

Background

- Approximately 60% of Service members with mental health (MH) symptoms do not seek care (Acosta et al., 2014), which may result in adverse MH outcomes and a less ready force
- Underutilization of treatment can be attributed in part to MH stigma. Stigma is a perception and a complex process occurring at three levels (Sharp et al., 2015):
 - Self-stigma—individuals' internalized negative perceptions
 - Public stigma—negative prevailing social or cultural views about MH
 - Institutional-stigma—reflection of negative beliefs within an organization
- The Department of Defense (DoD) conducts efforts that aim to reduce MH stigma, which often target one or more of these three levels (Stuart, 2016)
- It is important to measure performance outcomes to ensure efforts are achieving the desired goal to reduce stigma and encourage help-seeking behaviors
- To date, stigma-reduction evaluations have been limited in the military (Acosta et al., 2014), highlighting a need for a closer review. Additionally, law enforcement may be a good proxy, as they have similar duties, psychological health fitness requirements, and stigma concerns about MH treatment

Methodology

- A literature search identified peer-reviewed studies of stigma-reduction efforts published between January 2003 and December 2018 using PubMed, PsycINFO, and Google Scholar
- Inclusion criteria: empirically tested or described military (active, guard, reserve and veterans) or law enforcement-based effort designed to reduce MH stigma or encourage help-seeking
- Exclusion criteria: advisory teams, working groups, task forces, committees and conference papers.
- Articles were reviewed by a team of subject matter experts (SMEs) of four doctoral- and Master's-level professionals, who reached consensus in categorizing stigma-reduction efforts by:
 - Type of effort
 - Type of stigma
 - Target population
 - Evaluation outcomes

Learning Objectives

1. Describe types of stigma-reductions efforts among military and law enforcement.
2. Describe evaluation outcomes and type of stigma addressed (self, public, or institutional stigma).
3. Identify the most common outcome measures/metrics used across described efforts.
4. Identify potential gaps or limitations in how agencies are evaluating their existing stigma reduction efforts.

Results

- Twenty-five articles met inclusion criteria for this analysis, with a total of 7,363 participants
- Targeted audiences included personnel in the: (1) active-duty military, including one study that sampled U.S. Guard/Reserve, (2) military veterans, and (3) law enforcement
- Targeted populations were predominantly from the U.S. (68%), followed by England (20%), Canada (8%), and Sweden (4%)

Table 1: Stigma-reduction efforts identified in the literature by type of stigma and outcome

Type of Effort	Definition	Type of stigma (SME driven)			Target population			Evaluation Outcomes (article driven)
		Self	Public	Institutional	Military	Military Veterans	Law Enforcement	
Digital Story-telling Campaigns	Publicly available web-based platforms that feature written or video testimonials from persons who have had positive experiences with MH treatment. The goal is to dispel myths about MH treatment and encourage help-seeking	✓	✓		✗	✗		<ul style="list-style-type: none"> • Attitudes towards seeking MH services • MH literacy • Self-stigma
Psycho-education	Provide general information about MH topics such as prevalence rates, risk factors, and common symptoms to increase MH literacy	✓		✓	✗		✗	<ul style="list-style-type: none"> • Attitudes towards seeking MH services • Attitudes towards people with MH disorders • MH literacy • Perceived institutional stigma • Self-stigma
Trainings	Provide skills or strategies to personnel about MH topics, such as how to identify at-risk personnel, how to make MH referrals, common coping mechanisms, and stress management	✓		✓	✗	✗	✗	<ul style="list-style-type: none"> • Attitudes towards seeking MH services • Attitudes towards people with MH disorders • Attitudes about stress and PTSD • MH literacy • Self-stigma • Treatment utilization
Contact Interventions	Use personal contact with persons with MH disorders to reduce internalized stigma, challenge assumptions about people with MH disorders, and educate participants about MH disorders	✓		✓	✗		✗	<ul style="list-style-type: none"> • Attitudes towards people with MH disorders • MH literacy
Peer Support	Trained peers that offer support, identify symptoms, suggest coping strategies, and make treatment referrals	✓		✓	✗		✗	<ul style="list-style-type: none"> • Institutional Treatment (Tx) support • Self-stigma
Institutional Programs	Promote MH literacy and support assessments, short-term treatment, and referrals for MH concerns. These programs support all personnel in an organizational unit	✓		✓	✗			<ul style="list-style-type: none"> • Attitudes towards seeking MH services • MH literacy • Perceived institutional stigma • Treatment utilization

Outcome measures/metrics with examples:

- Ten formal instruments assessed:
 - Attitudes towards people with mental health disorders included items about living with or near-by, working with, and/or being friends with someone with a MH disorder as well as assessing general attitudes about those with MH disorders
 - MH literacy included items assessing overall knowledge about MH disorders and the ability to advise or support someone seeking MH care (Mohatt et al., 2017)
 - Institutional-stigma included items assessing MH stigma and workplace attitudes.
 - Self-stigma items measured internalized stigma about having a MH problem and about people with mental health disorders
- The most prevalent instruments included Mental Health Knowledge Schedule (MAKS; Evans-Lacko et al., 2010) and the Community Attitudes towards Mental Illness (CAMI; Högberg et al., 2008; Taylor & Dear, 1981)
- Forty percent (40%) used study-specific items. An example of MH literacy: "I can change my depressed mood by changing my behavior; I understand how my behavior and my habits affect my mood; My habits can affect my mood (Van Voorhees et al., 2012)
- Nearly 20% used items from Hoge et al. (2004), assessing attitudes towards seeking MH services, MH literacy, perceived institutional support, and self-stigma

Limitations of studies:

- All used self-reported measurements
- Most used a single-group design (e.g., pre/post), with about one-third following-up past the post-assessment and only 8% < 1 year later
- Measurement outcomes ranged from study-specific items to validated instruments, which limit the ability to measure outcomes over time and across efforts

Conclusions and Implications

- Due to the complexity of MH stigma, military and law enforcement are utilizing a multipronged approach to reduce MH stigma and encourage help-seeking
- MH stigma is highest among those with MH symptoms (Acosta et al., 2014), making efforts that target self-stigma essential. Efforts (e.g., digital story-telling) that share positive testimonials with MH treatment may encourage treatment-seeking and promote treatment retention
- Half of efforts involved trained peers sharing information, offering advice and/or providing assistance. Peers with similar experiences with MH conditions that know the organizational culture may increase social support, credibility, and trust among those seeking MH support (Money et al., 2011)
- Delivery of efforts ranged from in-person (e.g., trainings) to web-based (e.g., digital story-telling) portals. The latter may offer confidentiality and improved access to information
- Leaders influence institutional culture (Acosta et al., 2014). As such, future research should assess the role of leaders in stigma-reduction efforts
- Not all efforts, in spite of a SME consensus on the type of stigma targeted, seem to fully assess all types of stigma that we think we are actually addressing

Key Literature Findings:

- Ninety-two percent (92%) of stigma-reduction efforts addressed combat self-stigma, 28% institutional-stigma, and 8% public stigma. Examples include:
 - Institutional-stigma = an effort to improve communication with leaders and their Marines about seeking MH treatment (Hurtado, 2015)
 - Self-stigma = a group intervention offering strategies to reduce self-stigma for veterans with MH disorders (lecture, discussion, sharing of experiences and problem-solving skills) (Lucksted et al., 2011)
 - Public-stigma = web-based digital-story telling that introduces viewers to a community of veterans with PTSD describing their experiences with MH treatment (Bunnell et al., 2017)
- Ten different outcome measures were assessed across the literature
 - Primary outcomes assessed changes in knowledge, behavior, or attitudes about MH-related topics
 - Only one outcome involved assessing a change in behavior (treatment utilization)
- Only one study sampled personnel in a leadership role (e.g., military leaders; Hurtado et al., 2015)