

Background

- Department of Defense (DoD) encourages and promotes help-seeking for psychological health (PH) concerns (Acosta et. al, 2014); however, a recent systematic review found that less than 30% of Service members reporting mental health concerns seek treatment (Hom, Stanley, Schneider, & Joiner, 2017)
- One of the most significant predictive factors in determining willingness to seek treatment among Service members with mental health symptoms, beyond stigma concerns, may be fear of career impact (Brown & Bruce, 2016)
- Despite the potential significance of career concerns on a Service member's decision to seek mental health treatment, there has not been a recent consolidated review of the actual impact that seeking help might continue to have on military careers, nor on whether career concerns remain an ongoing barrier to treatment for psychological distress

Objectives

To understand whether fears of negative career impact remain a barrier to treatment-seeking for PH concerns; and whether fears of negative career impact are founded, PHCoE sought to:

- Describe recent DoD survey data indicating perceived impact that PH treatment would have on military careers.
- List actual impacts to military careers due to PH treatment and how career impacts have changed over the years.
- Discuss next steps for DoD policy makers and leaders to consider to further alleviate concerns over career impact for Service members who seek help for PH concerns.

Methodology

To assess changes in *perceived* career impacts of PH treatment seeking:

- Searched relevant publicly available DoD survey data published in the last seven years via internet search engines

To assess possible *actual* career impacts of PH treatment seeking:

Conducted Literature Reviews:

- Searched PubMed, PsycINFO, Google and Google Scholar for material published in the last seven years related to:
 - Research on military career outcomes impacted by PH treatment
 - Relevant policy analyses and reports

Conducted Policy Analyses:

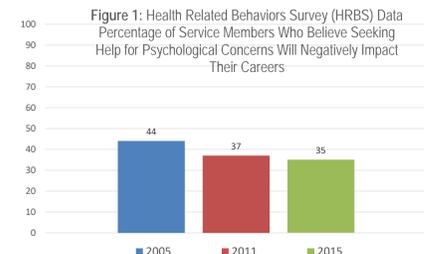
- Phase I: The authors (three doctoral level subject matter experts) reviewed titles and descriptions of a subset of 116 military policies to identify policies with career implications. This sub-set was comprised of:
 - Policies previously identified as containing stigmatizing language related to mental health (Kelly, et al, 2018)
 - Reserve and active duty Air Force (n=40), Army (n=31), Navy (n=14), Marine Corps (n=23), and National Guard (n=8) policies
- Phase II: Authors then conducted a qualitative review of sample of Air Force (n=12), Army (n=12), Navy (n=7), Marine Corps (n=7), and National Guard (n=3) policies to determine whether:
 - Career decisions were, at least partially, based on PH treatment history
 - Policies took into account: a) current assessments of mental health status, b) assessment by a mental health professional, and/or c) assessment of functional impairment

Survey Data Results: Perceived Impact of Seeking Help

- A 2014 report found that fears that seeking treatment for mental health difficulties would harm Service member careers had been slowly declining across the DoD since 2002 (Acosta et al, 2014)
- Our review of Health Related Behaviors Survey (HRBS) data on non-deployed Service members found that percentages of Service members who believe seeking counseling through the military would harm their careers declined approximately from 44% in 2005 (n=16,146) to 37% in 2011 (n=39,877), but remained relatively level at 35% in 2015 (n=16,699)

While HRBS data suggests that fears of career impact have somewhat stalled since 2015, conclusions are greatly limited due to differences in sample sizes and populations included across years

- Mental Health Advisory Team (MHAT) reports from 2006-2013 found that, in contrast to non-deployed Service member data, beliefs that seeking treatment in-theater would harm careers increased from 31% in 2006, to 38% in 2013 (MHAT 9, 2013)
- A literature search did not find any other relevant survey data published in the last seven years



* The HRBS 2005 survey included Army, Navy, Marine Corps and Air Force Service members; the 2011 survey included the Coast Guard; and the 2015 survey included Reserve Components.

Literature Review Results: Consequences of Seeking Help

- Literature on career impacts for seeking help for PH concerns is scarce
- Among Service members who sought treatment for PH problems, DoD survey data from 2011 indicated that 21% believed they received a negative impact on their careers as a result (Barlas et al, 2011)
- Service members who self-referred for PH treatment experienced fewer career-impacting outcomes than those who were command-directed to treatment (Rowen et al, 2014; Ghahramanou-Holloway et al., 2018a; Ghahramanou-Holloway et al., 2018b)
- Most studies limit reviews to military medical records and focus on clinician-directed career outcomes
 - Among Army personnel deployed to Afghanistan in 2006, 19% who sought PH treatment received career-impacting recommendations (Rowan et al., 2014)
 - Among Air Force Service members who sought treatment in 2010, 29% of received career-impacting treatment recommendations and were nearly twice as likely to receive a discharge (Ghahramanlou-Holloway et al., 2018a)
 - Marines who sought PH treatment from 2009-2010 were more likely than matched controls to be separated from the military by 2014 (95.0% versus 63.0%) and had a significantly shorter time of military service following treatment (Ghahramanlou-Holloway et al., 2018b)
- Studies above do not clarify whether clinicians determined career-impacting recommendations on the basis of diagnosis alone or also on degree of functional impairment. Studies are needed to tease out these factors
- Studies are needed to examine the longitudinal impacts of treatment-seeking on military careers, and to determine whether consequences differ if treatment is received outside military treatment facilities

Policy Review Results

Literature Review Results

- A RAND (2014) systematic review found that a large number of policies across the Services prohibited job opportunities if Service members had a PH disorder or history of treatment. Many policies prohibited opportunities regardless of diagnosis or degree of impairment (Acosta et. al., 2014)
- The Navy Bureau of Medicine and Surgery (2013) recommended policies be reviewed to ensure duty restrictions be based on degree of functional impairment rather than type of diagnosis (Acosta et. Al., 2014)
- A literature review of relevant career impacting policies found no additional reports

Policy Analysis

Phase I Results

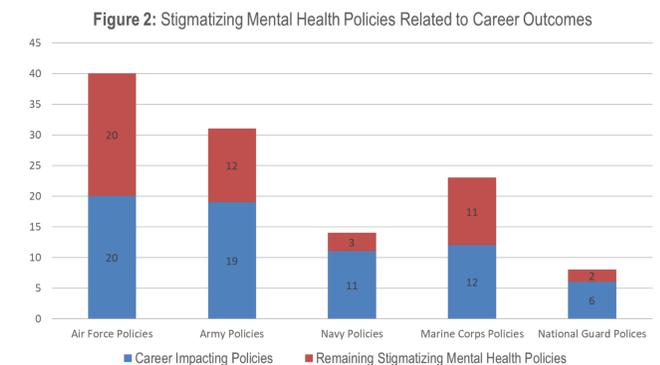
Roughly half of stigmatizing mental health policies reviewed contained potentially career impacting language (see Figure 2). Many appeared to base career outcomes, at least in part, on mental health status

Phase II Results

- A number of policies have been positively updated since the 2014 RAND report
- Career-impacting decisions across all Services and Reserve components continue to be at least partially based on treatment history
- Many policies sampled did not specify requirements for evaluating degree of functional impairment within the policy
- Several policies across Services appeared direct career decisions on past history of treatment rather than current PH status

Positive Wording Example: Some policies factored treatment success into career decisions (e.g. advancement, selection, or reinstatement). For example, one policy states, "The Air Force will not disqualify persons due to alcohol addiction. If the persons were known to be or have been addicted to alcohol provide documentation indicating successful completion of rehabilitation program for at least two years..."

Negative Wording Example: A policy requirement for military postal worker position states that candidates "must have no history of mental, nervous, or emotional disorders (may not be waived)"



Conclusions and Recommendations

Conclusions:

- Survey data suggest that roughly a third of Service members continue to fear career repercussions for seeking mental health treatment
- Based on literature and sample policy review, career fears surrounding treatment-seeking may not be unwarranted
- Conclusions are limited by survey data from only one source (HRBS and MHAT data) and small number of policies reviewed. A repeat investigation including more survey data and a fuller policy analysis is warranted

Recommendations: To reduce fears surrounding getting treatment for PH concerns, it is recommended that career-impacting military policies be reviewed to ensure that:

- Decisions regarding career status be, at least partially, based on current (rather than past) mental health status and degree of functional impairment
- Positive provisions be considered, such as adding directives to ensure Service members who have successfully completed treatments or resolved PH difficulties are be re-considered for selection, advancement or reinstatement

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