

ON THE BRINK OF SERVICE

A look into the mental health services and preparedness of GU ROTC cadets

By KATIE KALES

Straddling the line between student and commissioned officer, students enrolled in Gonzaga University's Reserve Officers' Training Corps (ROTC) program experience the stresses of an every-day college student on top of the stresses of a soon-to-be platoon leader.

Term papers, exams and relationship stresses meet mission plans, spring training exercises and cadre commands. There are a plethora of stressors that have the potential to bring harmful thoughts or practices into the daily lives of cadets.

Physical training happens three times a week at 5 a.m. sharp for an hour. Weekly platoon exercises occur every Thursday. But what about stress management and preventative mental health illness preparedness?

One Cadet's experience

Five second inhale, five second hold, five second exhale.

In his journey through GU's ROTC program, a fourth-year cadet says this one breathing technique has been the extent of his training to handle stresses that challenge his mental health. This training was taught to him at mandatory summer training at Fort Knox, Kentucky.

This cadet, who wishes to remain anonymous, says GU's ROTC has little to no dialogue about how to take care of oneself, mentally, or what to do if a person is struggling.

"There hasn't really ever been anything said — as far as the program to the cadets — [like] 'hey, if you're struggling with any of this there are healthy ways to go about dealing with it. You can work with the army and get your mental health in a stable place at the same time, it's not one or the other.' That hasn't been apart of the conversation," he said.

He recalls a time when a fellow cadet reached out to the entire Bulldog Battalion via email to share on campus and off campus resources that are available to cadets struggling with their mental health.

"But that was from one cadet to the rest of the cadets," he said. "That didn't come from the army."

This limited interaction, he says, has been the extent of mental health-related conversations during his time in GU's ROTC program.

On the other hand, Maj. Edward Adams and Dr. Alan Westfield, military science instructors for GU ROTC, say mental health preparedness is indeed a part of the conversation at GU.

In accordance with the army, cadets have mandatory trainings — trainings on suicide awareness and Master Resilience training.

"One thing we've added to the way we approach things is we have Master Resilience Trainers, we send people to get specialized training from units and [teach them] how to look at things to keep fresh, to keep positive, to deal with reality," Westfield said.

"Suicide awareness [training], I think, leans more toward enabling others to recognize when someone is going through issues," Adams said. "It's not so much [to] effect the individual who has the problems, but effect that individual's friends and families to give them the tools they need to stop the cycle from completing."

Getting cadets informed on warning signs of potentially dangerous behavior is heavily relied on, as they describe the cadets as the "first line of defense" to notice when someone is struggling.

"The first line of defense is the other cadets, because they know all these cadets inside and out," Adams said.

After the cadets, the cadre says they connect cadets with on campus resources.

"[Those are] standard army programs that we have to maintain as being an army organization, [but] you could say we have more resources here than an army unit has because we do have student life and Cura



The fourth-year cadet committed to ROTC for the financial assistance it provides as well as his desire to serve his country.

Personalis," Adams said.

However, the cadet says the curriculum given to the battalion isn't directed at cadets as a resource for them, but instead as knowledge they need to know as second lieutenants.

"There are resources that we've talked about, but the context we were talking about them in, it was 'when you get to your unit and you have your office and your desk you should take all of these phone numbers for all these resources and tape them up on your desk so when your soldiers need them you know where to refer them.' Not for [us] personally, but for our soldiers," he said. "There are resources that we have available to us, but it was never presented like 'if you need them, here they are.'"

Changing Climates

Over 240 years old, the army was established in 1775 to help to colonies in its endeavor to succeed from Great Britain. A point of strength in United States history was the military's ability to defeat an enemy much larger. Nonetheless, the United States' military was successful and has been a stronghold for the country throughout its relative short history.

An institution that has seen generations and generations of change, both governmental changes and societal changes.

Along the way, the institution itself has also had to move forward. According to Westfield, what was once maybe described as a 'macho' type culture, is no longer fitting.

"There are some things that haven't changed since when I first came in forty years ago," Westfield said. "[But] what is different is, I think, there's heighten awareness of mental health ... It's OK to talk about having a problem, whether it's trauma from a near-death experience or maybe a training environment or someone is going through a divorce. It's OK, you don't have to internalize and be uber macho and not address that there are problems."

The heightened awareness and culture-shift comes from a period of time during 2011, when the suicide rates among active-duty soldiers increased dramatically.

Adams described this period as a rock-bottom for the army.

"We've come a long way since then, and I think a lot of it is due to things like informing soldiers of what their



When we graduate and commission we're in charge of a whole platoon of 30 people, and it's we're not equipped to handle ourselves in a healthy manner then how will we be able to handle 30 others?

Anonymous fourth-year cadet.



The cadet has experience personal struggle but did not seek help for fear of consequences.

options are and we've got a lot more robust mental health resources than when we first came in. Though we've always had resources," Adams said.

"We're more expressive," Westfield said. "[And] we try to find people that internalize things when they're not themselves and [the] ask them about [it]. We encourage people to go see a counselor, the stigma isn't there ... We talk about it, we encourage them to know it's available. If there is a situation that warrants intervention to let us know. It's education, it's training."

However, despite an overall shift toward awareness and resources, the cadet says the climate at GU isn't always as accepting as the cadre may believe.

"Even if we got rid of the cadre, and said just the cadets, let's sit down and talk about this — no would want to speak up and say 'yeah, I'm struggling, I get it,'" he said. "Not everyone suffers from a mental health disorder so [they don't get it]."

He says his fellow cadets and some members of the cadre are not empathetic of mental health struggles because there is a lack of understanding of what that can look like and how it manifests. Instead, they may suggest going on a run or workout and snapping out of it.

This cadet remembers an instance last year, when a cadre member referenced a former cadet that had to leave the program due to severe

mental health issues and could no longer stay enrolled due to medical regulations as a lazy individual, who simply dropped out of the program.

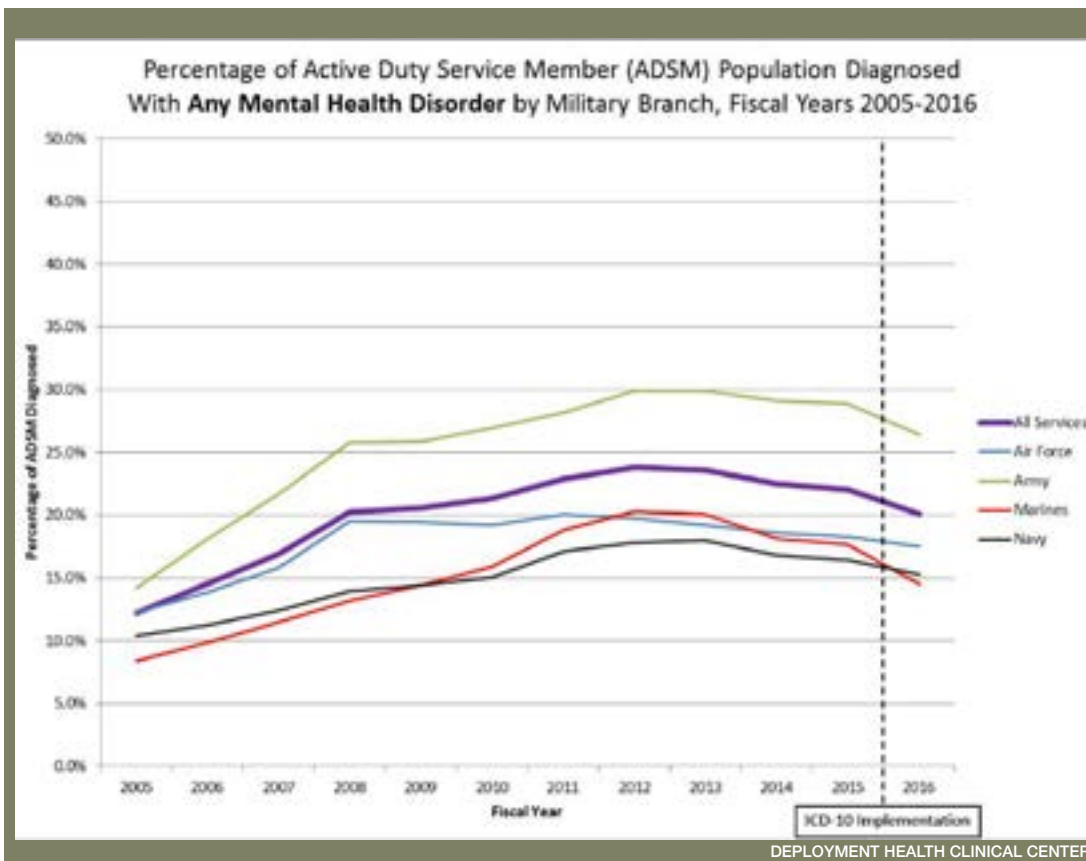
"I struggle with whether it's a lack of empathy or just a general lack of conversation. They just don't have any idea what it means to have a mental health disorder," he said. "They don't understand that it's not that they're lazy, it's that they couldn't sleep last night, they got all of two hours of sleep and then you ask them to get up at 5 a.m., work out for an hour and they have this whole rest of a day ahead of them that they already have no drive to do anything for [and] now they're also sleep deprived and they're stressed about that. It becomes a cycle."

This one cadre member is not representative of the entire cadre though — he says the cadre is indeed caring and empathetic. Instead, sometimes it's just the attitudes of individual ranking officers that change the climate of the battalion.

This is in direct contrast to what Westfield describes as a positive climate.

"The chain of command working, people taking care of one another, that's good leadership," Westfield said. "It's a mark of strong command climate where the unit is a team, a family and people take care of one another. It's been like that since George Washington."

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THE ARMY

HAS THE HIGHEST RATES OF

- ANXIETY
- DEPRESSION
- INSOMNIA
- PTSD
- SUBSTANCE-RELATED DISORDERS
- SUBSTANCE ABUSE

AMONG ACTIVE DUTY SERVICE MEMBERS

DEPLOYMENT HEALTH CLINICAL CENTER PER THE DEPLOYMENT HEALTH CLINICAL CENTER

TAKING ACTION

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Medical qualifications and disqualifications

Described as the first line of defense, cadre members rely on their cadets to inform the cadre when one of the students is not doing well. This plan, though well-intended, is a failing one according to the cadet.

This is because of one caveat that heavily dictates the conversation around seeking mental health services. This caveat, is that any medical diagnosis must be declared to the Department of Defense and any ongoing condition could be reason for medical disqualification.

“If I went to someone in our program and said ‘hey, so-and-so is really struggling with their mental health right now, I’m really worried about them,’ and they launch an investigation and that person get diagnosed with something and they get medically disqualified then that’s on me and now they might not be able to go [to GU] and the career they were planning on having in the army is gone,” he said.

Medical qualifications by the army are there to protect the individual, unit, army as a whole and taxpayer money. Therefore, in order to continue to serve in the army, individuals must abide by

physician requirement, these requirements are mainly physical and do not mention any mental health restrictions.

According to Adams, cadets and enlisting soldiers can apply for a waiver for any medical hinderance. Waivers can be granted for anything so long as it does not impact the service of the soldier.

“Anything that is a current condition, anything that you are currently suffering from generally you won’t get a waiver for,” Adams said.

However, if an individual is diagnosed with a condition like Attention Deficit Disorder, but does not take any medication for the condition, then they can be granted a waiver. The key is that they are not limited by whatever condition they may have and they are not dependent on medication.

“No limitations, you’re not going to put yourself or others at risk and taxpayers don’t have to worry about picking up the tab on a preexisting condition,” Westfield said.

“[Medical disqualification] happens for people who blow out their knee skiing or what have you, so it makes sense that a severe enough mental health disorder would also be a medical disqualification,” the cadet said.

The main reason soldiers cannot be dependent on medication is because of the possibility of deployment.

“Say that you need blood pressure medicine or something like that,” Adams said. “The army has to think to itself, ‘if this person is an infantry officer and they’re in the middle of the woods in some foreign country, how are we going to get him his blood pressure medication?’

So, how does this impact ROTC students? Because they are not considered active duty, if they were to be medically disqualified before commissioning then they would be required to pay back their ROTC scholarships. Therefore, the cadet says this is why many people don’t seek out help during time of struggle.

Even Adams realizes that fear of removal from the program can deter cadets from seeking help.

“Every single one of our cadets has it in their hearts that they want to serve their nation, they want to be an army officer, and this is something that they’re passion about,” Adams said. “You do not get through this program if you’re sort of passingly interested in, this has to be something you’re passionate about.”

Personally, he too has been in a position where he did not seek help for the depression-like symptoms he was experiencing. Although there are physical reasons for depression-like symptoms, like thyroid issues or vitamin deficiencies, he ultimately decided not to get help incase he walked away with a diagnosis.

“I legally can’t hide that from the DOD,” he said. “I had to sit there and do a cost-benefit analysis and just found as many other ways to try and get through it in a healthy-ish manner. I mean, I did it, I’m still here. It’s gotten better, but I wouldn’t say it’s over.”

Katie Kales is a news editor. Follow her on Twitter @katiekales