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 impact1
    • Logistical: scheduling conflicts, time off work
    • 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 wordings may be perceived in different ways e.g., negatively describing SM with MH concerns

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• Key Policy Topics:
  • Policy Information Collection: 1. Analysts read entire policy and search on key terms
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• Objective 1: Identify at least 10 relevant search terms for each of key policy topics
• 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

• Policy analysis methodology based on Acosta et al, 2014

KEY POINTS

• Recurring Stigma-Language

• Proposed Changes

• 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.

• Non-MH professionals determine illness

• Equal treatment for people with MH disorders

• Mandated screening

• MH alongside criminal behavior/conduct problems

• Vague language

• MH Disorders as an affliction

• Perceived as dangerous

• Labeling

• Overall barrier to care

• Other (e.g., classified or inactive policies and excluded from further analysis)

• Figure 1: Three-Step Policy Analysis Methodology

STEPS ONE: POLICY SEARCH PROCESS

STEPS TWO: POLICY REVIEW PROCESS

STEPS THREE: VALIDATION

• PROPOSAL: Policy Information Collection: 1. Analysts read entire policy and search on key terms

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• Review key policies (e.g., Security personnel, Retirement) for stigmatizing language and make language changes

• Identify policy categories and overarching language changes

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

• Recurring Stigma-Language: Stigma-Increasing Categories

• Proposed Changes

• Recurring Stigma-Language: Stigma-Reducing Categories

• 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

• Obscure/Inaccurate diagnostic language

• Mental disorder/condition

• Mental/psychiatric illness

• MH alongside criminal behavior/conduct problems

• Vague use of mental

• 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