As an officer in the Marine Corps, I was fortunate enough to have the opportunity to lead a company of Marines into combat. Going into the experience, I had all the education a senior captain in the Marine Corps is afforded. I had been through the course work provided by The Officer Basic School. I had graduated from the Expeditionary Warfare School. I had served as a platoon commander and a company executive officer in combat. In short, I had had the opportunity to learn and develop as a leader, and in 2007, I was given the opportunity to command.

As I considered what would be my command philosophy of leadership, I realized how truly daunting the task was. Two things, however, stood out clearly in my mind, making me come to a conclusion. One was a citation from the MCDP 1, Warfighting, stating that “all leaders must come to appreciate the awesome responsibility of their office for in war the resources they expend are human lives.” The other was a summary of a Marine Corps rifle company commander’s billet description, “they are to be responsible for everything the company does or fails to do!”

It was with these two pillars of leadership in mind that I developed my command philosophy of leadership. I argue this philosophy would greatly help today’s military leaders face the momentous challenge of changing the military culture that connotes the stigma of mental health with negative perceptions about mental health challenges. I call it parental bridging. It is the process of taking a young man or woman, newly joined to the military, who is no longer under the mental, physical, and spiritual guidance of their parents, and bridging every aspect of their pre- and post-development until such time that the young person is has fully acclimated to their new role as a Marine. This is similar to mentoring, yet the intensive nature of this form of leadership is more like parenting.

Commanders and leaders at all levels of the military have a unique opportunity to communicate with young service members as they transition from the supervision and mentoring of their parents into the supervision of military service. Basically, a leader takes on the same level of responsibility with newly joined members of the military that a parent would exert on to the life of a child.

To prevent mental health stigma, the commander must establish a command climate that does not allow negative perceptions about mental illness to be inferred by unit members when any service member is treated for mental health concerns. With this accomplished, the leader can help prevent negative beliefs and stereotypes surrounding mental health help-seeking. Just as it is the case with a parent in a family, all members of a unit pay very close attention to unit leadership to obtain cues about how to conduct themselves and how to address complex issues in military life.

As a parent serves as an example for the child, helping the child make sense of new situations to promote the child’s cognitive development, a military leader’s actions should do the same for service members. These actions can help prevent the expression mental health stigma and individual service members will not be discouraged from seeking help for mental health concerns.

Conclusion

To prevent mental health stigma, the parental bridge should be established by the senior-most member of a military unit will all members of the unit. This can help establish a true culture of tolerance for mental health concerns within the unit. Proper use of the parental bridge can help prevent sharing of negative attitudes concerning mental health. The bridge allows a leader to establishing a culture of love and acceptance to support holistic health and mission accomplishment. I commanded for nearly two years and every member of my military unit family who deployed with me to combat came home safely with enhanced levels of resilience and mental health. To all those who have the charge to lead service members, I encourage them to establish the parental bridge within their units.