A Proposed Policy Analysis Methodology for Identifying and Modifying Policies with Mental Health Stigma Language

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BACKGROUND

- Surgeon General's (SG) 2016 report on those affected by substance abuse identifies reasons for not seeking treatment including:
  - Unaware that they need treatment
  - Do not consider themselves to have a problem
- Defense Department (DoD) has similar concerns for Service members (SM) seeking help for mental health (MH)
- Mental Health (MH) concerns impact readiness, mission family and unit
- 29.3% of service members who reported MH concern in past year sought or utilized treatment.[1] Underutilization of MH services can be attributed to:
  - Attitudinal (beliefs about stigma): negative attitudes about MH disorders/care, negative career impact[1]
  - Logistical: scheduling conflicts, time off work[1]
- While not discussed in the SG's report, structural barriers to care (e.g., policies) may impact seeking MH care by having stigma-related wording.
- Wording may be perceived in different ways e.g., negatively describing SM with MH concerns
- Psychological Health Center of Excellence (PHCoE) conducted review of >400 (DoD)/Service-specific MH policies to identify stigma-related content
- Identified >100 stigma-reducing/increasing policies and proposed language changes for stigma-increasing policies
- Policy analysis methodology based on Acosta et al, 2014

OBJECTIVES

Objective 1: Identify at least 10 relevant search terms/at least three policy topics to use when searching for policies that contain provisions that increase/reduce MH stigma

Objective 2: Describe the proposed policy review process for identifying and assessing information pertaining to MH care and MH stigma within policies

Objective 3: Identify three stigma policy recommendations supporting the SG's efforts to address seeking care

METHODOLOGY

Figure 1: Three-Step Policy Analysis Methodology

STEP ONE: POLICY SEARCH PROCESS

Key Policy Topics:
- Enlistment/Recruiting
- Security Personnel
- Separation/Retirement
- Leadership/mentor training
- Medical health care and services
- Personnel/Military Occupational Specialty

Key Search Terms:
- **MH:** suicid-, mental-, psych-, emotion, counseling, behavior-, stress, anxiety, depression, disorder, treatment, adjustment, illness, personality
- **Stigma:** stigma, access, barriers, to care, help-, dangerous
- **MH and stigma:** prejud-, discrimin-, stereotyp-
- **Substance use:** substance, abuse, alcohol, addict, drink-

STEP TWO: POLICY REVIEW PROCESS

Policy Information Collection:
1. Analysts read entire policy and search on key terms
2. Provide stigmatizing policy language containing search terms
3. Replace with non-/less-stigmatizing language

Policy Interpretation:
- Stigma-increasing language excerpt
- Implications for stigma
- Proposed language changes (minimal impact on intent/context)
- Proposed language change rationale

STEP THREE: VALIDATION

Peer Review: Second review validate assessment

Group Discussion: Confirm assessment, identify policy categories and overarching language changes

DoD/Service review: Each Service confirms findings, provides more context

KEY FINDINGS

Recurring Stigma-Language	Proposed Changes
a schizophrenic / a psychotic	person with schizophrenia / person exhibiting psychotic symptoms
a mental defective / a mental incompetent	substitute full legal definition
mentally defective / mentally incompetent (non-legal use)	substitute policy-specific definition
mental disease / psychiatric disease	mental health disorder / psychiatric disorder
mental illness / psychiatric illness	mental health disorder / psychiatric disorder
mental disease or defect (non-legal use)	use more precise, current diagnostic terminology
mental institution	(long-term) psychiatric treatment facility
commit suicide	die by suicide
suicide threats / suicidal gestures / self-harm threats	suicidal statements or behaviors / statements reflecting intent to self-harm
self-mutilation	non-suicidal self-harm / self-injurious behavior
irrational behavior	replace with DSM-5 consistent descriptors that better capture reasons for concern (e.g., unusual, uncharacteristic, impulsive, unsafe)
dangerous service member	service member who may pose an imminent threat to self or others / service member who has been determined to pose an imminent threat to self or others by a competent medical authority
mental instability / emotional instability / mentally unstable / emotionally unstable	provide examples of observable behaviors or statements that would warrant concern or duty restriction
gender identity disorder	ensure current terminology is used when writing about gender identity and transgender individuals.
mental disorder / mental condition	mental health disorder / mental health condition
mental disability	disability related to a mental health condition
mentally disabled	disabled due to a mental health condition

Stigma-Increasing Categories (Sample)	Stigma-Reducing Categories
Negative terminology	Stigma reduction intervention
Implies incompetence	Cognitive restructuring
Pathologizes normal experience	Consequences for prejudice or discrimination
Lack of privacy	
Non-MH professionals determine fitness	Equal treatment for people with MH disorders
Mandated screening	Destigmatizing access to care
MH alongside criminal behavior/conduct problems	Protect privacy
Vague language	**Neutral/ Not Accessible Categories**
MH Disorders as an affliction	Neutral language excluded from further analysis
Perceived as dangerous	Updated and neutral policies
Labeling	Other (e.g., classified or inactive policies) and excluded from further analysis
Overall barrier to care	

Other Key Findings

- 56% contained stigma-increasing language/ 8% contained stigma-reducing language
- Average 3.0 stigma-increasing provisions per policy
- Range =1-25 stigma-increasing provisions per policy

Five Most Prevalent Stigma-Increasing Categories

Obsolete/inaccurate diagnostic language
Mental disorder/condition
Mental/psychiatric illness
MH alongside criminal behavior/conduct problems
Vague use of mental

SUMMARY

- This effort provides a methodology to identify and modify stigmatizing language in MH-related policies
- While not evaluated if Service members perceive the identified wording as stigmatizing, efforts were taken to gather DoD/Service input
- While policies were evaluated individually, there is concern that the total impact of stigmatizing language may create an environment where having MH concerns is seen negatively thereby impacting help-seeking e.g., policies where SMs with MH are placed in the same category as SMs who engage in criminal acts. If a SM is concerned that they will be treated differently, that may decrease the likelihood that they seek care for MH
- Furthermore, this negative environment may potentially impact help-seeking in those who do not think they need treatment.

RECOMMENDATIONS

1. Review key policies (e.g., Security personnel, Retirement) for stigmatizing language and make language changes
2. Engage policy writers to use non-/less-stigmatizing language when reviewing/renewing policies
3. Implement a policy review process where policies are reviewed every two years for stigmatizing language
4. Engage leadership in policy updates to help ensure better implementation of language changes

REFERENCES

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2. Acosta, J., Becker, A., Cerully, J.L., Fisher, M.P., Martin, L.T., Vardavas, R., Slaughter, M.E., & Schell, T. (2014). *Mental Health Stigma in the Military*. Santa Monica CA: RAND Corporation.