

MILITARY MENTAL HEALTH FOLLOW UP

PODCAST TRANSCRIPT WITH DR LESLIE HAMMER AND DR JENNIFER DIMOFF

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 guests are Leslie Hammer and Jennifer Dimoff, both occupational psychologists who lead the result face to face training and are here today to discuss why this training is important. How similar trainings have worked outside the military and why they believe the training can also work inside the military, specifically in the army. Welcome to both of you.

Speaker 2

Thank you. Thanks, Mary. We're glad to be here.

Speaker 1

Doctor Hammer, let's start with you. Your professor at Oregon Health and Science University and at Portland State University, as well as director of the Oregon Healthy Workforce Center. You have more than 30 years of experience going into workplaces and teaching supervisors how to be more supportive of their employees. Now all of us have had bosses or leaders that make our lives miserable or that encourage us. For example, I think many of us are under the impression that this really has to do with the personality of the individual. But your research shows that you can actually teach certain supportive behaviors. Is that right?

Speaker 3

I first of all, I I actually want to respond to that, but I want to first of all thank each of you for taking the time to participate in this important training and the follow up activities that that we have continuing for the next several months. We actually have been quite successful at teaching supervisors how to be supportive. And what we found is that many supervisors want to be able to. To do this, and yet they aren't really sure how to, so my my past research really has been conducted in grocery stores, in healthcare industry and the construction industry and information technology, nursing homes, with veterans reintegrating into the workplace. And also with the full-time Oregon National Guard and what my research has shown is that we have been very successful at teaching supervisors how to better support their employees or their returning. Service members or their existing National Guard members, and what we've seen is our outcomes, such as improvements in physical health, improvements in job satisfaction, reductions in turnover intentions and really improvements in general health and well-being.

Speaker 1

Want to get back to why you think this may also work, or why you're hoping this will work in the army, but first want to introduce our other guest Doctor, Jennifer. Off she's a professor at Portland State University and an assistant professor at the Telfer School of Management at the University of Ottawa in Canada. Thanks for coming stateside. To talk to us.

Speaker 2

Thank you for having me.

Speaker 1

Your work centers around improving employee mental health in the workplace by training leaders and supervisors, and you helped to develop and mental health awareness training. And my understanding is you've trained over 5000 leaders in many different sectors. So I wanted to talk about this concept of. Of how you can train leaders and actually affect the mental health of their employees.

Speaker 2

So what we're seeing is that mental health challenges are management challenges. Not only are leaders in a great position to recognize when their employees or their soldiers are struggling and could benefit from support. But they're also in a really great position to just support well-being in general and as doctor Hammer mentioned earlier. Leaders want to help. They just don't necessarily know. Exactly how to. Best help and that's what our training really does is it's based on these principles of awareness leads to action. So if managers or leaders know what to look for. To recognize when there is a mental health challenge or when well-being is going down, they're going to be in a better position to take good, meaningful action.

Speaker 1

So I imagine that some of the leaders and sergeants are thinking right now. Well, that that sounds great in the civilian world and it sounds good outside of the military that you've had success with these trainings. But we have different rules and different stressors in the military. And we maybe can't. Provide the same kind of instrumental. Support that they could in the civilian world. Could you address that and how this training is tailored specifically for the army?

Speaker 3

So that's a great question, Mary. And what this training does is it really combines the trainings that I've worked on and developed and evaluated on supervisor support training with the trainings that Doctor Dimoff has developed around mental health awareness training and we are customizing. And into we customize and integrate the two of those trainings to come up with the training for the military and the way that we developed this was we worked with an advisory. Panel that was made-up actually of various members of the 1-2 and two two striker combat brigades at JBLM to reflect on the best ways of customizing our prior trainings for this population and it was quite amazing. Because the folks that participated in this panel were extremely helpful and vocalized ways that we could use certain terminology and reflect on the concepts that we were aiming the training on so that they were. Very applicable to this pop.

Speaker 1

Relation soldiers are expected to be tough and physically resilient, ready to go to battle. And you say that mental readiness is as important as physical readiness. I know that was part of the training, so doctor Dimoff that could seemingly be a contradiction. I think they are taught to be self-reliant. And tough, but we teach concepts that they may see as a weakness.

Speaker 2

And it's it's a great question and it's a question that comes up in other high risk industries as well. And what we see is that physical readiness and mental readiness are not only equally important, but they're highly related to each. Other so if a Soldier is not mentally ready. He or she may not actually be physically ready either, and we know this from decades of research. On physical health that your physical health is highly dependent on your psychological. Health and vice versa, and this is a phenomenon called comorbidity, where basically if you develop some kind of mental health issue like depression or anxiety, you're now at a greater risk for also developing a physical health issue like heart disease and then. And vice versa too. So people with physical health issues are at a much greater risk of developing some kind of psychological issue, so. That is how I think we can best approach this is that it's not really isolating. Well, let's talk. About physical readiness. And then let's have a different discussion about mental readiness. The two are just so highly intertwined that we have to approach them similarly, and that if we're prioritizing. Physical readiness or prioritizing mental readiness and the same thing needs to go the other way, too. That psychological or mental readiness is going to lead to more resilient soldiers, more ready soldiers who are in a better battle ready position.

Speaker 1

So what are the symptoms of not being mentally ready or mentally healthy?

Speaker 2

It's a good question. It's a tricky question and a. Lot of this. Would be a. Reiteration of what we already discussed in the training. But you are the experts on your people and this is really about getting to know your people even better than you already do. We know the time that you're putting in to get to know your soldiers. And their family. But it really is putting in that proactive effort to be able to recognize largely when someone isn't themselves, and that is going to look differently for different people. And this is the challenge that we're asking you to take on.

Speaker 1

Doctor Hammer, I think that touches on this concept of emotional support that you're teaching and what is emotional support look like in the arm?

Speaker 3

What it looks like is really being there and present with your soldiers paying attention to. What seems like maybe is going on outside of their regular day-to-day activity, being sensitive to that and then checking in and asking them how things are going, not being afraid to ask how their family is doing, how they're feeling, not being afraid to ask how they're. Emotional well-being is.

Speaker 1

So Doctor Hammer, how do you know if your trainings are successful?

Speaker 3

Well, the way that we determine when the how the trainings are successful is we actually collect information from not only the leaders but also the soldiers and the types of information that we collect

is collected both before the training is implemented and then we follow up several months. After the training and evaluate using similar questionnaires. So some of the outcomes that we're interested in are are really, does the training improve resilience? So we're measuring resilience. Does the training improve unit cohesion? For example, we're measuring unit cohesion. Does the training ultimately lead to improvements in physical and psychological health?

Speaker 1

Doctor Dimoff, is there anything that I haven't asked that you want to get across?

Speaker 2

I think the big thing is that what we've taken away from working so closely with our army advisory team is that many platoon leaders are doing. Most of these things really well if I had to summarize it in one sentence, would be that there is no readiness without mental readiness, and I think that that's a really important message that. Needs to be taken to heart and put into action.

Speaker 1

OK. And doctor Hammer, what is the most important thing you would want leaders to take away from this training?

Speaker 3

The most important thing that I would like leaders to take away from this training is the understanding that their actions and their behaviors and engagement with their subordinates are critical, are critical, and they're critical to their health and well-being. And what we've done is we have given them some tools. To really step up and improve those engagements with their subordinates.

Speaker 1

Thank you to both of you for joining us. Doctor Leslie Hammer is a professor of occupational psychology at Oregon Health and Science University in Portland State University and a lead researcher for the results study, and Doctor Jennifer Dimoff is a professor of occupational psychology at Portland State University and the University of Ottawa and an expert in mental health trainings.

Speaker 2

Thank you, Mary. Thank you.

Speaker 1

This is the first in a series of weekly follow up activities for the result training at the end of each activity, we'll ask you to find a way to integrate what you've learned into your leadership style. With the goal. Of improving your. Soldiers readiness this week make a commitment to yourself and a fellow. Peter, who was in the face-to-face training to complete all the follow-up activities over the next three months. 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.