

Mission First, Never Quit: Inefficacies of Military Mental Healthcare

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CM107: College Composition I

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April 25, 2023

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The Department of Defense has implemented numerous programs to improve the mental health of their service members across all branches. The programs, which were meant to reverse the upward trend of suicides, make it easier than ever before for service members to seek help without negative consequences that were historically faced, such as discharge or bar-from-reenlistment. However, even the Department of Defense admits that military suicides “have gradually increased since 2011” (U.S. Department of Defense, 2022). Unfortunately, these programs have been largely ineffective due to poor planning and tracking, their disruption to camaraderie, and their opposing nature to inherent military value of discipline. Therefore, the Department of Defense needs to implement well-defined programs which are based on evidence, well-tracked, and support, rather than oppose, inherent military values.

A key factor in the inefficacies of the programs lies in their poor planning. According to the Institute of Medicine of the National Academies (2014), a prevailing majority of military mental health programs are not based on evidence. A substantial portion of DoD mental health programs focus heavily on the concept of resiliency. Resiliency training involves teaching service members how to cope with stress and extreme hardships, from everyday life to physical and mental torture. Although resiliency training helps service members manage real-time stressors in combat situations, its implementation shows a disconnect between the intent of the Department of Defense and real-world evidence. According to the Institute of Medicine of the National Academies (2014), out of 270 program documents analyzed, only eleven had meaningfully tracked data. Of those, even fewer showed that resiliency training had any effect on reducing post-deployment post-traumatic stress disorder. Because of the lack of evidence-based

planning, programs which focus on resiliency training have been ineffective in reducing military suicide rates.

Due to the poor planning and implementation of these programs, service members are at risk of social ostracism from their peers and leaders. Hamwey et al. (2021) detail that deepened camaraderie gained from informal interactions is essential for a team to operate successfully. This camaraderie is the foundation of success for most, if not all, military units. However, many of the treatments for mental illnesses have immediately apparent visual indicators, such as removal from high-risk duties or weapon relinquishment. These visual indicators draw unnecessary attention to the servicemember, increasing the risk of adverse interactions with their peers, such as bullying or hazing, or ostracism. Because strong social support plays a critical role in reducing risk for PTSD in service members (Vest et al., 2022), negative interactions and ostracism further set back the efficacy of these programs.

The final factor of the inefficacies of these programs comes from their opposing nature to the inherent military value of discipline. Discipline, the strict following of a code of behavior, is the backbone of all branches of every military. Part of military discipline is to place the mission first and to never quit (U.S. Army, n.d.). This discipline that drives service members is in direct opposition to the mental health programs implemented by the Department of Defense. According to Naifeh et al. (2016), of the service members who were determined to need mental health treatment yet had not sought it, almost 70% did not perceive a need for treatment. Furthermore, of those who did perceive a need for treatment but had not sought it, 77% wanted to manage it on their own (Naifeh et al., 2016). Because of the disconnect between these programs and the inherent value of discipline, many soldiers do not feel the need for treatment, or they forgo treatment to place the mission first.

The Department of Defense has cultivated the strongest military in the world through research and testing, yet their mental health programs have not had the desired effect of reducing suicide rates. The Department of Defense should put the same level of effort and expertise towards crafting programs that are based on evidence, carefully planned and tracked, and work with the inherent military culture. In doing so, the key inefficacies of current programs would be effectively addressed, leading to a more mentally healthy fighting force made up by the next generation of soldiers, sailors, marines, and airmen.

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