Abstract: Despite Department of Defense (DoD) efforts to encourage help-seeking, military service members’ underutilization of mental health care is an ongoing area of concern. Military policies may contribute to this underuse of care by perpetuating mental health stigma and misperceptions about treatment. The DoD Psychological Health Center of Excellence developed a systematic policy analysis methodology to identify and assess potentially stigma-increasing provisions in military policies. The team identified nearly 150 policies with potentially stigma-increasing language (56% of policies included in this review), and proposed stigma-neutralizing language changes. The team also identified the most frequently occurring stigma-increasing words and phrases, and identified nine categories of stigmatizing provisions. The results of this effort, as well as implications for mental health providers and policy makers, are presented below.

Background

• Department of Defense (DoD) efforts to encourage help-seeking by military Service members are ongoing. A recent systematic review found that fewer than 30% of Service members reporting mental health concerns seek treatment (Horn, Stanley, Schneider, & Joiner, 2017).

• Underuse of care can be partially attributed to stigma, which includes negative attitudes about mental health disorders, fear of being perceived as weak by leadership and peers, and concerns that seeking treatment will impact one’s career (Acosta et al., 2014).

• Military policies may represent an intervention point for stigma reduction.
  o Research suggests that the content and language of military policies may perpetuate mental health stigma and discourage help-seeking by Service members (Acosta et al., 2014; Anestis & Green, 2015; Grams-Holloway & et al., 2018).
  o Studies in other domains suggest that targeted policy changes can facilitate positive shifts in health behaviors and increases in healthcare utilization (Curtin et al., 2012; Hurd-Camp & Conway, 1996; Rahman, Mittendorf-Ruiz, Alexander, Joiner, & Timping, 2016).

• Beginning in 2016, the DoD Psychological Health Center of Excellence (PHCoE) undertook a review of DoD and Service-specific military policies to identify and address content related to mental health stigma.

Methods

• PHCoE developed a systematic policy analysis methodology to identify and assess potentially stigma-increasing provisions in military policies, building on Acosta et al.’s (2014) methodology.
  o Policies were identified for review based on mental health, stigma-, and substance abuse-related search terms.
  o A team of master’s- and doctoral-level professionals then read and analyzed policies for potentially stigma-increasing wording, articulated implications for stigma, and recommended appropriate language changes.
  o Initial findings were validated through peer review, team discussion, and input from military mental health subject matter experts.
  o Delivery of feedback to Service Directors of Psychological Health and validation with the DoD Psychological Health and Readiness Council is ongoing at the time of this writing.

• The team reviewed nearly 300 Air Force, Army, Navy, Marine Corps, National Guard, and Department of Defense policies containing language related to mental health, and identified nearly 150 policies with potentially stigma-increasing language.

• Instances of specific stigma-increasing words and phrases were tallied and categorized by the policy review team and confirmed via peer review.

Results

Categories of Stigma-Increasing Language

• The team also identified categories of potentially stigma-providing provisions; some of these originated from RAND’s assessment of military mental health stigma (Acosta et al., 2014).

• Five most prevalent categories of stigmatizing language related to word choice rather than the substance of the policies themselves. This can be addressed by:
  o Adopting a strengths-based and recovery-oriented perspective
  o Updating diagnostic language to reflect the current editions of the Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases
  o Using the most precise language possible to avoid inconsistent interpretation of policy guidance

Implications for Policy-Makers

• Word choice and sentence structure can either increase or reduce mental health stigma. In addition to the suggestions above, additional stigma-reducing changes include:
  o Be mindful of how you speak about mental health with patients and colleagues. Stigma-reducing suggestions include:
    o Using person-first language (e.g., “a person with schizophrenia”) instead of “a schizophrenic” or “a schizophrenic person”).
    o Speaking about “mental health” instead of “mental illness,” and likening mental health to physical health as both existing on a continuum.

• Service members’ and mental health providers’ perceptions of what is stigmatizing evolve over time as cultural norms and diagnostic language change.

• Reviewing policies at regular intervals can help identify and modify stigma-increasing language and reduce barriers to mental health care for Service members.

References


Poster presented at the 125th Annual Convention of the American Psychological Association in August, 2016. For more information, please contact alexandra.horn@mayo.edu. 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. PIBM #4820. UNCLASSIFIED.