





by Andrew Klinger

I had just spent another sleepless night on the phone with my First Sergeant getting one of our junior NCOs to a mental health treatment facility. The young sergeant had expressed suicidal thoughts and intent to their spouse, which triggered a crisis response battle drill from us as their chain of command. It was our fifth mental health crisis in three months. Thankfully, in this case as with the others, my First Sergeant and supervisors got the individual the help they needed. There would be no funeral and mourning families this time.

As I got ready for work that morning, I kept thinking about how we as a squadron handled these incidents. To be sure, we would rate an A+ on our handling of mental health crises. Our First Sergeant was experienced and knew the process for getting emergency help, we had a great working relation with the Mental Health Treatment flight, our supervisors were engaged, and we were always quick to get the individual the help they needed. When it came down to an imminent suicide, domestic violence incident, or alcohol abuse issue we were always ready.

But then I thought about how well we as a squadron did for mental health fitness and preventative counseling. In this area, we would be lucky to get a C- or even pass at all. Hardly any of our Airmen used the various mental health services (mental health, marriage counseling, alcohol abuse prevention, etc.) for routine check-ups. Those Airmen that did use the services were usually previous victims of a mental health incident, and were only familiar with the services because they had been rushed into them as a response to a suicidal ideation or similar crisis. And although I could never prove it, I suspected that most Airmen avoided using these services for fear that they would be removed from their duties while undergoing treatment.

That morning as I addressed the staff, I challenged them that we had to do better in educating our Airmen on mental fitness. We couldn't simply keep catching and fixing people

while they were experiencing a crisis. We had to do better.

## **Physical Fitness and Mental Fitness**

I believe there are significant parallels between how a person stays in shape physically versus mentally. Physical fitness is already a key component of military service for practical reasons. For example, you have to be a good runner and be able to carry heavy loads in order to be combat effective. In that same line of reasoning, people in the military should also exercise their minds and strive for mental fitness. The stress of military life in garrison and combat is a burden, and we all know that we have to be mentally fit to deal with these stressors.

Most everyone in the military exercises regularly, either on their own time or by participating in unit PT. If we knew we struggled with running, we would not wait until failing our PT test to fix our situation. Instead, we would run a little every day until we knew we could pass. Yet, how many of us have regularly used mental health services to work on our mental health? Is it possible that the five mental health crises my unit experienced could have been all or partially prevented with routine use of mental health services? I argue that, in line with how we stay physically fit, we should not wait until we are sitting alone with a loaded gun in our lap or about to drink that “one too many” drink to reach out for help. We should work a little every day to take care of ourselves and stay mentally fit.

## **The Long Road of Culture Change Ahead**

While the concept of preventative mental health is easy to explain, it is very difficult to accomplish because of how our military culture treats mental health. We acknowledge its importance, we accomplish the stand-down days, but we do not have the deeply ingrained cultural knowledge of how to prevent it. Think about how our NCOs or supervisors handle issues with their troops. Got a problem with your pay? Go to the finance office. Trouble with your weapon? Teach preventative maintenance. A piece of your individual equipment is

worn and unserviceable? Better get it over to S-4 for a replacement. Yet what if a troop comes to you and says their marriage is a bit rocky? Do you know where to send them for help? Maybe you do, but do your junior NCOs know?

Another thing that is important to understand is that there are multiple venues to receive mental health services. Let's return to the example of the PT test. If you knew your run time was slow, you certainly wouldn't do more push-ups to improve your time. Similarly, if you suspected that you had a potential problem with drinking then you shouldn't just talk to the Chaplain once and call it "good enough." As leaders, it's important to know what mental health services address what issues, and get our service members to the right provider for the right issues. And on that note, it's also important that we tell them the harsh truth about what help they may need. I once had an Airmen tell me that every time he and his wife had a fight, he would go work out his stress on a punching bag. That may be a good way to calm down, but hitting a punching bag was not going to strengthen his marriage. However, seeing a marriage counselor twice a year would strengthen his marriage, and that's what we directed him to start doing.

History reveals to us that our military's emphasis on physical fitness did not happen overnight. It took several wars and hard looks at our training before we got good at it, and even today we work constantly to improve our fitness training. I suspect that our military's emphasis on mental health will follow a similar trend. It won't happen overnight. But if we as leaders are thoughtful about it, perhaps we can speed that process up and get our service members to the help they need, before they need the help.

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