

BACKGROUND

- Only 29.3% of service members who reported a mental health (MH) concern in the past year sought or utilized treatment.¹ Underutilization of MH services can be attributed to:
 - Attitudinal factors (beliefs related to stigma): negative attitudes about MH disorders and related care, fear of being treated differently by leadership and peers, fear of negative career impact.¹
 - Logistical factors: scheduling conflicts, time off work, cost concerns, and transportation issues.¹
- Over the last two years, the Psychological Health Center of Excellence (PHCoE) conducted a review of Department of Defense (DoD) and service-specific policies to identify content related to MH stigma.
- PHCoE analyzed over 300 active MH-related policies, identified over 100 stigma-reducing and/ or stigma-increasing policies, and proposed language changes for stigma-increasing policies.
- This proposed policy analysis methodology draws on strategies identified during this process, as well as RAND's policy analysis methodology from its 2014 report titled, "Mental Health Stigma in the Military".

SOURCES FOR METHODOLOGY

Due to limited published research on MH stigma in the military and the impact of institutional factors, sources include:

- RAND Mental Health Stigma in the Military Report²
- Psychological health subject matter experts (SME)
- Anecdotal evidence from internal PHCoE, Real Warriors Campaign events

STEP ONE: POLICY SEARCH PROCESS

Policy Topics: Policies about the following topics routinely address psychological fitness and MH, and should be prioritized.

- Enlistment
- Deployment
- Security and authorization
- Separations
- Military law
- Leadership/mentor training
- Medical health care and services
- MH programs

Key Search Terms: Policies can be pulled based on key search terms related to MH and barriers to care.

- Search terms related to MH:** suicid-, mental-, psych-, emotion, counseling, behavior-, stress, anxiety, depression, disorder, treatment, adjustment, illness, and personality
- Search terms related to stigma:** stigma, access, barriers, to care, help-, and dangerous
- Search terms related to both MH and stigma prejud-**, discrimin-, and stereotyp-
- Search terms related to substance use:** substance, abuse, alcohol, addict, and drink-

STEP TWO: POLICY REVIEW PROCESS

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Policy Information Collection: Analysts should read through policies and use policy analysis spreadsheet (Table 1) to:

- Record policy information (e.g., document number) for ease of reference by other analysts
- Include brief description about policy and stigma-increasing/reducing provision
- Mark key search terms found in policy, so others can find provisions of interest

Table 1: Policy Analysis Spreadsheet		Search Terms (0=No, 1=Yes)												
Group Discussion Date	Policy Information	Brief Description and Stigma-Reducing/Increasing Context	Please note: Only some search terms were included for each section. All search terms are included in "Key Search Terms" section.											
			MH			Stigma		MH & Stigma			Substance Use			
	Document Number: Title: Service: Component: Policy Date: Pages: Reviewer(s):	Brief Description: Stigma-Increasing/Reducing Provision Context:	suicid-	mental-	psych-	stigma	barriers	access	discrimin-	prejud-	stereotyp-	substance	alcohol	drinking

OBJECTIVES

- Objective 1:** Identify at least 10 relevant search terms to use and at least three policy topics to consider when searching for policies that contain provisions that increase and/or reduce MH stigma.
- Objective 2:** Describe the proposed policy review process for identifying and assessing information pertaining to MH care and MH stigma within policies.
- Objective 3:** Delineate at least three steps of the validation of findings process.

2

Assessment and Recommendation Development: Analysts should note following initial considerations. (See Supplemental Material for definitions):

- Audience
- Policy date
- Recently implemented policies
- Practical considerations
- Legal context
- Policy tone

a. Policy Interpretation: Analysts should review policies and articulate the following:

- Stigma-increasing language excerpt
- Implications for stigma
- Proposed language changes, if applicable (minimal impact on meaning and policy wording, consider context surrounding provision)
- Proposed language change rationale
- Questions to discuss with other analysts and lead SME

b. Overarching Language Changes: To ensure consistency, uniform content should be developed for stigma-increasing language that appears in multiple policies (See Supplemental Material: Table 1 for detailed example).

Stigma-Increasing Language	Proposed Language Change
Mental illness	MH disorder
A schizophrenic	Person with schizophrenia
Suffering from...	Diagnosed with/has
Emotional problem	MH condition
Suicide threats	Suicidal statements
Mental institution	Psychiatric treatment facility

Figure 2: Examples of overarching language changes.

c. Categorization of Policies: Analysts should place provisions in one of three categories identified by RAND and PHCoE (Tables 2-4; see Supplemental Material: Tables 2-4 for category descriptions).²

Table 2: Stigma-Increasing Categories	Table 3: Stigma-Reducing Categories
Negative Terminology	Stigma Reduction Intervention
Implies Incompetence	Cognitive Restructuring
Prohibits Actions	Consequences for Prejudice or Discrimination
Lack of Privacy	Equal Treatment for People with MH Disorders
Non-MH Professionals Determine Fitness	Destigmatizing Access to Care
Mandated Screening	Protect Privacy
Criminalizing People with MH Disorders	
Vague Language	Table 4: Neutral/ Not Accessible Categories
MH Disorders as an Affliction	Neutral Language Excluded from Further Analysis
Perceived as Dangerous	Updated and Neutral Policies
Labeling	Other (e.g., classified or inactive policies) and Excluded from Further Analysis
Overall Barrier to Care	

METHODOLOGY

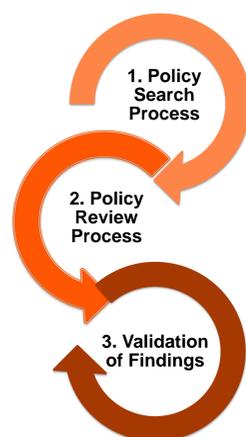


Figure 1: Three-Step Policy Analysis Methodology

STEP THREE: VALIDATION OF FINDINGS

Peer Review: Second review analysts should thoroughly read policies, validate initial analyst's assessment of policies, and make additional changes if necessary.

Group Discussion: Analysts and lead SME should meet to:

- Validate categorization and interpretation of all policies
- Discuss potential policy categories and overarching language changes

SME Review: Lead SME organizes policies that require a more thorough review.

- 0: no stigmatizing language found/stigmatizing language found but no change recommended
- 1: significant or nuanced changes to policy language, and/or recommendation that substance of policy be reconsidered or revisited
- 2: straightforward but non-standardized language changes
- 3: only contains changes reflected in overarching language change document

DoD/Service Review: Agency/Organization that owns the policy must conduct a final review to confirm that all proposed languages changes are practical/feasible.

REFERENCES

- Hom, M. A., Stanley, I. H., Schneider, M. E., & Joiner, T. E. (2017). A systematic review of help-seeking and mental health service utilization among military service members. *Clinical Psychology Review*, 53: 59-79
- Acosta, J., Becker, A., Cerully, J.L., Fisher, M.P., Martin, L.T., Vardavas, R., Slaughter, M.E., & Schell, T. (2014). *Mental Health Stigma in the Military*. Santa Monica CA: RAND Corporation.