

Military battles stigma associated with mental health

The continuing social stigma attached to mental illness is the biggest obstacle mental health experts face in helping patients, reducing suicide rates — and in the military, improving the fighting force.

"I think there's no question that the main impediment to psychiatric care is the stigma," Johns Hopkins University psychiatrist Dr. Kay Redfield Jamison said May 2. "We have good treatments for the major psychiatric illnesses. What's difficult is getting people to recognize that they have a problem ... and to set aside the stigma or work around it."

Jamison said she draws insight from her own experiences as a military "brat." Her father was an Air Force scientist and pilot who struggled with manic-depression.

"The major way [mental illness] was treated was to go to the Officers Club and drink. Alcohol was very heavily subsidized by the Air Force," she said. "At that time, had he sought treatment, there is no question he would have been out of the service."

Lt. Col. (Dr.) Frank Budd, 437th Behavioral Sciences Flight commander, said there's still a strong likelihood that someone with a biological induced mental illness will likely face a medical evaluation board and be recommended for discharge. However, the mistake most Air Force people make is assuming that any one who comes for help is somehow disturbed or unable to function.

"More than 90 percent of people coming to our Counseling and Guidance Center for assistance do not have any mental disorder," he said. "They

have relationship problems, work dissatisfaction, or other challenges in life we all face. While medication and therapy are essential for mental illnesses, the vast majority of Air Force personnel only need skills or information in communication, conflict resolution, assertiveness, etc."

Mental illness is of particular concern to the military because the military population is statistically younger than the general population. "Mental illness is a disease of youth. That's why suicide is such a problem among young people," Jamison said. "Major psychiatric illnesses tend to kick in around the time of puberty and escalate after that. The average age of bipolar disorder to kick in is 17 or 18. Depression has a slightly later onset ... the early 20s."

Jamison said mental illness is treatable and that, while things aren't fully enlightened, they've changed a lot since her father's military days. "The tragedy of having mental illness go untreated doesn't have to happen any more."

Dr. (Army Lt. Col.) E. Cameron Ritchie agreed. She's the director of mental health policy and women's issues for the Office of the Assistant Secretary of Defense for Health Affairs.

"We have been trying very hard in the military and in the civilian world to destigmatize mental health," she said. "One way to do this would be to have people who have struggled with depression and bipolar disease come forward, but that's very hard to do. There is still such a stigma about the treatment of mental illnesses."

She said the suicide rate in the United States is about 20 per 100,000 people every year. The

suicide rate in DoD is somewhat lower — about 12 to 14 per 100,000, she noted.

"The primary precipitant to suicide in the Air Force is not mental illness but relationship break-ups and irresponsible alcohol use. We can help prevent suicide when we encourage people to get the help they need before the crisis," said Budd.

Jamison said the Air Force treats suicide and mental illness as servicewide command problems as well as medical ones. She said the service took recommendations for suicide prevention from the Centers for Disease Control and put them into effect and established a central database to determine circumstances of suicides and attempts.

Ritchie pointed to the Air Force's focus on suicide and mental health treatment command- and four-star-level issues. "They've worked with their community services, their alcohol and drug control programs and their chaplains, so there's better communication," she said. "They've also put a high emphasis on confidentiality of mental health records, so people can be seen without worrying about who's going to find out about it."

The Air Force has the lowest suicide rate of the services, and that fact hasn't escaped DoD's attention. A working group is looking at ways to reduce suicides throughout the department and it's drawing from the Air Force's success.

"We haven't had a suicide by an active duty member in four years at Charleston," said Budd. "This remarkable 'metric' is directly attributable to supervisors paving the way for their troops to get help early, not creating roadblocks preventing help due to fear and ignorance or stigma." (AFPN)

C-141

continued from page 1

Generation Squadron, which maintains C-17s and C-141s, said, "We have about 80 people working three shifts 24 hours a day to keep these planes flying until June 30. The aircraft comes off the books at the end of June and we'll have no more primary aircraft assigned, which will allow us to draw down and take care of our people without being tasked for training or operational missions."

Between June and October, about 50 members of the 437 AGS will either move to other bases or retire or separate from the Air Force. The remaining 30 members, mostly staff sergeants through master sergeants, will transition to the C-17 and spend six months to a year in upgrade training.

The 16 AS will fly its last training and "real world" operational missions before June 30.

However, the base will still have about 6 C-141s left on the ramp and they will be gradually flown off to other bases or retired to Davis Monthan AFB. The last C-141 flight from the base is scheduled to depart on or about September 7, and will be flown to Altus AFB, Okla.

Charleston based C-141s have been involved in virtually every major military contingency, to include DESERT SHIELD and STORM, where C-141s moved the majority of the cargo for our forces and was the first airlifter on the ground. Charleston C-141s saw action during the Vietnam War, the Israeli and Egyptian

conflict in 1967 and 1973, the U.S. intervention in Grenada and Panama and the crisis in Kosovo.

"From delivering critically needed humanitarian supplies into every corner of the globe to supporting the transportation requirements of the President, to numerous classified special operations missions we can never discuss, the 16th Airlift Squadron has flawlessly executed every mission it's been tasked to accomplish," said Wendling.

At one time, the 16 AS provided the nation's only long-range, rapid-response, special operations low level capability.

The squadron provided the backbone of the nation's elite special operations forces and used the "Bad to the Bone" motto on their unit patches. Sitting alert 24 hours a day, 7 days a week, the 16 AS routinely responded to short-notice National Command Authority taskings.

The squadron used uniquely qualified aircrews, trained in the use of enhanced night vision equipment and specially modified aircraft. These crews rapidly deployed and inserted special operations ground forces into blacked-out, austere airfields/drop zones and extracted those ground forces upon mission completion. The mission was formally transferred to McGuire AFB in April 1999.

The 16 AS performed this complex mission for more than 17 years while maintaining the best safety record in the Air Force, surpassing 919,000 mishap-free flying hours.

Wendling credits the squadron's rich and glorious history to the out-



Staff Sgt. Sean Worrell, 1 CTCS

Tech. Sgt. Doug Darner, a C-141 flight engineer assigned to the 16th Airlift Squadron, performs his post air refueling duties during Rodeo 2000 in May at Pope AFB, N.C. Darner will head to McChord AFB, Wash. and continue flying the C-141s after they leave Charleston.

standing dedicated professionals who make the mission happen each and every day. Only 15 percent of the squadron will be making the transition to the C-17A, others will separate, retire or move onto other weapon systems.

"It's going to be a sad day when we furl our squadron flag, not because we're closing a squadron, but because we're disbanding a family. The 16 AS closure may be the end of a chapter, but it also marks the beginning of another," Wendling said. "We

know we'll run into each other again because once you've been a member of the best airlift squadron in the Air Force, you'll be "Bad to the Bone" forever."

Anyone interested in attending Charleston C-141 farewell events can call 1st Lt. Robert Hanovich at 963-2129 or email robert.hanovich@charleston.af.mil no later than June 30. They may also call toll-free at 1-888-355-6537.