

MILITARY MENTAL HEALTH FOLLOW UP

PODCAST TRANSCRIPT ON MALINGERING

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 and was previously a research psychologist at the Walter Reed Army Institute of Research. Doctor Britt was active duty in the US Army and is currently a Lieutenant Colonel in the Army reserves. Welcome. Nice to have you here, Doctor Brett.

Speaker 2

Thank you, Mary. I'm happy to be here.

Speaker 1

Now you're an expert on stigma around mental health issues in the military, and we interviewed you before in a previous podcast specifically on that issue. But today, we're going to talk about another important and related topic, the topic of soldiers faking a mental health issue in order to get out of duty. We've heard that this is a concern for leaders, so we wanted to address this issue. How common do you think it is for soldiers to make up or fake a mental health problem?

Speaker 2

Well, first, I'll note the formal definition of malingering in the diagnostic and statistical Manual of mental Health Disorders is the intentional production of faults or grossly exaggerated physical or psychological symptoms motivated by external incentives, such as avoiding military duty, avoiding work or obtaining financial compensation. And I have also heard that this is a concern for leaders, but when you look at the research that's actually been done on this, the prevalence of malingering or faking to get out of work is actually very low. In fact, one of the best done studies looked at a very large sample of 28 million healthcare visits among military personnel and of those 28 million healthcare visits only around 1000 times was a service member judged to be malingering, and this is .004% of the soldiers who sought medical and psychological help.

Speaker 1

That's tiny, tiny, tiny.

Speaker 2

Yes, a very small amount. And while it does happen, it is very rare.

Speaker 1

OK. How much do we know? I mean, how accurate is that study? Has this issue been studied very much?

Speaker 2

Well, there hasn't been a lot of relatively large studies that have been investigated on this particular issue. This one is kind of seen as the as one of the better studies from a methodological perspective. And so that really represents our best scientific estimate. Unfortunately, in the absence of more studies, people tend to give their personal opinions about the frequency with which this occurs, and I'm sure that it happens relatively infrequently.

Speaker 1

Relatively infrequently, you said. So let's talk about that for a minute. Then how does an anecdotal experience or even a personal experience with this happening, how does a leader keep that from influencing their overall attitude toward the lingering?

Speaker 2

Well, I think the most important thing is that for all leaders is to realize that it's not their responsibility to determine if the soldier is faking. And it's not appropriate to challenge the soldier, either individually or in front of the unit. One thing that we've found in our discussions with soldiers is that some soldiers may tell their buddies they are going to behavioral health to get out of work because of the stigma associated with admitting they have a mental health problem it might be less stigmatizing to go to behavioral health, saying you're going to get out of work when you're really going to get a needed mental health problem addressed. So the recommendation of behavioral health providers is let the soldier go to behavioral health, and in the rare instances when a soldier does not have a problem in need of treatment. The behavioral provider will address that issue.

Speaker 1

So even though they might be talking to their buddies or not, no matter what the leader thinks, it's not really their job or they're not equipped to make that decision. Is that right?

Speaker 2

Yes, their leader really should let the behavioral provider determine whether the soldier is malingering. And when you talk to the behavioral health providers who are really committed to helping those service members that are suffering from mental health problems. They would rather have one in 1000 come into behavioral health who are trying to get out of work than missing someone who actually needs help but is hesitant to come to behavioral health because they do not want to be seen as a slacker. Or someone who is faking.

Speaker 1

And would this attitude of whether it's a soldiers attitude or the leaders attitude about, you know, wondering if the soldier is faking, would that contribute to the issue of stigma?

Speaker 2

Yes, definitely. And because the perception that this occurs is far greater than the reality of it occurring, many soldiers who need treatment may not get the help they need because they are concerned about being viewed as a slacker or going to mental health. Treatment to get out of work and this concern can

prevent soldiers from getting the help they need. Behavioral health providers have also indicated that this is a barrier to effectively treating the soldier because the soldier feels the need to justify why he or she is seeking treatment before. Even being able to discuss the nature of their difficulties that led them to behavioral health in. The first place.

Speaker 1

OK. Is there anything else that I missed?

Speaker 2

I would just reiterate that it is it's not the responsibility of the leader to determine if a soldier is malingering or faking a problem. The best approach is to encourage the soldier to go to treatment and. Again, the behavioral health providers will recognize if that is actually occurring and by doing so the leaders will really improve the entire climate within their unit. For soldiers getting the help that they really need.

Speaker 1

Thank you. That was a good summary. 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. Thank you, Doctor Britt, very helpful.

Speaker 2

My pleasure, Mary.

Speaker 1

This week, think about how you can support your soldiers when they seek help for mental health issues. Whether you think it's real or not, they need to feel that you are listening to them. If you know of a situation where a soldier has faked a mental health issue, think about how that situation influences your overall attitude. On this topic. If you haven't already, have a discussion with your behavioral health specialist about this issue and invite them in to talk. To you and your units. 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.