

# Service Member Perceptions about Seeking Mental Health Care: What Do The Policies Say?

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## Background

- The Department of Defense (DoD) promotes help-seeking for mental health (MH) concerns and the use of MH services has been steadily increasing over time (Acosta et al., 2014; Meadows et al., 2018).
- Despite increased MH care utilization, Service member (SM) perceptions, attitudes or “myths” about MH remain significant barriers to seeking care. These perceptions may be based in personal or recounted experiences with the Military Health System, and can be rooted in factors such as fear of career impact and loss of provider-patient confidentiality.
- Research suggests that the language of military policies may play a role in SMs’ negative perceptions. For example, some policies may inadvertently associate criminal behavior with mental disorders, or may use disparaging/disempowering language (Acosta et al., 2014).
- Conversely, there are policies that encourage and incentivize SMs to seek care.

## Methodology

To identify the most common SM perceptions about MH and help-seeking, PHCoE:

Conducted a literature review:

- Searched PubMed, PsychINFO, Google and Google Scholar for material published within the last six years on SMs and attitudes towards MH
- Searched relevant, publicly available DoD survey data published within the last six years via internet search engines

Collaborated with the Real Warriors Campaign (RWC):

- Obtained SM verbal feedback from RWC face-to-face events and drew upon campaign material on MH and care seeking

To find supporting information on identified SM perceptions, PHCoE:

Reviewed previously conducted policy analyses:

- Searched previously identified policies containing stigmatizing language related to mental health and career impact implications (Moore, et al., 2018) for language that is in accordance or discrepant with SM perception on MH

## Learning Objectives

To better understand how the content of military policies compares to SM perception on MH and MH help-seeking, PHCoE sought to:

- Identify perceptions that Service members (SMs) have about mental health (MH) or MH help-seeking
- Identify policies that aim to reduce negative SM perception about MH and MH help-seeking
- Explain how changes to potentially stigmatizing language in policies may help reduce SM misperception about MH

## Results

SM Perception If I seek MH care...	What Do The Policies Say?*	Relevant Policy Excerpts	What Does The Literature Say?
<b>My MH care provider will disclose all information about my treatment to my command/supervisor(s), and I will risk loss of confidentiality.</b>	<ul style="list-style-type: none"> <li><b>DoDI 6490.08</b> states that MH care providers are required to notify command if the SM meets a <b>certain list of criteria</b> about their condition (e.g., posing harm to themselves, others, or the mission).</li> </ul>	<p><b>DoDI 6490.08:</b> Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Servicemembers</p> <ul style="list-style-type: none"> <li>Enclosure 2, 1b, pg. 5: “Healthcare providers shall notify the commander concerned when a Service member meets the criteria for one of the following mental health and/or substance misuse conditions or related circumstances: <u>harm to self</u>, <u>harm to others</u>, <u>harm to mission</u>, <u>special personnel</u>, <u>inpatient care</u>, <u>acute medical conditions interfering with duty</u>, <u>substance abuse treatment program</u>, <u>command-directed mental health evaluation</u>, <u>other special circumstances</u>.”</li> </ul>	<ul style="list-style-type: none"> <li>When a SM seeks <b>voluntary</b> mental health services, the provider is not required to contact command (unless the SM poses a risk to himself or others, significant duty concerns, etc.).</li> <li>When a SM seeks <b>command-directed</b> mental health care, providers are required to report back and address concerns using the minimal amount of information necessary (Ghahramanlou-Holloway et al., 2018b).</li> </ul>
<b>It will impact my career (promotion, re-enlistment, deployment, etc.).</b>	<ul style="list-style-type: none"> <li><b>Many Service-specific policies</b> have stated that seeking MH treatment, counseling, etc. <u>alone</u> will not impact or discredit a SM in their career aspirations.</li> <li><b>DoDI 6130.03</b> lists the mental disorders that may preclude deployment, but does not specifically reference MH care as a disqualifier.</li> </ul>	<p><b>Army Regulation 623-3:</b> Evaluation Reporting System**</p> <ul style="list-style-type: none"> <li>3-24, 2(b), pg. 52: “A rated Soldier who voluntarily seeks mental health counseling or is entered into a mental health care program for behavioral health issues that have not been detected by the chain of command <u>will not be penalized by mention of this participation in a behavioral health treatment program in an evaluation report</u>.”</li> </ul> <p>** While there is no DoD policy that specifically addresses career impact after MH care seeking, there are Service-specific policies that stress that SMs will not be penalized (on an evaluation or otherwise) for voluntarily seeking care. This Army policy is one example.</p>	<ul style="list-style-type: none"> <li>Three studies across the Services noted that SMs who sought treatment themselves (i.e. non-command-directed) were <b>less likely to receive career-impacting recommendations</b> than SMs who were encouraged to seek care by their command or supervisors (Ghahramanlou-Holloway et al., 2018a; Rowan &amp; Campise, 2006; Rowan et al., 2014).</li> </ul>
<b>I will not be able to receive or maintain a security clearance.</b>	<ul style="list-style-type: none"> <li>A DoD Memorandum on this particular issue states that <b>seeking MH treatment is not cause alone for denying a security clearance</b>.</li> </ul>	<p><b>Memorandum for Secretaries of the Military Departments:</b> Department of Defense Guidance on Question 21, Standard Form 86, Questionnaire for National Security Positions</p> <ul style="list-style-type: none"> <li>“Your decision to seek mental health care will NOT in and of itself adversely impact your ability to obtain or maintain a national security position. In fact, <u>seeking personal wellness and recovery may favorably impact your eligibility for a national security position</u>,” (pg. 3).</li> </ul>	<ul style="list-style-type: none"> <li>Between 2006 and 2012, of the 85,000 individuals who either were denied a clearance or had their clearance revoked, <b>less than one percent</b> were due to mental health reasons (Kennedy, 2017).</li> </ul>
<b>I will have to disclose MH treatment on a Standard Form 86 (i.e. responding “Yes” to Question 21).</b>	<ul style="list-style-type: none"> <li><b>The Personnel Security Clearance Awareness Campaign Memorandum</b> outlines the types of counseling that are not required to disclose on an SF-86, including <b>counseling for marital, family, grief, and sexual assault</b>.</li> </ul>	<p><b>Memorandum for Assistant Secretaries of the Military Services for Manpower and Reserve Affairs:</b> Personnel Security Clearance Awareness Campaign</p> <ul style="list-style-type: none"> <li>“The directions for responding to [Question 21: Psychological and Emotional Health] clearly state that <u>mental health counseling, in and of itself, is not a reason to revoke or deny eligibility for seeking a clearance</u>. Additionally, the question directs the Service member to answer ‘No’ with regard to mental health treatment if the counseling was for sexual assault or strictly for marital, family, or grief issues not related to violence by the Service member or related to adjustments from service in a military combat environment,” (pg. 3).</li> </ul>	<ul style="list-style-type: none"> <li>Between 2006 and 2012, <b>less than one percent</b> of individuals who either applied for a clearance or were seeking to maintain their clearance were denied after answering “Yes” to Question 21—disclosing MH treatment (Kennedy, 2017).</li> </ul>
<b>I would be seen as weak among my unit and command/supervisor(s).</b>	<ul style="list-style-type: none"> <li>The DoD is working to promote a <b>culture of resiliency and strength</b> in seeking MH care, especially in command settings, according to <b>DoDI 6490.16</b>.</li> </ul>	<p><b>DoDI 6490.16:</b> Defense Suicide Prevention Program</p> <ul style="list-style-type: none"> <li>1-2(b), pg. 4: “It is DoD policy that the DoD foster a <u>command climate that (1) encourages personnel to seek help and build resilience</u>; (2) increases awareness about behavioral healthcare and reduces stigma for personnel who seek behavioral healthcare.”</li> </ul>	<ul style="list-style-type: none"> <li>Multiple outreach and education programs for soldiers and leaders have helped to eliminate this barrier by <b>emphasizing care seeking as a sign of strength</b> (Gibbons et al., 2014).</li> </ul>

Table 1: Common SM perceptions about MH care seeking and the policies and literature that support/do not support these claims

## Conclusions and Implications

### Conclusions:

- DoD policies seek to address MH stigma by introducing stigma-reduction programs and dispelling “myths” about SM help-seeking; however, these SM perceptions still exist as potential barriers to seeking MH care.
- Many policies still contain language that is stigmatizing, such as the use of outdated terminology, labeling language (i.e. “a schizophrenic”), or associating suicidal ideation with criminal activity (“commits an act of suicide”).

### Recommendations:

- Align DoD policies/policy language with goals for stigma reduction to continue reducing negative SM perceptions on MH and MH care seeking.
- Continue to promote MH stigma-reduction programs, especially to target SMs currently seeking treatment and in more individualized contexts (self-stigma, social stigma).

### Steps Taken:

- PHCoE has completed a comprehensive review of all Service-specific and DoD policies and has provided recommendations for language changes to Service leadership.

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