighters, first responders, any job where there's a culture of resilience that's emphasized. So, these service members are kind of told from basic training that you know you're receiving this training to make you strong and to make you resilient and able to deal with the demands that you're going to encounter as you do this job, and so therefore that with this expectation of resilience, when soldiers are developing mental health symptoms and those are interfering with their lives, there is a stigma that I should be able to handle this on my own. And the fact that I'm not must mean that I'm not a good soldier or I'm not a good service member. I don't think those same kinds of expectations and that same organizational culture is present in most civilian occupations. The soldiers

are most influenced by their immediate small unit and the small unit leader, the squad leader, platoon Sergeant, platoon leader. And it really is going to require those individuals to treat mental health problems as oftentimes a normal reaction to the types of trauma that are encountered on combat deployment.

Speaker 1

Part of our hypothesis is that teaching leaders to give emotional support and instrumental support to their soldiers and to their unit members will actually improve that resilience. I want you to talk about that concept of resilience and what that really means.

Speaker 2

I mean the topic of resilience. It has been around for a long time. There's probably 100 different definitions of resilience and, and we've done some work trying to make sense of these definitions and you what the commonalities that result is that the person or service member is exposed to significant. Adversity such as trauma. And they positively adapt to that adversity, usually, as indicated by not developing mental health symptoms or perhaps developing mental health symptoms but returning to baseline relatively quickly. And so, with that. Definition of resilience. It really does imply that there is going to be little to no effect of the trauma on the service members mental health, and we just know that that is not true. And so given the types of traumatic events that service members are exposed to on combat operations and even stability operations, and we know that those events have the capacity to elicit mental health symptoms that could potentially benefit from treatment. So, one of the things that we have emphasized is that the whole concept of resilience needs to be broadened a bit to include. And getting early mental health treatment for symptoms that are resulting from these traumatic occupational hazards that service members have been exposed to in order to prevent more severe problems from developing later.

Speaker 1

Are there one or two things that you might suggest that leaders? You said that they're the closest? You know, to their soldiers and that their support really can make a big difference for the soldiers. So, are there one or two? To just tactical concrete suggestions that you could make for them to be supportive of their soldiers in this respect.

Speaker 2

So, the couple of things that I would recommend is information when you have the attention of all of the soldiers, emphasize that it is OK to admit that you have a mental health problem. It's OK to go get treatment for that problem and to make the soldiers aware of that. The unit will accommodate them getting help so that they can return to the unit in a in better shape. And so, I think normalizing that and also inviting the behavioral health providers to the unit location to again normalize the use of these resources that the unit possesses in order to help with mental health problems that the service members might.

Speaker 1

And when you say return to the unit sometimes they don't have to leave the unit, right? They can do this while they are ongoing and keep up their other duties?

Speaker 2

Yes, exactly. That's a great point. They aren't leaving the unit in terms of, you know, moving to another location. They're staying with their unit and they're getting treatment for their symptoms. And what hopefully will happen is that both the soldiers battle buddy and fellow unit members and leaders will see that the soldier is getting back to their normal selves and really effectively contributing to the mission of the unit.

Speaker 1

OK. Thanks a lot. You're listening to the Result podcast where our guest today has been Doctor Thomas Britt, former active duty Army and currently a psychology professor at Clemson University. Doctor Britt is an expert in stigma around mental health conditions in the army. Thank you, Doctor Brett, very helpful.

Speaker 2

Thank you. It's my pleasure.

Speaker 1

This week, make a commitment to talk to your soldiers about the importance of staying mentally healthy, and if they do need help, reassure them that you will support them and asking for help and finding the right resources. Make it clear that seeking help for stress, anxiety or any other mental health issue is a strength, not a weakness. Thanks for listening to the result podcast where we give you strategies to improve resilience in your soldiers and advice to improve their health. well-being and readiness.