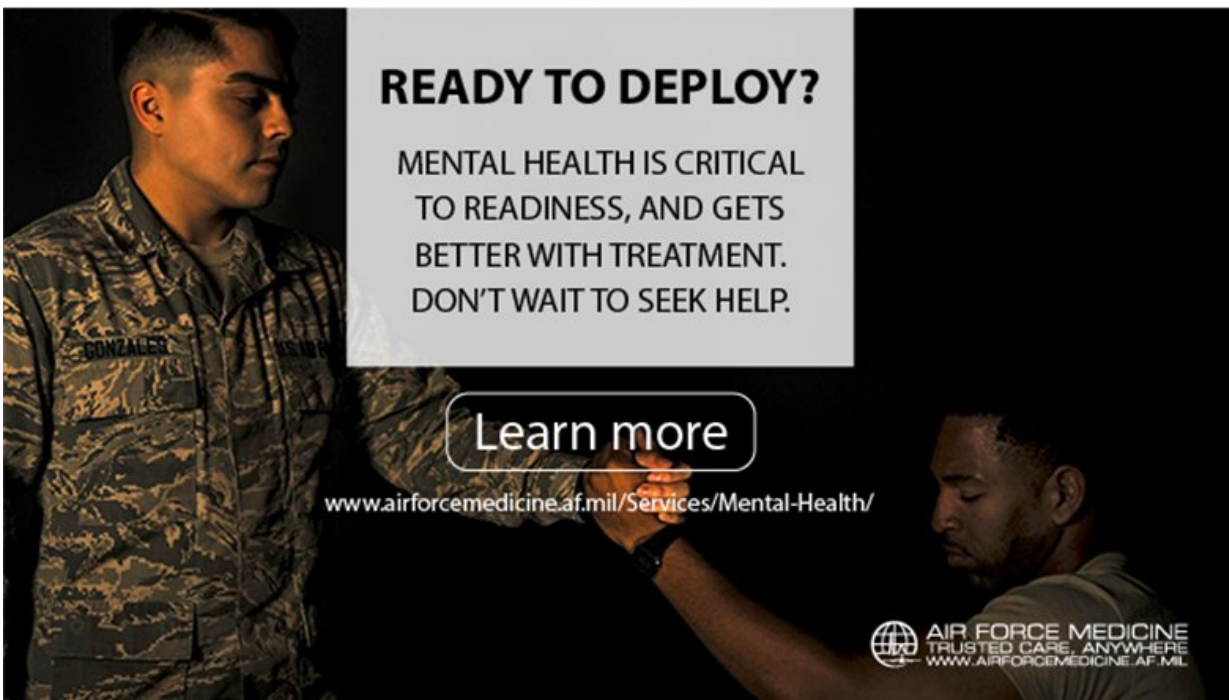


Good mental health critical to military readiness

November 22 2017




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Maintaining your mental health is critical to readiness. People suffering from depressive disorders can experience slowed physical reactions, impaired judgment and indecision, all of which can risk the mission. Treatment for mental health issues can show real improvement in as little as four weeks. If you, or someone you know, may be dealing with depression, get treatment now. Credit: Air Force Graphic

Mental health is a critical part of every Airman's medical readiness.

Although many service members worry that seeking mental health care will negatively effect their career, the opposite is usually true. With early identification and the right treatment by a medical professional, most mental health issues get better quickly without any negative career impact.

Unfortunately the reverse is also true, says Maj. Joel Foster, a psychologist and chief of deployment [mental health](#) for the Air Force Medical Service. Left untreated, even relatively minor [mental health issues](#) can become more serious, evolving into [depression](#) or suicidal thoughts and actions. These present serious risks for an Airman and an Air Force career.

"It's absolutely true that having an impaired mental state can negatively affect an Airmen's ability to complete their mission," said Foster.

"People suffering from depression can experience symptoms like difficulty sleeping, fatigue, indecisiveness or poor decision making, and inability to focus. It's easy to see how these symptoms can put an Air Force career at risk."

Numbers bear this out. Complications from mental [health](#) issues are one of the most common reasons for medical evacuation of Airmen from theater.

"Most, if not all jobs in a combat zone require high cognitive function," said Capt. Jordan Fields, an Air Force clinical psychologist at Wilford Hall Ambulatory Surgical Center at Joint Base San Antonio-Lackland.

"Someone in a deployed environment can't afford to be distracted by depressive thoughts. This can decrease their reaction time, affect their ability to make decisions, and diminish their ability to prioritize things."

Deployed environments are often stressful and Airmen are isolated from their usual support network. Beginning deployment with even a low or

moderate level of depression is a recipe for possible problems, says Fields.

"We always try to tackle mental health issues before deployment. A real challenge for us as [mental health providers](#) is getting patients to reach out to us before problems get so severe as to affect an Airman's readiness."

The good news is that [treatment](#) for mental health issues is far more effective than most people realize. Once a patient is in treatment, they are very likely to see real improvement within four visits to a mental health professional.

"People respond quite quickly to evidence-based treatments for depression. Weekly treatments usually lead to major improvement within a month," said Fields. "It's critical to get people in, start to change behaviors and give them some hope. Even patients with severe depression can experience significant relief quickly, and get back to being mission-fit."

Depression pulls people away from family and friends, valued activities, and other engagements. Treatment for depression focuses on rebuilding those connections. Simple things like renewing social activities, basic self-care activities, eating well, exercise, and sleep are critical parts of therapy. These deceptively simple actions can reverse the downward spiral of depression.

"For many Airmen, the most challenging part of treatment is just coming through the door to begin," said Fields. "Not everyone who feels sad is depressed, and sadness is a common and even natural symptom of other traumatic events. For anyone struggling with depression, or other mental health issues, that first step to get treatment is the most important one they take."

Recent Air Force research shows that Airmen who seek earlier help for depression see better outcomes from therapy and fewer negative outcomes to their careers. Self-referral for [mental health care](#) can be very challenging, but more education will help break down some of those barriers.

"Every patient is different, but one constant we see is that depression usually doesn't get better on its own," said Foster. "Many depressive symptoms are self-perpetuating. If you feel alone, you are likely to isolate yourself. Social isolation keeps building. Patients shouldn't worry that something bad might happen if they seek help. They should worry about what might happen if they don't."

Provided by Air Force Office of Scientific Research

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