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Military MH Stigma Reduction Efforts and Performance Measures

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Background

- Service members returning from deployment report a variety of barriers to seeking mental health care, such as autonomy, belief that they could handle problems on their own, stigma, confidentiality concerns, and discomfort interacting with the command (Hoge et al., 2014).
- The military Services are actively engaged in developing policies, programs, campaigns, and additional efforts designed to reduce stigma and increase help-seeking behavior.
- Measurement of stigma reduction program efforts and correlated performance outcomes are important in order to assess if the desired goals of the programs are being achieved.
- Performance measures linked to these stigma reduction efforts are used to evaluate Service member response to perceived barriers and facilitators that could predict help-seeking behavior, or measure how stigma reduction interventions can impact self-reported barriers and facilitators to care (e.g., barriers to care item bank).
- To date, assessing performance outcomes within stigma reduction programs have been limited, highlighting a need for a closer review.

Methodology

- A literature search identified peer-reviewed studies of stigma reduction efforts using PubMed, PsycINFO, and Google Scholar.
- Inclusion criteria: military (active, guard, reserve) and veteran-focused efforts or programs designed to reduce mental health (MH) stigma or encourage help-seeking behavior
- Exclusion criteria: advisory teams, working groups, task forces, committees and conference papers.
- Articles were reviewed by subject matter experts (SMEs) of Doctoral- and Master's-level professionals, who reached consensus in categorizing stigma reduction efforts by:
  - Type of effort
  - Performance outcome metrics
  - Targeted MH stigma/Barrier to care outcome

Learning Objectives

1. Describe the most common types of stigma reduction efforts employed in the military.

2. List the most common performance measures that align with meeting the goals of the stigma reduction effort.

3. Identify existing gaps in performance measures in current stigma reduction efforts.

Results

Table 1: **Stigma reduction efforts identified in the literature by type of effort and performance measures**

Type of Effort	Definition	Performance Outcome Metrics from Previous Literature	MH Stigma/Barrier to Care Outcome
Psychoeducation	Provide general information about MH topics such as prevalence, risk factors, and common symptoms to increase MH literacy	• Percent increase in course completion on education pertaining to behavioral health resources, protective factors for mental health problems, risk factors for mental health problems, and promotion of help-seeking behaviors • Pre-post knowledge change tests • Mental Health Knowledge Schedule • Stigma reduction item bank response scales • Attitudes to Stress and PTSD Schedule • Help-Seeking Stigma Questionnaire • The Internalized Stigma of Mental Illness scale • Attitudes to Mental Illness Questionnaire • Opinions About Mental Illness Questionnaire • Satisfaction surveys and review • Self-report and knowledge data • Measure to determine whether awareness has been improved after enrollment and completion of stigma reduction program • Process measures	• Attitudes towards seeking MH services • Attitudes towards with persons with mental health disorders (PWMHD) • MH literacy • Perceived institutional stigma
Contact Interventions	Use personal contact with PWMHD to reduce internalized stigma, challenge assumptions about people with MH disorders, and educate participants about MH disorders	• Percent increase in number of command referrals for Service member to seek behavioral health treatment • Social Distance Scale at pretest, immediately following intervention, and post-test	• Attitudes towards seeking MH services • Attitudes towards PWMHD • MH literacy • Perceived institutional stigma
Institutional Programs (i.e., Embedded Behavioral Health [EBH])	Promote MH literacy and support assessments, short-term treatment, and referrals for MH concerns. These programs support all personnel in an organizational unit	• Percent increase in number of provider encounters to reflect utilization of behavioral healthcare model • Percent increase in number of self referrals and command referrals for the Service member to seek treatment from EBH provider • Percent increase in quarterly mental health screening, short term mental health screenings, etc. • Utilization rates of program	• Attitudes towards seeking MH services • MH literacy • Perceived institutional stigma • Treatment and service utilization
Campaigns (e.g., Real Warriors Campaign)	Publicly available web-based platforms that feature written or video testimonials, 24/7 mental health care resources; with the intended goal to dispel myths about MH treatment, encourage help-seeking, and educate Service members and military leaders to improve their mental health literacy	• Percent increase in total distribution of stigma reduction materials • Website traffic and hits, campaign profile views, PSA videos, Service member attendance to campaign viewings • Satisfaction surveys and review • Process measures	• Attitudes towards seeking MH services • MH literacy • Perceived public stigma • Knowledge change towards help seeking behavior
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	• Percent increase in the number of Service members trained • Pre-post knowledge change tests	• Attitudes towards seeking MH services • Attitudes towards PWMHD • Attitudes about stress and PTSD • MH literacy • Treatment utilization • Command leadership awareness in recognizing MH symptoms

Existing Gaps in Performance Measures:

- Although the programs are collecting stigma-related data, the metrics used are largely process measures, such as website traffic or satisfaction surveys that could imply stigma reduction.
- No single measure is being used to assess stigma. Most of the military measures assess stigma in the public, institutional, or social context and do not assess stigma within the individual context.
- Performance measures reported can not measure behavioral health outcomes, such as symptom reduction, but whether one's likelihood to seek treatment increased
- Performance measures reported can not measure impact of the stigma reduction program on the individual.
- Performance measures do not measure all dimensions of stigma or help-seeking behavior toward mental illness, which may describe the potential impact of stigma reduction efforts in the military.

Limitations of Studies:

- Performance measurement outcomes ranged from study-specific items to validated instruments, which limit the ability to measure stigma-related outcomes over time and across efforts.
- The majority of the literature is comprised of studies that assessed intervention effectiveness through a pre/post approach with limited or no long-term follow-up, and/or did not use a control or comparison group.
- Studies used self-report questionnaires, hence it is possible that initial positive attitudes occurred because of participants providing socially desirable responses.

Conclusions and Implications

- The performance measures presented may inform whether the goals of stigma reduction efforts are being met and if the effort is supporting the stigma reduction related goal.
- Assessing gaps in performance measures is crucial to determining whether stigma reduction programs are aimed at increasing help-seeking and reducing barriers to care.
- Interventions should consider developing behavioral outcome metrics that can be used for evaluation of stigma reduction programs, as well as other programs that promote help-seeking.
- Identify additional program metrics that may translate effectively to the military context and adapt them for use within the military with the intention to complement existing efforts to increase help-seeking behavior.
- Previous authors have noted that attitude change effects are unlikely to be maintained over time within stigma reduction programs. Hence, attitude change assessments should be administered routinely.
- On a clinical level, as Byrne (2000) suggests, clinicians should ask about adverse help-seeking experiences and stigma, and incorporate these into the treatment plan.
- Additional support and education may be needed to make professionals more aware of these issues and of techniques to elicit detailed accounts and experiences' of stigma from Service members.

*Poster presented at APHA in November 2019. For more information, please contact Rebecca Jones at rebecca.a.jones16.ctr@mail.mil. The views expressed in this presentation are those of the authors and do not necessarily represent the official policy or position of the Psychological Health Center of Excellence, Department of Defense, Department of Veterans Affairs, or any other US government agency. UNCLASSIFIED

**References included on handout