

## Military OneSource Podcast — Military Mental Health: It's OK to Get Help

### Episode transcript

#### Intro voiceover:

Welcome to the Military OneSource Podcast. Military OneSource is an official program of the Defense Department with tools, information, and resources to help families navigate all aspects of military life. For more information, visit [militaryonesource.mil](https://militaryonesource.mil).

#### Bruce Moody:

Welcome to the podcast. I'm Bruce Moody. We are pleased to have with us two guests. We have with us Air Force Maj. Melinda Marlow. Also, we have with us Air Force Maj. Cristina Benitez. Both are with Air Mobility Command. Both are at the Warrior Mental Health working group, where Maj. Marlow is the lead, and Maj. Benitez is a licensed clinical social worker and a member of the working group.

It is a pleasure to have the both of you with us to talk about this.

#### Maj. Melinda Marlow:

Thanks, Bruce. Really excited to be here today.

#### Maj. Cristina Benitez:

Thanks for having us. Really looking forward to chatting.

#### Bruce Moody:

Yes, agree. So glad that you're with us. What we're going to do, because this conversation really is not just about the Air Force. This conversation is about the entire military community and its approach to mental wellness. But it really does help to talk about the work that you're doing at Air Mobility Command. Let's start off by talking about the Warrior Mental Health working group.

#### Maj. Melinda Marlow:

Yeah, absolutely. I would love to take a few minutes and just talk to you about who we are and the work that we've been doing. Thank you again for giving us this platform to share about Air Mobility Command's Warrior Mental Health working group. You may hear me abbreviate Air Mobility Command to AMC. If you hear that pop up, that's what that term stands for.

The Warrior Mental Health working group is a dedicated team here at AMC that has been charged with getting after mental wellness challenges that our airmen face. Our Commander General Mike Minihan has been a staunch supporter of mental health

initiatives. Many of you listening might remember that, in 2022, he tweeted out a picture of his personal calendar that had an appointment with mental health, and included the caption, “Warrior Heart.” Since that time, he’s tirelessly pushed for reduced stigma surrounding mental healthcare, to remove barriers to care that the airmen experience, and to increase the actions to care and options for care that they have.

Our team came together last year and we’ve been working at full-speed ever since. We’re cross-functional, so that means we’ve got members from all different backgrounds, including mental health providers like Maj. Benitez, medical providers and operations airmen like myself. I’m a pilot by trade and background. We work together to identify and solve challenges for airmen with regards to mental health and mental wellness, and the care that they receive.

**Bruce Moody:**

Thank you for sharing that. You’re absolutely right. The general made news. The media covered the fact that he posted his appointment on social media. It was a purposeful act to really chip away at the stigma. We’ll get more into that.

The next question I would want to ask is what are the changes in regulations that came about as a result of the group’s work?

**Maj. Melinda Marlow:**

Sure. One of the big projects that we tackled right out the gate was taking a look at the guidelines that govern how our special duty airmen are returned to duty during and after receiving mental healthcare. Special duty airmen are those who have special medical clearances required as a part of their job. When you think special duty, you can think about airmen like pilots, career-enlisted aviators, air traffic controllers or special warfare airmen just to name a few. There are more, but those are the tops ones that most people are familiar with.

These type of airmen have medical requirements as a part of their job description that they have to meet in order to remain on duty status. Any time their health could potentially impact their ability to do their job well, they’re placed into what’s called down status. That’s a duty limited status. That’s an important thing to have in place, to protect them and the airmen that they’re working with, to ensure that the job is being done correctly and safely. Maybe you can’t do something like fly an aircraft or be an air traffic controller in the tower while dealing with a medical issue.

In the past, it was sometimes challenging for these airmen to get the mental healthcare that they needed because they’d be placed into down status when they first asked for help or first started talking about the fact that maybe they were struggling. If their base didn’t have a really robust mental health presence, or if there were delays in getting care, sometimes they would have to spend weeks or months in that down status waiting for the care that they needed. If they received a diagnosis or remained in down status for too long, they may not be allowed to return to full duty without a waiver that goes

through Air Force medical. That waiver process had requirements for how long you needed to wait before you were allowed to begin the process to return to duty. Those wait times could be as short as a few months, up to a year or more.

When the Air Force looked at the process back in 2018, they found that for pilots who started a medication as part of their mental healthcare, the average time they spent in that down status was almost a year-and-a-half total. What our team did was highlight that some of these restrictions and guidelines were causing our airmen just to simply stay quiet about what they were going through. Rather than face long periods of time in down status, they were choosing to remain silent and suffer in silence, trying to tough out mental distress that could have been easily treated by a mental health provider. That's not something that we want to have happening because it means that people who are struggling, one, are not getting the help they need; but two, they're continuing to do jobs that require high focus and high attention to detail, and they're not getting the care they need.

We needed to find a way to allow those members to get the care that they needed without being so afraid at how it would impact their job. We needed to make sure that it still adhered to all of the medical best practices and all the safety guidelines and standards that are in place to ensure that these airmen are safe to return to duty. We did. We worked with medical leadership, we dug into the research. We looked at all the medical data and mental healthcare research that has come out over the last few years. We coordinated for a couple of big changes to help airmen get through these times.

The first was a 60-day initial treatment window for those with more mild symptomology. What that means is that they can go get the help they need, and they have 60 days of treatment time. Meaning 60 days, with a provider, getting the care that they need. At the end of those 60 days, if their mental health provider and their flight surgeon or their owning medical provider determine that they're ready to return back to full duty, they can do so immediately without having to navigate a long and cumbersome waiver process.

Then we also looked into the waiver process. We worked hand-in-hand with the medical team here at the Air Force to do away with the mandatory wait times, and instead give the medical and mental health providers the flexibility to submit those waivers for their airmen as soon as the airman was ready. As soon as the airman had met the medical and safety criteria, and were ready to go back to whatever their primary duty was, that they would be allowed to submit that waiver right away, without having to wait six months or a year on top of their care and treatment.

Our hope is that this will give airmen the ability to access care more quickly without dealing with quite as much fear about how it will impact their job and being less afraid of the long-term impacts.

**Bruce Moody:**

What I'm getting from what you've been talking about is how we can bring this conversation into the purple realm, something that can speak to all of the services. Your

working group, your people have really dived into the issue of mental help, how to provide it, how people are reacting to it, the impact on people's workflow. You have a lot of perspectives to share and I want to get into those.

Maybe we can start with maybe the current perception of mental health in our military culture. How is that discouraging service members from maybe seeking mental healthcare?

**Maj. Melinda Marlow:**

This is a great question and one that I think we don't spend enough time looking at. To your earlier point, Bruce, this is something that impacts more than just Air Force members. As we did our research and our data on what impacts our airmen, we've been openly sharing that with our sister services to make sure that they have access to the same data, and the same research, and the same experts that we utilized. We're hoping that the changes that we've started here at the Air Force will begin to matriculate through the joint force and become something that are available to all service members, not just airmen.

But to answer your question about the culture. Really, the military culture that surrounds mental healthcare and how it impacts airmen, this is a really important conversation because culture is one of those things that you can't go in and touch. But you can feel it and you know what's happening, and you understand how it impacts you, even if you can't physically put your hands out and touch it.

The Defense Health Agency, or DHA, they did some research back in 2019, 2020 on mental health. Their assessment was that only about 30% of military members who need mental healthcare are actually getting it. About 60 to 70 percent of those folks who do need care are avoiding care. One of the primary reasons they found — they found three that I think are particularly pertinent to this conversation.

The first is one that we are very familiar with. "It's going to hurt my career, and it's going to harm my ability to promote and do my job." That one is not surprising to us. The second — and this is a really important one that I hope we'll get some time to talk about a little later in the podcast. The second was, "My unit leadership will have a negative opinion of me." A direct correlation to leadership. The third was internalized stigma, "I might be seen as weak. I might be seen as someone who can't handle things without additional help."

The military has this really ingrained culture of being tough, capable, "I don't need help." These types of mentalities and attitudes make it so difficult for someone to stand up and say, "Actually, I do need help. I actually am struggling." To make matters even more difficult, they're afraid. They're afraid that standing up and saying that might impact their job, their livelihood. Or it might cause their commander or their unit-level leader to see them in a negative light, to see them as weak or incapable. How will that impact their promotion, or their ability to get special duties, or to do maybe that job they've always wanted as a First Sergeant?

Not all of these fears have been unfounded. Historically, some of these things have been true for some of our military members. There's a lot of work being done right now to change those older attitudes and regulations that surround mental healthcare. Some of the work that our team is doing is getting after that, but we're not the only ones. A lot of organizations are looking at how to get after it. I'm hopeful that this stigma and this culture will begin to shift, especially when we take a look at younger airmen and understand that mental wellness, for them, is not seen in the same light that it is for us. I'm delighted when I hear things about Gen Z being less afraid of mental health, and more open to seek care when they need it because that's really what we need to percolate throughout our force. We're moving in the right direction. But that fear and that stigma is still very, very strong, and it's something that a lot of us are working really hard right now to try to counter.

**Bruce Moody:**

The fear that you're referencing also is shared by the spouse of a service member. Can you talk about that please?

**Maj. Melinda Marlow:**

I would love to pitch that one to Maj. Benitez. One, for her perspective. And two, because she has a lot of experience in this exact conversation.

**Maj. Cristina Benitez:**

Yeah, absolutely. Thanks, Maj. Marlow.

Prior to coming into the Air Force, I've been around for about 13 years, I was actually a key spouse, which is now a key support liaison for a security force's squadron. My husband was a police officer, one of those high risk units that is constantly wanting to keep things under the rug because of their arming use. From a spouse's perspective, you just see a lot of things. You hear a lot of things, you see a lot of things in terms of your own partner, but as well as maybe the flight that they're on, or the element, the unit. It just percolates, is the word. You start to understand that you can't really call the First Sergeant and the commander for everything. I really should rephrase that. You shouldn't is the message that's sent along, for fear of repercussions on your spouse's career, which could ultimately impact essentially your living standards, your housing allowance, what have you.

We see things, we keep them buried. Until really, there's a straw that breaks a camel's back is what I've experienced. Also, being a mental health provider and the family advocacy program, or in just different sections of the clinics that I've worked in. The stigma is equally, if not even more so in the spouse's world, because of the joint fear of losing that benefit or the benefits that mutually are shared.

**Bruce Moody:**

In the middle of all of this is something maybe people are familiar with, but perhaps not. It's called the Brandon Act. How does this relate to our conversation today? How is it improving the process for service members to seek mental health support?

**Maj. Cristina Benitez:**

The Brandon Act I think is a bit more well-known nowadays, but it really only came into play in May 2023 when the legislation was passed to implement the Brandon Act. Each service has different ways to access mental healthcare. This legislation actually streamlined it for all of the services. The point of the regulation is that service members can now seek a referral or initiate a request for a referral to mental healthcare via their supervisors or their commands. Although that's not a change in the way the Air Force has done things, it's now in written law. It should help reduce the stigma is one of the main initiatives behind it, since supervisors are now receiving training, commanders are continuously receiving training. But they too are now involved in the process of securing services when a service member requests it.

**Bruce Moody:**

Yeah, let's talk about that. Because like you say, leaders are getting trained. The military is trying, really wants to remove the stigma behind mental healthcare. What is the military's ... How are they directing leaders? What are they telling leaders that their role is with regard to reducing this stigma?

**Maj. Melinda Marlow:**

I really love this question. It opens the door to some conversations that we really need to be having. And also, it gives us a really clear way that we can get to work on getting after some of the stigma.

I think leaders across service branches, this isn't just an Air Force thing, they play a huge, huge role in how their airmen, guardians, soldiers, sailors, Marines see mental healthcare. Like we talked about earlier, over one-third of the participants in the research that was done by DHA said they were afraid that their leaders would negatively view them. It was the number two fear. A direct line to their leadership and their leadership teams. That fear is a direct result of the culture, the attitudes and the atmospheres that their leaders are building regarding mental health.

When that leader is too afraid to talk about mental wellness. Or worse, if they talk about mental wellness, but use stigmatizing and demeaning language to talk about it, it shames people when they're already struggling. It creates that culture of fear and silence. The service members that we lead, they're not going to be comfortable openly getting help when their leaders are afraid to even talk about mental health or mental wellness.

When you have a leader whose really comfortable saying, "Hey, I'm headed out to physical therapy. I have a physical therapy appointment." But that same leader would

never, ever, ever think about saying, “Hey, I’m headed off to my mental health appointment.” That right there, that tension between the difference in how we feel about those two statements, tells us a lot about the culture that our airmen are in. We know immediately that stigma is alive and well in them, and in the organization that they’re leading.

We are desperately in need of leaders who are brave enough to build their own self-awareness in this area, and who are not afraid to first seek care if they need it. Then, support and be open in their support of mental healthcare. In a culture like the military, it’s not enough to just stop using stigmatizing language. That’s not going to be enough because the stigma is embedded into our very culture. We have to go above and beyond. We have to be vocal and very transparent in our support of mental healthcare. So that we see, and we communicate really clearly to our airmen, that getting help is a sign of bravery. That reaching out for support is the strongest thing that you can ever do.

That job, that job lands squarely on the shoulders of our leaders. We need them to join us in this search, and in this work that we’re doing, because they are really key. They’re a really critical part in helping us reduce this stigma and pulling back the fear that the airmen, or service members that they lead are feeling in this area. We absolutely need leaders. We need leaders who are brave, who are invested, and who are engaged in topics of mental health and wellness.

**Bruce Moody:**

Got it. Let’s shift though, from leaders. Let’s talk about the support that fellow service members can provide. They carry a lot of weight because of the shared background, the mutual trust. For them, what are some of the ways that service members can help one another when it comes to mental health?

**Maj. Cristina Benitez:**

I’d really love to take that one. Again, I’ve been working in the mental health clinics for the greater part of a decade in the military. What I have really found is that people are lonely. We are alone and not well-connected. If you have support from a fellow service member, it really can carry a lot of weight because we have a shared understanding of our reality. If it’s someone from your unit, you both know what happens at 0715 every day, and whatnot. It’s critical.

If you think about us as humans, we’re really social or pack creatures. When we have examples, or real stories from individuals who have tried something and are paving the way for us, it’s a bit less anxiety-provoking to follow in their footsteps. I say that because humans are natural catastrophizers. There’s these things called distorted thinking errors or negative thinking patterns. One of our favorites as humans is to catastrophize things because we are innately wired to survive. If we are being shown that we can survive by talking to people, getting help, our natural built anxiety system, that alarm that helps you stay safe, tends to be reduced a bit and we’re able to make more logical decisions about what we need to do.

What Maj. Marlow was saying earlier about the shifting of generations, we're in this really interesting period in the military time where we're spanning a generational aspect that is multiple generations. We've got Millennials. You've got Gen Xers. Probably not so many Boomers anymore, but there still are some. And we've got Gen Z. The way we understand mental wellness is significantly different. I think that there is a lot of hope and positive movement with the newer generations because of our understanding and ability to verbalize the similarities of mental healthcare with something like physical therapy. At the end of the day, it's all connected to our health.

I do think that Gen Zers, or even Millennials, are a little bit more apt to be like, "Hey, guess what my therapist told me today." By saying those kind of statements, it really does allow for your friends or for your family members, or your fellow service members to know that it's not only OK to engage in therapy, but to also share some of the learning tips that we have learned in there.

One of the things that I think is also important with service members is that, when we share our experiences, we can help debunk the incorrect myths that exist out there. Such as the job impacts or the loss of security clearances, or these fears that we've created based out of some anecdotal stuff, or maybe some real lived experience. But we're able to start rewriting the story or the schema that we have about what getting mental healthcare in the military looks like, or what it does to our careers.

I started this question saying that it's really important to connect with each other. That is just so critical in these situations where we are constantly moving, deploying and being immersed into new areas and locations where our family unit, our nuclear family unit doesn't travel with us. Connectedness is a big thing in our society. We need it in order to be socially supported, and needing to succeed really, and to help our mental wellness.

**Bruce Moody:**

If a service member wants mental health support, what's the first step that they should take?

**Maj. Cristina Benitez:**

I think you'll get a varied answer. This answer can vary depending on who you ask. And it depends on each service. But overall, I think if somebody is even thinking about seeking support, it probably means it's an opportunity to start getting support.

I think over the past 15 years, we've done really good as a Department of Defense, to let people know mental help is available. Thus, we have gotten into this pattern that all behavioral health or mental wellness starts at a mental health clinic. I think I want to change that first step programming that people have been told, and really let people know that you can start by talking to a friend. Start by talking to your supervisor. Start by talking to the many resources that are available. The biggest thing is you have to get over that hump of, "Okay, I think I'm going to do this." If you are ready, a friend can help you connect, and anybody else that you might know.

If it were me as a service member, or even as a spouse recommending to my husband or my partner to connect, I would start with the lower tier services, such as Military OneSource, or the base or installation military family life counselor because they usually have better availability. They're really easy to talk to, and they're also certified and licensed to be seen for mental healthcare. If that makes sense.

**Bruce Moody:**

Yeah. I'd like you to talk a little bit more about that. Specifically, how a friend or a loved one can encourage somebody to seek care. Because that relationship, that's a powerful relationship, a friend or a loved one. Those words come with a lot of power. How should one speak to somebody who probably should be seeking care?

**Maj. Cristina Benitez:**

I love that you asked that question because I think it's critical for us to know at, A, we can talk to these industries, or our friends, or our family members and let them know we're concerned about them.

But what I have found most is that you want to be in a setting that's neutral. It has to be a fair playing field and it can't be in an emotionally activated situation. If I'm standing across from my partner, arguing over some chore that didn't get done, it's probably not going to be well-received when I'm like, "Well, you need mental health help." We're going to want to set up a time that is, again, neutral and available to us to have a conversation about getting care.

What I find is most successful, even in therapy, is when we're able to tell people the impacts of what they're not getting care is doing. If my partner is abusing alcohol, or my partner's work stress is getting to the point where they're disconnected and on Instagram for two, three hours every night, and now I'm stuck with the mental load of the house, if I don't communicate the support or the behaviors that I'm seeing that need to be improved, it might fall on deaf ears.

There's a type of treatment called motivational interviewing. We use that in the clinical setting to help people see what it is that they want in the long run. And ask questions, or guide conversations to show them that these are the things you need to do to get to your goal. Such as if I were to talk to my partner like, "Hey, I noticed that you said a week ago you really wanted to come to all of the soccer games for our children. Might there be a way that somebody in the military family life counseling office or a provider through Military OneSource can help you set some goals or help you figure out what's the best way to get there?" Again, specific ways of how it's being impacted.

Then utilizing these things we call I Statements. Like, "I would feel more comforted if I knew that you were getting support, or had somebody professional to talk to, about the stress you're experiencing at work." Or, "I would feel more comfortable if you were seeing somebody about those situations that happened while on deployment."

**Bruce Moody:**

This is really excellent information, so very, very helpful. I wonder if we could maybe get some examples of what this looks like. Can you share some experiences that you've heard about where service members are seeking mental health support and had positive outcomes?

**Maj. Cristina Benitez:**

Yeah. I've been very privileged to sit on the other side as a therapist for several years. But I also have the ability to sit as a peer and observe success stories with my friends and my family.

I think one of the most impactful ways I've seen it is that I'm a part of several online forums where many people share their positive outcomes from seeking care. What I often times really find I'm gravitating to are the stories of the individuals who share that they have been white-knuckling it for many years, in hopes that they could hold it together just long enough until they're in a non-flying assignment, until they get to the special duty that they're seeking. What really is impactful for me is seeing the expression of the relief that they have gotten by being able to talk to somebody about all of these thoughts or feelings that have been just floating aimlessly in their bodies and in their heads for years. It's similar to an Instapot. When you relieve that pressure valve, being able to physically see people build up because they were able to take that imaginary but real stress off of their shoulders, I think is one of the positive outcomes that I've seen across a big population.

The ones as a provider that have really impacted me are the ones where people have been engaged in evidence-based practices specifically for trauma work. I find that people who have trauma experiences usually have one of the hardest times coming through our door for fear of many things. One of them, I think, is what Maj. Marlow mentioned, was the third point, was that internalized stigma that, "I might be the only one in my element that wasn't able to carry on with this deployment stress or what I saw. Everyone else is fine. Why am I not?" Being able to break through that, but also being able to break through all of the impacts that happened because of that trauma. Such as their family stress, their work stress, their physical and health stress. Seeing people actually become not who they used to be, but this new, evolved person who has grown, but is also back in the game so to speak, with their life. Not just their military life, but the life that they will have after our uniforms are hung up.

Being able to see somebody take that, and be ready to run with it, and be reintroduced to the world so evolved and so relieved is I think the biggest outcome I've seen out there.

**Bruce Moody:**

This is such an important conversation. I really hope to have the both of you back to really continue this conversation. It's so critical, I can't even begin to say.

What I would like to say is we have a ton of links in the program notes. I invite people to check them out. Military OneSource is a great place to start, just because it is 24/7, it's confidential. You can get the information that you need, questions answered, so give them a try.

Just very, very quickly because we have run long but I do not mind, especially with a topic like this. But I just invite final thoughts. Maj. Benitez, let's begin with you.

**Maj. Cristina Benitez:**

Yeah. I love that you highlight Military OneSource, because I think in this world where we're so technologically connected and don't often times get to talk to humans, calling the Military OneSource number always gets you a human on the other end. It's honestly available all the time. I think that it is an opportunity for us to really to push forward, and reintegrate back into the lives that we want. This affects all of us. I'm just really grateful you guys are taking the time to talk about this. Thank you.

**Bruce Moody:**

Yeah. We will definitely return to it.

Maj. Marlow?

**Maj. Melinda Marlow:**

Yes. Thank you so much for giving us this opportunity. For the listeners out there who either are a service member with special duty or special clearances, or supporting a service member, or families that may have special duties and special clearances, to you specifically, I just want to offer our wholehearted support. I'm a pilot by background, so I well understand the weight of carrying special clearances. I hold a top secret SEI security clearance. These are challenges that I've navigated myself and walked along many others while they navigated.

Maj. Benitez said it so beautifully. But watching people get their lives back, people who were white-knuckling it, people who were in quite literally the fight of their life, all the way up until they got brave enough and found the courage and the internal strength to ask for help, and watching their life unfold for them has been really just an incredible privilege. What so many of them have found is that they're now more capable to show up in a present way with their family. They're more capable to show up at work with their whole self, and not just the leftover fragments that stress has left them. It has resulted in them being able to take that deployment. Being able to be there for their kids' soccer games. Being able to upgrade to aircraft commander on time. Being able to brief at the CoCom level that once they never would have been capable of doing. Now they've stepped into this whole new part of their life as a whole person.

We just really want to encourage those out there that are struggling, "Should I get help? Is it safe?" You have to make the choice to save your own life. I promise you, that choice will be the start. That choices makes all the difference. No one can make it for you. You have to be the one to say, "Today I'm going to start the journey to save my own life."

You won't regret it because, in saving your life, you'll find your family, you'll find your community, you'll find your support, and you'll end up living in a way that you once never thought possible.

There are those of us out there doing the work. We're doing everything we can to get care, to make it accessible, to change regulations that might be outdated. Please join us. Be a part of the movement. Encourage those around you to live openly and boldly in a world that sometimes asks us to be small and quiet. We'll see you there.

**Bruce Moody:**

I'm going to respectfully end that on this, because I cannot top that. I am so grateful to the both of you for being with us today. We absolutely will start working on having you back as soon as possible.

**Maj. Melinda Marlow:**

Thank you. We can't wait to be back, and to share more of what we've learned, and what we've experienced with you all. Appreciate it.

**Bruce Moody:**

Thank you very much. I want to remind everybody that Military OneSource is an official resource of the Defense Department. We'd love to hear from you. If you have a question about what you've heard today, a comment, or maybe an idea for a future episode, there's a link in the podcast notes. You can send us a note. We always look forward to hearing what you have to say.

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