



Depression: What Unit Leaders Need to Know

What is Depression?

Depression is a serious medical disorder that can affect a person's thoughts, feelings and behaviors resulting in a range of symptoms. If depression is left unrecognized and untreated, it can severely damage a service member's career and relationships. As leaders, it's important to recognize depression in your service members and get them help. The following graphic can assist leaders with understanding some of the signs members may show at work and also provides an understanding of some of the deeper issues that might be under the surface.

Facts about Depression:

- Depression is one of the most common psychological health disorders
- Depression can affect anyone, from the newest recruit to the commander in chief
- Nearly ten percent of Americans have depression in any given year
- Depression is one of the most treatable psychological health disorders with several effective treatment options available

TIP OF THE ICEBERG

**Apathy
Irritable
Looks Tired
Frequent Mistakes
Late for Work**

BELOW THE SURFACE

**Depressed Mood
Low Energy
Poor Concentration
Insomnia/Poor Sleep
Fatigue (Excessive Tiredness)
Low Appetite/Weight Loss
Hopeless About Future
Thoughts of Suicide**

It's easy to assume that a service member who starts making mistakes, is 10–20 minutes late to formations at times and is now irritable just has a “bad attitude.” A good leader will know to look beyond the surface and will look into **Why** the member's behavior has changed.

For service members struggling with depression, the symptoms can make getting through a normal day seem monumental. Often they will have to function on two to three hours of sleep a night, have no desire to eat and feel tired all the time. These are all things people usually try to hide from others, especially at their commands.



What can you do to help your service members?

- Know your service members so that you recognize when their behaviors change dramatically
- Give your service members the benefit of the doubt— if you do notice dramatic changes, inquire about the changes rather than make assumptions
- Know the symptoms of depression and don't be afraid to ask if a person has them
- Try to encourage service members who need care to go in for help, recommend that they look into off-base or online resources if they are hesitant

Things to avoid when it comes to helping

- Don't try to act as a counselor or therapist—if service members need help, encourage them to see a professional
- Don't ignore the problem—hoping the person “snaps out of it” is not an acceptable plan
- Don't remove them from leadership positions simply because they have depression
- DO NOT leave a service member who is suicidal alone—immediately get them to a professional qualified to do a medical evaluation
- Do not discuss the service member's issues with others in the unit

Example Case: Corporal Jones

Three months ago, Corporal Jones and his wife lost a baby due to a miscarriage five months into the pregnancy. Since the miscarriage, Jones has been 10 to 20 minutes late to formation several times and recently was informally counseled for talking back to his sergeant.

Jones' senior non-commissioned officer in charge (SNCOIC) has noticed that his behaviors are unusual and asked around. Jones has looked tired and unmotivated and has started skipping lunch to sleep in his car. The SNCOIC pulls Jones in, asks about what's going on and finds out that Jones and his wife are almost at the point of a divorce. Jones admits he is unable to sleep and has lost 20 pounds in the last three months since he doesn't feel like eating.

Jones says it hasn't gotten to the point where he wants to hurt himself, but the arguments with his wife are getting worse. He worries about losing his temper in one of the arguments and also losing his marriage. The SNCOIC recommends Jones talk to the chaplain or behavioral health to find out about counseling. If the SNCOIC hadn't acted, Cpl. Jones' problems could have easily escalated out of control.

Why Every Unit Leader Needs to Care About Psychological Health Conditions

Leaders at all levels need to know the realities of how psychological health conditions affect the unit's ability to perform its mission. Untreated psychological health conditions can lead to a loss of personnel or a loss in mission capability.

Loss of Personnel

- **Administrative Separation**—Service members who have unrecognized psychological health conditions are at risk of separation for pattern of misconduct (driving under the influence, insubordination, unauthorized absence/absent without leave)
- **Medical Separation**—When service members delay care too long, psychological conditions may worsen and increase the likelihood of a medical separation
- **Suicide**—Service members who feel trapped with no options may turn to suicide

Loss in Mission Capability

- **Low Productivity**—Service members who suffer from depression or other conditions are not able to perform at their best
- **Mistakes**—Service members who are not able to concentrate and have poor memory are more likely to make errors, which can affect a unit's ability to meet requirements
- **Attrition**—Units that lose too many personnel due to not recognizing problems and/or delaying getting its members into care may not be able to meet their missions