

MILITARY MENTAL HEALTH FOLLOW UP

PODCAST TRANSCRIPT ON PSYCHOLOGICAL READINESS

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. Psychological readiness is the focus of our podcast today, and here to talk about that are our guests, Captain Elizabeth Johnson, a clinical psychologist and behavioral health officer and company, First Sergeant Joshua Sawyer. Both are assigned to the US Army 22 striker Brigade Combat Team at Joint Base Lewis McChord. Thank you both for joining us.

Speaker 2

Thank you. We're excited to be here.

Speaker 1

So you two have worked together for about the past two years. My understanding to help soldiers get the help they need when they're struggling with psychological wellness or mental health concerns tell me how that partnership works.

Speaker 3

That's really situation dependent. Some soldiers force that function for us and end up in the ER and need help other soldiers display patterns of misconduct or or act out and they end up in the clinic. And as a company First Sergeant, I just talked with Captain Johnson about what's going on with the soldiers and their lives.

Speaker 2

Well, first Sergeant Salier is one way that soldiers end up coming to us. The other way is, you know, soldiers will come on their own to the BH based on, you know, different concerns and issues that they might have. And in order to best support them, we might engage the command team, you know, based again on situational factors to make sure that we take a holistic. And roundabout approach with the soldiers to maximize their readiness and make sure that they are personally and professionally successful.

Speaker 1

And I know that there are at least what I've heard is there's still a lot of stigma around psychological readiness versus, say, physical readiness along the lines of mental wellness. I mean, a lot of people know that in the army, you're supposed to be physically fit and ready for battle. Is there still that stigma that exists around psychological readiness.

Speaker 3

In some formations I would say yes, that's that's leadership dependent. It's been pretty well defined by the army that there's not supposed to be. And it's been pretty well defined the ramifications if leaders caused that problem for soldiers, but in some formations there are.

Speaker 2

You know, when individuals come into the army, they come with their own histories, their own stories, their own background and a lot of the time, their own personal perceptions of behavioral health and how they've dealt with situations in the past can shape the way that they. Assist and support soldiers as well. I mean, I've worked with platoon leaders before who have had their own behavioral health, who've worked crisis lines, who've mentored and LED soldiers, you know, in the past or in other jobs and some. This is their first time ever being in front of soldiers ever leading them. And maybe they've. And brushing aside their own issues, you know, based on their own history, so it is very dependent. I think we are heading in, in the right direction, but there's still a lot of work to be done in that area.

Speaker 1

That speaks to one of the behaviors that we're really focused on in the result training and I think that's role modeling. I I think. For Sergeant Sawyer, you had told me about some of those. Some of those instances in your own life where you are trying to role model for your soldiers. Can you talk a little bit about that?

Speaker 3

I think you're talking specifically about one of my NCO's that. He's currently undergoing, I think it's called intensive outpatient treatment and the Soldier Rehabilitation unit. He was pretty timid about about going to see EBTH passed what he'd already gone to. Generally when soldiers go there, they get kicked out of the army and that's not what we're. Trying to do with him so. We had to. Have a conversation about, you know, 10 years ago. I went through a similar not treatment program. It didn't even exist back then, but it was I I went to saw to just to seek out the help that is needed just to get over some things. From deployment and it didn't cause me to get out of the. Army. So I'm. Still here today. So that's that's what. I think you're talking about with with role modeling.

Speaker 1

So having had that experience yourself, made you more empathetic with his with his position.

Speaker 3

Yeah, I would. Say having experience probably made me more. Empathetic at this point, but. 10 years ago I wouldn't have been empathetic. I had a soldier kill himself here at 4 at JBLM and that's what caused me to think a. Little harder about. What we're doing so. When that Slover killed himself, I watched the ramifications inside my platoon, and he didn't kill himself because of army stuff. He killed himself because of personal stuff. The baggage that he brought before the army. That that's what made me a little more empathetic. Towards soldiers that need help. So I think that the shock and awe of a soldier killing himself inside my formation helped. That helped me be better at helping the soldiers out.

Speaker 1

And that that's unfortunate that that, that it came to that. And I'm wondering, Captain Johnson, can you talk a little bit more about prevention and intervening early?

Speaker 2

Yes, so. Soldiers, when they come in, you know, like what first Sergeant Salier was alluding to was they have their own backgrounds, their own stories, their own, you know, baggage. And then the military puts stress on you. That is unlike any other stress you've experienced. What happens with some? Soldiers are, as they respond to that stress based on their background. They might start behaving a little bit differently. A lot of times, the first issue that we see is issues with sleep where they might become a little bit more, more withdrawn, and isolated, and those are just the beginning steps. And if they reach out for help or let people know at that point that you know I'm not sleeping. Well, not wanting to hang out with friends, that social connection at the beginning. What happens is they might start making poor decisions. They start engaging in unhealthy coping tools like drinking, like drugs, misconduct, and that starts to lead them down a path where once they do get connected with help, we're dealing a lot more with the crisis at hand. Rather than the underlying problems. You know depression or sleep issues or anxiety. So, if leaders can identify some of those early warning signs, right not sleeping well? And just get them some of like the basic tools on how to manage those things. We can get ahead of it. Some people think if they come to behavioral health, they're going to be stuck in behavioral health the rest of their career, or for months or years. But a lot of times, four to six weeks, four to six sessions, we can help soldiers. Tremendously address those issues before they hit the crisis.

Speaker 1

So, if either of you could talk about the role of a platoon leader or platoon Sergeant if they recognize those signs in their soldiers.

Speaker 2

The best thing a platoon Sergeant platoon leader could do is know their resources. So, when they do identify a soldier that might be having an issue, they know how to correct that and connect them with the right resources. But also let the commander and 1st Sergeant know what they're doing. So, for instance, you know, a platoon leader identifies an issue with private committee and they go to the commander for Sergeant and say, you know, private. Smitty has been having issues with his sleep and with his relationships. I think that. You know him going to behavioral health would be the best thing for him and that way the commander and 1st Sergeant are tracking. So, when the soldier goes to behavioral health, there can then be, you know, a team approach.

Speaker 1

So, is there anything else that I have left out that you think might be helpful to platoon leaders or platoon sergeants when they're dealing with psychological readiness or mental Wellness?

Speaker 3

Yes, ma'am. The the other thing for everybody that's that's dealing with stuff like this is a lot of the soldiers don't want to go to BH because of the the thought about Sigma but the the good thing about the army is they can't not go with the commander tells them to so. If if they're having a problem and the soldier says they don't want to go, but they think the soldier needs to, it's literally a phone call from a

commander and 1st Sergeant to the provider and say, hey, we need to get him in to see you. And sometimes it might take a week or two, but sometimes if it's an extreme problem, you can get them in in an hour when they come back. They either come back with six weeks of appointments and the treatment program, or they come back feeling better.

Speaker 1

Captain Johnson, that speaks highly of the behavioral health officers and specialists and program anything to add to that.

Speaker 2

Yes, I'm the team AT22 is truly phenomenal. It's been such an honor and pleasure working with the team here for the past three years. The embedded behavioral health model is about a decade old now, but what it really aims to do is align providers with units. So that they understand the climate and. That way, when the soldier comes in the door and they might be venting their concerns, the provider is like, well, I know, you know, I know for Sergeant Salier. He has your best interests in mind by forcing you to come. Well, the commander does it, but you know, by forcing you to come. Here they do care about you.

Speaker 1

Well, thank you. Thank you both. Captain Elizabeth Johnson and 1st Sergeant Joshua Sawyer. I appreciate it.

Speaker 3

Thank you.

Speaker 2

Thank you. Was a pleasure talking with you.

Speaker 1

This week, think about the soldiers in your own platoon and how you might support them emotionally, structurally or with role modeling to improve their psychological readiness. If that's improving, the lines of communication with your commander to get soldiers the help they need, then make that your weekly goal. If it's learning more about behavioral resources, then that can be your goal for this week. 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.