The Mental Health Service of the US Military and Its Enlightenment to the Psychological Work of PLA
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Abstract. Because of the diversity and complexity of US military operations, the psychological pressure of its officers and soldiers has become increasingly prominent, resulting in a continuous increase in the incidence of mental and psychological diseases among its soldiers. In order to deal with the non-combat reduction caused by mental and psychological diseases, the US military has formed a relatively perfect mental health support system. This paper analyzed and studied the service subjects and characteristics of the mental health of the US military, and summed up the experience of the psychological service of the US military, probes into the enlightenment of the mental health service construction of PLA under the general environment of the continuous improvement of the modernization degree of national defense and army and the deepening of combat-oriented training.

Keywords: US Military, Military psychology, Mental health service, Enlightenment.

1. Introduction

Since the 1990s, a series of high-tech local wars have broken out in the world, such as the "Gulf War" in 1991, the "Kosovo War" in 1999, and the "Afghanistan War" in 2001. In the modern war dominated by information technology, with the large-scale application of high and new technology in military operations, the concept of battlefield front and rear is blurred, which makes the casualties more serious and the combat environment worse. With the improvement of the information level of the war, the psychological offensive of the warring sides has penetrated in an all-round way in the war. As a result, the incidence of PTSD (post-traumatic stress disorder) [1], TBI (traumatic brain injury), suicide, self-harm, depression and other mental and mental diseases continued to increase in soldiers [2-4], it has become an important reason for affecting the fighting spirit of the troops and causing the non-combat reduction of the troops. Therefore, the US Department of Defense pay more and more attention to the maintenance of mental health, prevention and control of mental diseases and the cultivation of resilience [5], a large number of research and training work on mental health of soldiers have been carried out through the way of joint military and civilian.

With the deepening of China's participation in international affairs, PLA is facing increasing psychological pressure in carrying out international peacekeeping missions, joint military exercises, ocean-going escort and other military tasks. The malignant events caused by psychological problems are also increasing year by year [6-8]. Nowadays, the mental health of soldiers has become an important factor affecting the combat effectiveness of the military. The psychological state of soldiers in actual combat determines the outcome of modern warfare [9]. Therefore, how to ensure the mental health of soldiers in training and actual combat, and how to improve the resilience of soldiers in the battlefield environment is an important issue for PLA to solve urgently. The work of mental health service in the US military started early, and the construction of the psychological service system was relatively complete. It has accumulated a great deal of practical experience in previous military operations, and the service content and service form are flexible and diverse. Learning from the experience of US military mental health service has important reference significance for the construction of mental health support system and the further development of actual psychological training to PLA.
2. The Background of the Emergence of Mental Health Service in the US Military

The attention paid by the US military to the psychological quality of the soldiers can be traced back to the screening of the mental illness of the conscription period of the World War I [10]. During the World War II, artillery, tanks, aircraft, mines and other weapons were used on a large scale on the battlefield. Even if they did not cause direct killing of people, the impact after their explosion, the noise of high decibels, the wailing of the injured, a long period of high-intensity combat will have a great impact on the physical and mental health of soldiers. At this stage, the US military appeared the early psychological intervention team to deal with the soldiers with mental and psychological problems in the cruel battlefield environment. Throughout World War II, 310000 US soldiers were forced to retire because of mental illness, accounting for 33.6% of the total reduction. After World War II, the US, UK, France and other military powers set up relevant institutions and groups to deal with the mental health problems of soldiers. In the subsequent Korean War and Vietnam War, the US military established clinical mental health and medical departments, actively prevent the emergence of related mental and psychological problems in soldiers. During the Gulf War, at least 53 soldiers committed suicide and more than 2000 soldiers deserted because of mental and psychological problems. 53% of the incidents of accidental attack, bombing and injury in the US military are due to the psychological instability of the soldiers [11]. After the Iraq war, a survey by the US military showed that among the US troops stationed in Iraq, suicide accounted for 10% of the non-combat deaths, 13% of the soldiers had serious symptoms of mental illness, more than 30% of US troops in Iraq developed symptoms of mental illness three to four months after their return home [12].

Senior US military officials generally believe that the poor battlefield environment and the enemy's psychological offensive will affect the combat effectiveness of the troops. From the evolution of modern war, it can be found that the form of war has gradually changed from the hot weapon war during World War I and World War II to the information-based modern war, and the soft blow and soft damage have become more and more prominent. The requirements for the psychological defense ability of soldiers are also more prominent. Therefore, the mental health protection of soldiers in the major military powers in the world is changing from the passive mode of treatment after the discovery of diseases to the active mode of active prevention. In 2009, the US Department of Defense put forward the TFF (total force fitness) plan for the soldiers in order to optimize the operational effectiveness and cultivate the resilience of the soldiers, and to evaluate the health of the soldiers from the starting point of the adaptability of the soldiers to the battlefield environment, the TFF plan includes multi-dimensional health content for battlefield soldiers in many areas, such as physiology, psychology, social, family, nutrition, mental state and so on [13].

3. The Main Subject of Mental Health Service in the US Military

As a multi-ethnic integrated country, the United States has a diversity of military personnel in composition, culture and belief. Therefore, the subjects who can provide mental health services in the US military have significant diversity, and can provide mental health services according to the characteristics of their clients and their own strengths.

3.1 Military Professional Service Organization

The military professional service organization is the core of the mental health service of the US military, which can be divided into the research of soldier’s mental health and the prevention and control of mental diseases in the battlefield. The US Army alone has set up a number of scientific research institutions, such as the US Army Academy of Health Sciences and Army Institute of Behavioral and Science. In 2007, in order to further strengthen the mental health services of the US military, the DCoE (Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury) was established. The Office of the Assistant Secretary of Defense, who is responsible for health affairs, directly leads the formulation of prevention and treatment plans for TBI (traumatic
brain injury) and related psychological problems in active duty and retired US troops, as well as targeted research on related psychological problems [14].

It was stipulated in the Combat Stress Control Plan of the Department of Defense decree No. 6490.5, which amended in 2003 [15]. Organize psychiatrists, clinical psychologists, mental health technicians, etc, to set up a US military combat stress occupational medical team. Among the first-level units of the US military, there are combat stress occupational medical teams, including 5 psychiatrists, 1 clinical psychologist, 28 non-commissioned officers in behavioral science and psychiatry, 6 psychological officers, 5 nurses and 2 administrative officers, for a total of 47; A mental health unit was established at the division level, including 1 psychiatrist, 1 clinical psychologist, 1 psychological work officer and 2 non-commissioned officers in behavioral science and psychiatry [16].

3.2 The Military Chaplain System

The chaplain system of the US military has a long history, which was established on July 29, 1775, it is the religious subject of mental health services in the US military [17]. The chaplain has the formal establishment of the US military, and the chaplain can be seen at the first level of the army battalion, naval squadron, hospital, and other grass-roots units. The chaplain relieves psychological pressure and maintain mental health through religious services such as worship, probation education, psychological counseling. The US military agrees with a variety of religious beliefs, and the chaplain cover more than 200 religious’ denominations, which can meet the needs of providing services to soldiers of different faiths in their religious activities. Soldiers can consult the chaplain directly without permission to vent their negative feelings, and the chaplain will keep the contents of the dialogue confidential.

3.3 Local Colleges, Psychological Research Institutions and Associations

The US military has adopted a large number of joint military-civilian methods in mental health services, with the help of the superior resources of local colleges and research institutions, broaden the channels for the introduction of talents and cooperate to create a psychological training program for soldiers. In 2009, the US military joined forces with the University of Pennsylvania to build CSF (Comprehensive Soldier Fitness), this program is a holistic health shaping program aimed at improving the work efficiency and psychological resilience of US military and civilian personnel. Through targeted assessment, individuals can choose a variety of online training modules for psychological resilience. Individuals can achieve targeted self-service [18]. In 2011, the US military and Harvard University spent $300 million to build a US military happiness course education and training system to improve mental health and battlefield resilience of soldiers [19].

In addition, the US military also provides mental health services for veterans through many civil society organizations with strong social influence, such as the American Veterans Association, the Vietnam Veterans Foundation. Through the popularity and influence of these associations, mobilize all walks of life in the United States to strengthen the attention and support for veterans and wounded soldiers, express the gratitude of the American people for the military service and provide psychological support for the US military, so as to stimulate the sense of pride and responsibility of the US military.

4. Characteristics of Mental Health Service in US Military

4.1 Pay Attention to the Psychological Quality of the Selected Military Personnel

The particularity of military occupation determines that soldiers need to carry out high-intensity military training in peacetime, and will face uncontrollable risks when carrying out combat mission, so the requirements for the psychological quality of soldiers should be higher than those of other occupations. During the conscription period of World War I, the US military has begun to test the psychological quality of the candidates and carry out personnel screening. The attention of the US military to the psychological quality of soldiers has been discovered from the initial simple and
passive mental illness to the multidimensional and targeted analysis of the psychological quality of the personnel. Attention to the psychological qualities of military personnel, such as adaptability, professional ability, leadership, cognitive ability, etc., runs through the military recruitment and officer training over the years.

4.2 Cultivation of Psychological Quality of Soldiers to Meet the Needs of Actual Combat

The US military believes that a stable psychological quality, such as the ability to withstand pressure in a battlefield environment, is the key to the completion of combat tasks, especially high-risk military operations [20]. The psychological training and research of the US military has always been based on war and war preparation, focusing on the psychological training of soldiers in the actual combat environment. The US military psychological experts believe that the psychological research on battlefield stress control should all be based on the training plan of improving battlefield mental readiness. The integration of psychological training in daily training, relying on colleges, universities and training bases, carries out special training for various combat units, such as long-distance attack training in desert areas and snow combat training in Alaska. Improving the combat ability and psychological quality of soldiers. Through the simulation of battlefield environment by means of modern technology, the resilience of soldiers and the psychological quality withstand pressure in the future battlefield can be improved, and the psychological mutual assistance among soldiers can be cultivated.

4.3 Widening the Channels of Talent Training with the Help of Local Resources

In the mental health service of the US military, a large number of military and local integration methods have been adopted, and outstanding local psychological talents have been absorbed into the US military. With the help of local colleges, universities and the research institutions have jointly completed the research, evaluation, and tracking of psychological problems of soldiers. And jointly train psychological service talents with local colleges and universities. According to the relevant data released by the US Department of Defense in 2007, about 780000 researchers cooperate directly or indirectly with the US military, accounting for 82% of the total number of US researchers. The construction and development of the US military has achieved a high degree of military and civilian integration.

5. Enlightenment to the Construction of Mental Health Service in PLA

From the beginning of its establishment, the PLA has paid attention to maintaining the physical and mental health of soldiers, and psychological education has always been the focus of all kinds of ideological and political work. However, under the influence of traditional culture, the research on the psychological quality of the soldiers started relatively late, and it was not until the 1960s that PLA began to pay attention to the treatment of the mental and psychological diseases of the soldiers participating in the war. The construction of the mental health service and the related research were relatively weak. The research and construction experience of the US military has important reference significance for the next development plan of the mental health service of PLA.

5.1 Speeding up the Training of Full-time Psychological Talents in the Military

In 2009, the four general departments of PLA jointly issued “The Opinions on Strengthening the Psychological Service of the Military under the New Situation”. After five years of construction, the brigade and regiment troops have at least one full-time psychological service personnel, and the company units have more than three psychological service personnel. At least one officer from the political organs or above the regiment level who has been trained by the professional system of colleges and universities, the officer is able to organize and guide the work of psychological services. In practice, although many grass-roots units have set up psychological counseling centers and designated psychological service personnel, psychological service personnel are often concurrently held by out-patient doctors or political work officers, and lack full-time service personnel with
psychological professional background. This has become the bottleneck of further building the mental health service system of PLA.

In this regard, we should speed up the training of psychological service personnel, specifically through the following ways: (1) Recruit local professional psychological service personnel, such as psychological counselors and other professional psychological personnel to serve the military; (2) Relying on the joint training of relevant specialties in local colleges and universities, based on the cultivation of psychological professional quality and focusing on the practical application of mental health service, the practical operation skills of the trained talents can be improved and the psychological problems faced in the army can be solved.

5.2 Integrating the Cultivation of Psychological Quality into Daily Training

In daily military training, the chief military officer at the grass-roots level should coordinate the planning and standardization of psychological quality training with various departments, and proceed from the requirements of actual combat. Purposefully strengthen training, wild survival training and high-intensity antagonistic training in simulated battlefield environment. For soldiers, only when they had experienced the strict training close to the actual combat environment, experienced all kinds of sensory and psychological stimuli that may appear in the battlefield environment, and realized their own psychological advantages and possible potential problems. Only in this way they can truly sharpen their psychological quality, expand their psychological endurance and adaptability, to reduce the fear and panic in crisis situations, and to withstand the severe test of the future high-tech integration and joint operations.

5.3 Strengthening Psychological Quality Selection and Studying Mental Health Service under Actual Combat Condition

In the current conscription process, only the pilot selection uses psychological test, there has not established a psychological quality selection system and psychological quality standards for the selection of personnel from other branches of the military. Nor has a personal mental health file been established for each officer and soldier, leaving hidden dangers for the occurrence of mental and psychological diseases in the future training and actual combat.

Therefore, in the conscription process in the future, attention should be paid to the psychological quality of the recruits, aiming at different positions, such as pilots, tank drivers, submarine commanders, cadets of military academies, establish the corresponding psychological measurement methods and evaluation criteria. Under the general environment of the continuous development of actual combat teaching and training in PLA, we should also make an in-depth investigation on the mental health problems of soldiers in different combat environments and situations, and study the influence of soldiers' psychological quality on combat in different battlefield environments.

6. Summary

Through the introduction of the mental health service and its characteristics of the US military, this paper analyzed the problems existing in the mental health service of PLA at the present stage and the gap between our military and the US military. In the construction of mental health services, our military should consider the actual situation of our army, learn from the useful experience of foreign troops, and establish a psychological support system that can cope with the future information-based high-tech war. The psychological support system should carry out psychological education and targeted psychological training for the troops, improve the psychological quality of officers and soldiers, and effectively prevent and cure the mental and psychological problems that may arise in the battlefield environment. Reduce the non-combat reduction caused by mental and psychological problems in actual combat, and give full play to the combat effectiveness of PLA.
References


