Background

- Approximately 60% of Service members with mental health (MH) symptoms do not seek care (Acosta et al., 2014), which may result in adverse MH outcomes and a less ready force.
- Undifferentiated treatment can be attributed in part to MH stigma. Stigma is a perception and a complex process occurring at three levels (Snap et al., 2015):
  - Self-stigma—individuals’ internalized negative perceptions
  - Public stigma—negative prevailing social or cultural views about MH
  - Institutional-stigma—reflection of negative beliefs within an organization.
- The Department of Defense (DoD) conducts efforts that aim to reduce MH stigma, which often target one or more of these three levels (Stuart, 2016).
- It is important to measure performance outcomes to ensure efforts are achieving the desired goal to reduce stigma and encourage help-seeking behaviors.
- To date, stigma-reduction evaluations have been limited in the military (Acosta et al., 2014), highlighting a need for a closer review. Additionally, law enforcement may be a good proxy, as they have similar duties, psychological health fitness requirements, and stigma concerns about MH treatment.

Methodology

- Inclusion criteria: empirically tested or described military (active, guard, reserve and veterans) or law enforcement based effort designed to reduce MH stigma or encourage help-seeking.
- Exclusion criteria: advisory teams, working groups, task forces, committees and conference papers.
- Articles were reviewed by a team of subject matter experts (SMEs) of four doctoral- and Master’s-level professionals, who reached consensus in categorizing stigma-reduction efforts by:
  - Type of effort
  - Type of stigma
  - Target population
  - Evaluation outcomes

Learning Objectives

1. Describe types of stigma-reductions efforts among military and law enforcement.
2. Describe evaluation outcomes and type of stigma addressed (self, public, or institutional stigma).
3. Identify the most common outcome measures/metrics used across described efforts.
4. Identify potential gaps or limitations in how agencies are evaluating their existing stigma reduction efforts.

Results

- Twenty-five articles met inclusion criteria for this analysis, with a total of 7,363 participants.
- Target audiences included personnel in the: (1) active-duty military, including one study that sampled U.S. Guard/Reserve, (2) military veterans, and (3) law enforcement.
- Targeted populations were predominantly from the U.S. (68%), followed by England (20%), Canada (8%), and Sweden (4%)

Table 1: Stigma-reduction efforts identified in the literature by type of stigma and outcome

<table>
<thead>
<tr>
<th>Type of Effort</th>
<th>Definition</th>
<th>Target population</th>
<th>Evaluation Outcomes (article driven)</th>
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</thead>
<tbody>
<tr>
<td>Digital Storytelling Campaigns</td>
<td>Publicly available web-based platforms that feature written or video testimonials from persons who have had positive experiences with MH treatment. The goal is to dispel myths about MH treatment and encourage help-seeking.</td>
<td>Self Public Institutional Military Military veterans Law Enforcement</td>
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<tr>
<td>Psycho-education</td>
<td>Provide general information about MH topics such as prevalence rates, risk factors, and common symptoms to increase MH literacy.</td>
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<tr>
<td>Trainings</td>
<td>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.</td>
<td>Self Public Institutional Military Military veterans Law Enforcement</td>
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<tr>
<td>Contact Interventions</td>
<td>Use personal contact with persons with MH disorders to reduce internalized stigma, challenge assumptions about people with MH disorders, and educate participants about MH disorders.</td>
<td>Self Public Institutional Military Military veterans Law Enforcement</td>
<td></td>
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<tr>
<td>Peer Support</td>
<td>Trained peers that offer support, identify symptoms, suggest coping strategies, and make treatment referrals.</td>
<td>Self Public Institutional Military Military veterans Law Enforcement</td>
<td></td>
</tr>
<tr>
<td>Institutional Programs</td>
<td>Promote MH literacy and support assessments, short-term treatment, and referrals for MH concerns. These programs support all personnel in an organizational unit.</td>
<td>Self Public Institutional Military Military veterans Law Enforcement</td>
<td></td>
</tr>
</tbody>
</table>

Key Literature Findings:

- Ninety-two percent (92%) of stigma-reduction efforts addressed combat self-stigma, 28% institutional-stigma, and 8% public stigma. Examples include:
  - Institutional-stigma = an effort to improve communication with leaders and their Marines about seeking MH treatment (Hurtado, 2015)
  - Self-stigma = a group intervention offering strategies to reduce self-stigma for veterans with MH disorders (lecture, discussion, sharing of experiences and problem-solving skills) (Lukstedt et al., 2011)
  - Public-stigma = web-based digital-story telling that introduces viewers to a community of veterans with PTSD describing their experiences with MH treatment (Bennell et al., 2017)

- Ten different outcome measures were assessed across the literature:
  - Primary outcomes assessed changes in knowledge, behavior, or attitudes about MH-related topics
  - Only one outcome involved assessing a change in behavior (treatment utilization)

Conclusions and Implications

- Due to the complexity of MH stigma, military and law enforcement are utilizing a multipronged approach to reduce MH stigma and encourage help-seeking.
- MH stigma is highest among those with MH symptoms (Acosta et al., 2014), making efforts that target self-stigma essential. Efforts (e.g., digital story-telling) that share positive testimonials with MH treatment may encourage treatment-seeking and promote treatment retention.
- Half of efforts involved trained peers sharing information, offering advice and/or providing assistance. Peers with similar experiences with MH conditions that know the organizational culture may increase social support, creditability, and trust among those seeking MH support (Money et al., 2011).
- Delivery of efforts ranged from in-person (e.g., trainings) to web-based (e.g., digital story-telling) portals. The latter may offer confidentiality and improved access to information.
- Leaders influence institutional culture (Acosta et al., 2014). As such, future research should assess the role of leaders in stigma reduction efforts.
- Not all efforts, in spite of a SME consensus on the type of stigma targeted, seem to fully assess all types of stigma that we think we are actually addressing.