

Reconnecting Discipline and Mental Resilience: A Strategic Approach to Readiness and Mental Health in the U.S. Army

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The U.S. Army experiences a dual problem based on a steady rise in mental health problems among service members and an erosion of basic military discipline, especially among those joining the force through Initial Entry Training (IET). Mental health issues expose soldiers to fatalities during combat. The problems are highly interlinked and have potential strategic impacts on the Army's long-run readiness, particularly in the context of Large-Scale Combat Operations (LSCO). The Secretary of Defense (SECDEF) and senior military leaders should evaluate and address the link between declining disciplinary standards in IET and rising mental health concerns across the force. The proposed strategic recommendation to frame mental health resilience as a byproduct of disciplined training settings carries significant implications for Army readiness, force structure, and policy. Moreover, it introduces ethical considerations, requires dynamic stakeholder management, and demands both strategic and systematic thinking to promote successful and sustainable actualization.

Effect on Readiness and LSCO

Large-Scale Combat Operations (LSCO) demands physical stamina, psychological perseverance, and moral clarity from service members functioning under high-intensity, ambiguous, and lethal conditions. Present mental health challenges raise worries concerning the Army's capacity to sustain prolonged combat operations (U.S. Army Public API, 2013). Furthermore, diagnoses for anxiety, depression, and post-traumatic stress disorder have risen across all services in the past. Leaders in IET settings report rising tolerance for correction, challenges instilling discipline, and weakened resilience among trainees (Total Military Insight, 2024). The Army's pillar toward a softer model in Basic Combat Training emphasizes emotional safety over stress inoculation and may unintentionally increase the psychological demands on LSCO.

Lack of exposure to controlled stressors during IET leads to underprepared soldiers experiencing combat trauma without foundational coping mechanisms. The strategic suggestion to associate mental health resilience with discipline across IET is connected not to punitive training but to structured adversity. Furthermore, holistic health and fitness start with harmonizing mental, physical, and spiritual aspects (Maegan, 2022). By returning to a disciplined, rigorous IET system that combines mental toughness and individual accountability, the Army can enhance its long-term readiness and strength.

The compounding effect of distorted mental resilience and undisciplined entry-level soldiers undermines the Army's force generation capability. For LSCO, which needs rapid decision-making, the absence of stress conditioning impairs cognitive power and increases psychological risk. Combat teams comprising soldiers with no experience of disciplined hardship are exposed to disintegration under duress, which can lead to mission failure, fratricide, or even raised casualties (Total Military Insight, 2024). The reduction of psychological readiness is not only a threat to an individual soldier but also to the general unit's cohesion (Defense Health Agency, 2025). Units that report higher connections and greater compliance with discipline in the IET context experience lower behavioral health attrition. Hence, discipline is a leadership value, a crucial force, and a psychological propeller. By reintroducing the aspects of structured adversity, including peer-reliant pressure drills, IET can reduce combat stress in both ethical and supportive ways. Soldiers who experience challenging environments can develop adaptive coping systems that enable quick recovery from trauma, improved performance under pressure, and heightened retention during long-lasting, dynamic LSCO engagements.

Convincing the Army to Put Priority on the Recommendation

To address the problem of insufficient discipline and mental resilience, a timely, appropriate strategic plan is needed. The suggestion has to correspond to the ongoing issues regarding force retention, suicide deterrence, and readiness shortfalls. An effective model would entail presenting concise data linking IET disciplinary activities to mental health outcomes, while stressing the Army's reduced capacity to deploy and sustain resilience forces in LSCO. Top advocates should be enlisted to provide testimony on the enduring value of detailed training. A pilot initiative could be recommended at selected BCT installations to reintroduce conventional stress-oriented training while tracking mental health outcomes and unit practices (Maegan, 2022). By ensuring this program aligns with the Army People Strategy, the integrated prevention model, and the H2F models, the recommendation can be positioned as a contemporary, data-driven, and progressive approach that is not culturally detrimental.

Stakeholder Associations and Communication Strategies

The approval and actualization of this suggestion require vertical and horizontal communication among the Army stakeholders. Vertical communication begins with briefings by SECDEF and Army senior leaders on the readiness impacts of poor discipline. TRADOC, the Army G-1, and IMT will work together to review policies and initiatives that instruct IET activities. Direct involvement with brigade- and battalion-level commanders ensures that transformations are feasible and measurable (U.S. Army Public API, 2013). Regarding horizontal communication, mental health experts, policymakers, and civilian advisors should be engaged in planning and designing psychologically compelling stress-exposure protocols. Furthermore, communication with installation chaplains, family readiness teams, and drill sergeants will ensure buy-in from the individuals directly mandated to implement it.

Counterproductive players, including those viewing the alterations as regressive or insensitive to mental wellness, should demonstrate empathy and reliance on facts. Strategic messaging ought to focus on shared goals of preventing suicide, facilitating retention, and preparing soldiers for real-world requirements (Maegan, 2022). Discussions, open data sharing, and cross-functional operational teams can reduce resistance and establish coalition-oriented momentum.

Ethical Considerations

Any policy that connects mental health issues with discipline should be considered ethically. Stigmatization of service members or implying that those with mental health problems are undisciplined should be avoided. The pursued strategy should emphasize the ethical importance of strengthening resilience through principled, consistent, and human training settings (Defense Health Agency, 2025). The Army Ethic offers a model to prevent any alterations. Leaders ought to ensure that all recommended reforms respect the dignity of soldiers while equipping them to endure challenges and overcome adversity. Stress inoculation should not result in abuse (Total Military Insight, 2024). The implementation of the recommendation must be monitored through robust response loops, anonymous reporting, and, if required, third-party oversight. By prioritizing ethical leadership and accountability, the Army is well-positioned to strengthen discipline and trust, which are fundamental to organizational appropriateness in LSCO.

Strategic and Systems Thinking

Resolving the foundational causes of mental health challenges through disciplined IET settings reflects a model thinking approach. Rather than isolating behavioral health programs to post hoc treatment, this recommendation restructures upstream aspects of the Army's human capital progressive system. Strategic thinking requires an understanding of the second- and third-order impacts of reduced initial

training thresholds. Furthermore, it is critical to balance resilience to pressures, including political optics and retention metrics. A systems model that incorporates educational intensity, mental welfare, unit cohesion, and ethical considerations enables leaders to monitor and change policy impacts over time (Defense Health Agency, 2025). However, the plan focuses not on altering the curriculum but on strategic changes in the Army culture. The culture should prepare stakeholders for the cognitive, emotional, and ethical requirements of combat (U.S. Army Public API, 2013). Ultimately, it should consider discipline not as a relic of the past but as a critical, vital resource that can protect the force against physical and psychological threats.

To persuade Army leadership, it is crucial to link this program to the broader national security model and modernization objectives. Discipline in IET directly impacts soldier operations in multi-domain practices, where cognitive burdens, risks, and mission dynamics are at their peak (Total Military Insight, 2024). Creating a connection between disciplined settings and improved decision-making under pressure can show that this is not an individual issue but one of strategic significance. Furthermore, this model can be advanced, as it offers many benefits that promote cost-effectiveness, alleviating long-term expenditures associated with behavioral health programs, attrition, and retraining. Reinvesting in mental challenges via structured adversity ultimately strengthens force efficiency and cohesion, which are critical in the case of peer rivalry.

Conclusion

The interconnectedness of discipline and mental wellness is a strategic concern, not just a debate over training issues. The increasing rates of psychological distress experienced by soldiers and the falling capacity of units to impart discipline at the initial phases of military service have converged to create a readiness risk that cannot be ignored. By adopting a system-informed, ethically grounded model to strengthen discipline within IET, the Army can build resilience through a bottom-up approach. The SECDEF and senior leaders ought not only to acknowledge this link but also to respond to it. The plan that should be implemented must commission data-oriented pilot initiatives involving stakeholders within the spectrum. Furthermore, it should monitor performance across the readiness metrics. Discipline and resilience should not exist as rival values. Altogether, they can help soldiers withstand the dynamic challenges of LSCO. Urgent action is needed to ensure the program's successful implementation.

References

Defense Health Agency. (2025, February 24). Reports about behavioral and social health in the military. DHA, Public Health. <https://ph.health.mil/topics/healthsurv/bhe/Pages/default.aspx>

Maegan, M. (2022). In-theater mental health disorders among U.S. soldiers deployed between 2008 and 2013. Helth.Mil. <https://health.mil/News/Articles/2022/11/01/Mental-Health-MSMR?type=Fact+Sheets>

Total Military Insight. (2024, July 18). Training for psychological resilience: Building mental strength. Total Military Insight. <https://totalmilitaryinsight.com/training-for-psychological-resilience/>

U.S. Army Public API. (2013, March 1). The United States Army's readiness and resilience campaign. API. <https://api.army.mil/e2/c/downloads/285588.pdf>