Addressing Military Mental Health Stigma: Results of a Policy Analysis

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Abstract: Despite Department of Defense (DoD) efforts to encourage help-seeking, military service members' underutilization of mental health care is an ongoing area of concern. Military policies may contribute to this underuse of care by perpetuating mental health stigma and misconceptions about treatment. The DoD Psychological Health Center of Excellence developed a systematic policy analysis methodology to identify and assess potentially stigma-increasing provisions in military policies. The team identified nearly 150 policies with potentially stigma-increasing language (56% of policies included in this review), and proposed stigma-neutralizing language changes. The team also identified the most frequently occurring stigma-increasing words and phrases, and identified nine categories of stigmatizing provisions. The results of this effort, as well as implications for mental health providers and policy makers, are presented below.

Background

- Department of Defense (DoD) efforts to encourage help-seeking by military Service members are ongoing. A recent systematic review found that fewer than 30% of Service members reporting mental health concerns seek treatment (Hom, Stanley, Schneider, & Joiner, 2017).
- Underuse of care can be partially attributed to stigma, which includes negative attitudes about mental health disorders, fear of being perceived as weak by leadership and peers, and concerns that seeking treatment will impact one's career (Acosta et al., 2014).
- Military policies may represent an intervention point for stigma reduction.
    - Research suggests that the content and language of military policies may perpetuate mental health stigma and discourage help-seeking by Service members (Acosta et al., 2014; Anestis & Green, 2015; Ghahramanlou-Holloway et al., 2018).
    - Studies in other domains suggest that targeted policy changes can facilitate positive shifts in health behaviors and increases in healthcare utilization (Gunnell et al., 2012; Hurtado & Conway, 1996; Rahman, Mittendorfer-Rutz, Alexanderson, Jokinen, & Tinghog, 2016).
- Beginning in 2016, the DoD Psychological Health Center of Excellence (PHCoE) undertook a review of DoD and Service-specific military policies to identify and address content related to mental health stigma.

Methods

- PHCoE developed a systematic policy analysis methodology to identify and assess potentially stigma-increasing provisions in military policies, building on Acosta et al.'s (2014) methodology.
    - Policies were identified for review based on mental health-, stigma-, and substance abuse-related search terms.
    - A team of master's- and doctoral-level professionals then read and analyzed policies for potentially stigma-increasing wording, articulated implications for stigma, and recommended appropriate language changes.
    - Initial findings were validated through peer review, team discussion, and input from military mental health subject matter experts.
    - Delivery of feedback to Service Directors of Psychological Health and validation with the DoD Psychological Health and Readiness Council is ongoing at the time of this writing.
- The team reviewed nearly 300 Air Force, Army, Navy, Marine Corps, National Guard, and Department of Defense policies containing language related to mental health, and identified nearly 150 policies with potentially stigma-increasing language.
- Instances of specific stigma-increasing words and phrases were tallied and categorized by the policy review team and confirmed via peer review.

Results

- Fifty-six percent of policies reviewed were found to contain potentially stigma-increasing language. Meanwhile, 8% of polices contained stigma-reducing language.
- There were an average of 3.1 stigma-increasing provisions per policy (min=1; max=25).

Policy Topics

- Counts of stigma-increasing policies by type are reflected in Figure 1. Twenty-nine percent of policies identified related to personnel and military occupational specialties. These policies often deal with suitability for promotion and for specific types of duty (e.g., pilots, handling of chemical agents, presidential security detail).
- Medical and mental health treatment policies accounted for 16% of stigma-increasing policies, and those dealing with program administration and operation (e.g., leadership training, mentorship) represented 15%.
- Thirteen percent of policies dealt with law enforcement practices (e.g., de-escalating crisis situations, investigations into deaths due to suicide).
- Most policies dealing with enlistment, recruitment, separation, and retirement contained language that was potentially stigmatizing.

Figure 1: Count of Policies Containing Potentially Stigmatizing Language by Topic
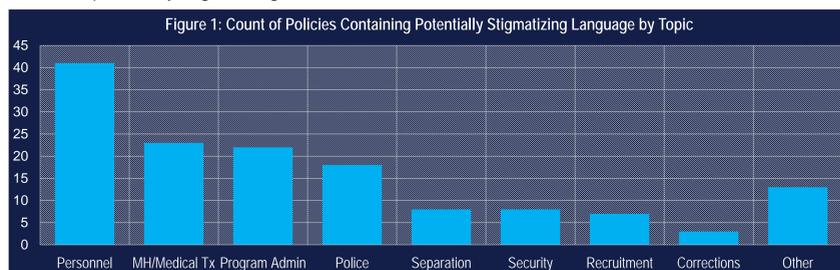
Most Prevalent Stigma-Increasing Words and Phrases

- Figure 2 reflects the ten most frequent instances of potentially stigmatizing language across all policy types.

Figure 2: Ten Most Frequently Used Instances of Potentially Stigma-Increasing Language
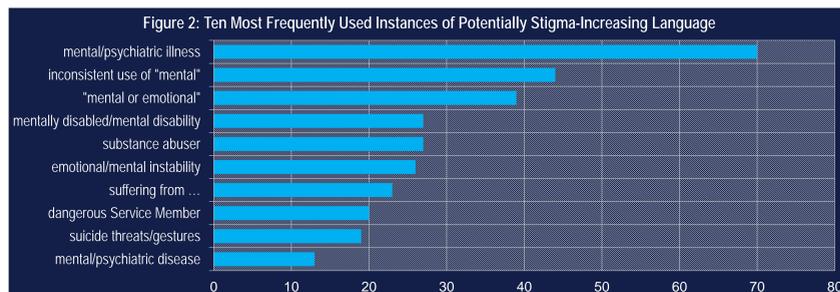
Categories of Stigma-Increasing Language

- The team also identified categories of potentially stigmatizing provisions; some of these originated from RAND's assessment of military mental health stigma (Acosta et al., 2014).

Figure 3: Prevalence of Stigmatizing Language by Category
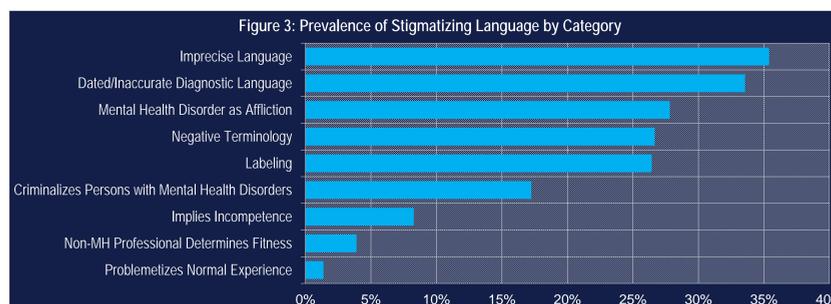
- Figure 3 reflects the prevalence of potentially stigmatizing language based on category. These were not mutually exclusive, as certain words and phrases fell into more than one category.
    - Dated and vague language related to mental health represented the most prevalent categories of potentially stigmatizing language identified in this review.
    - More than 25% of instances of potentially stigmatizing language:
        - Associated mental health factors with contagious afflictions.
        - Reflected negative stereotypes about persons with mental health disorders.
        - Applied stigmatizing labels to Service members.
    - More than 15% associated mental health symptoms with criminal activity.
- Figures 4 and 5 provide a breakdown of the words and phrases comprising the categories Imprecise Language and Mental Health Disorder as an Affliction, respectively.
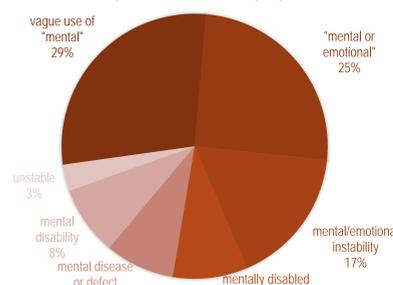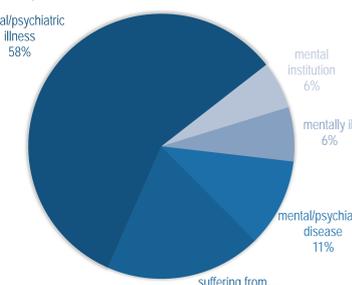

Figure 4: Imprecise Language

Figure 5: Mental Health Disorder as Affliction

Implications

- Service members' career concerns related to mental health care may be informed by policy.
    - Policies relating to promotion and eligibility for occupational specialties frequently contained stigmatizing language.
- There are opportunities to reduce stigma through simple language changes without changing the substance of the policy.
    - The five most prevalent categories of stigmatizing language related to word choice rather than the substance of the policies themselves. This can be addressed by:
        - Adopting a strengths-based and recovery-oriented perspective
        - Updating diagnostic language to reflect the current editions of the Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases
        - Using the most precise language possible to avoid inconsistent interpretation of policy guidance

Recommendations for Mental Health Providers

- Proactively assess a Service member's concerns about treatment and other barriers.
    - This can open the door to addressing misconceptions and countering stigma.
    - Be prepared to educate Service members on content of military policies and career outcomes of those seeking mental health treatment.
- Be mindful of how you speak about mental health with patients and colleagues. Stigma-reducing suggestions include:
    - Using person-first language (e.g., "a person with schizophrenia" rather than "a schizophrenic" or "a schizophrenic person").
    - Speaking about "mental health" instead of "mental illness," and likening mental health to physical health as both existing on a continuum.

Implications for Policy-Makers

- Word choice and sentence structure can either increase or reduce mental health stigma. In addition to the suggestions above, additional stigma-reducing changes include:
    - Focusing on observable behaviors rather than language that is open to interpretation (e.g., "instability") or implies doubt about a Service member's intentions (e.g., "suicide threat").
    - Addressing mental health factors separately from criminal activity and other undesirable behavior (i.e., in a different sentence or section).
    - Ensuring that language and references in policies are in line with current diagnostic language, categories, and standards.
- Service members' and mental health providers' perceptions of what is stigmatizing evolve over time as cultural norms and diagnostic language change.
    - Reviewing policies at regular intervals can help identify and modify stigma-increasing language and reduce barriers to mental health care for Service members.

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