



DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

Reducing the Stigma of Mental Disorders and Mental Health Care in the Military

CAPT Anthony Arita, USN

Director, Deployment Health Clinical Center

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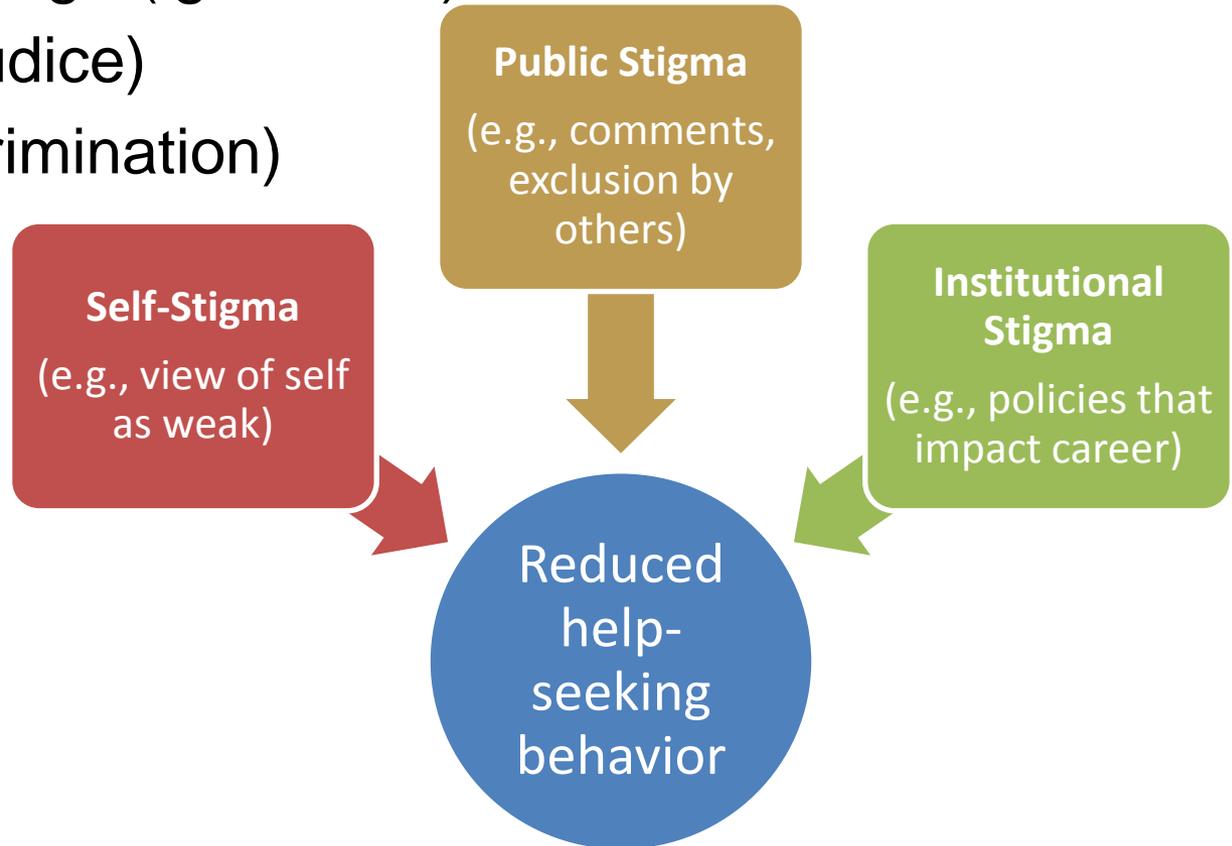
Agenda

- Overview of Stigma
- Anti-Stigma Campaigns
- Overview of Anti-Stigma Efforts
- Discussion

Origin and Types of Stigma

Stigma due to

- Lack of Knowledge (ignorance)
- Attitudes (prejudice)
- Behavior (discrimination)



Stigma in the Military



(U.S. Air Force photo by Master Sgt. Kevin Milliken/Released)

“Stigma, the shame or disgrace attached to something regarded as socially unacceptable, remains a critical barrier to accessing needed psychological care.”

Mental Health Task Force Report – June 2007

The Perception of Stigma

- MHAT (Mental Health Assessment Team) surveys were conducted on service members deployed to Iraq and Afghanistan (i.e., MHAT-I, -II, -III & -IV) indicate that 59% of the Soldiers and 48% of the Marines surveyed thought they would be treated differently by leadership if they sought counseling (MHAT-IV).
- Over half of surveyed soldiers who met criteria for a psychological health problem thought they would be perceived as weak if they sought help (Hoge et al., 2004; *OSMF-I & OTSG, 2006).
- Individuals exhibiting the greatest need were the most hesitant to seek care, even though empirical data from at least one military study indicate that most do not suffer any negative career impact from seeking services related to their psychological health (Rowan & Campise, 2006).
- Over one-third (37.7%) of personnel indicated that seeking mental health treatment would damage a person's military career (2011 Health Related Behaviors Survey of Active Duty Military Members).

Impact of Stigma

- **Stigma interferes with:**
 - *Access to care* (individuals refuse to seek treatment)
 - *Quality of care* (individuals seek care “off the books;” may seek alternative helping resources insufficient to treat the condition)
 - *Continuity of care* (individuals may not inform military medical personnel about prior mental health treatment, may exploit transitions to drop out of treatment)
 - *Resilience building* (individuals choose not to fortify their PH resources)
 - *Camaraderie* (unit cohesion, morale, individuals remain overly private)
 - **READINESS!**

Strategies for Dispelling Stigma

Tactic

Avenue of Change

Highlight warrior stories

Mobilization of Hope

Model, support, and reinforce help-seeking behavior; social inclusion

Leadership and Advocacy

Provide accurate information about psychological health issues; outreach; normalization of psychological health experiences

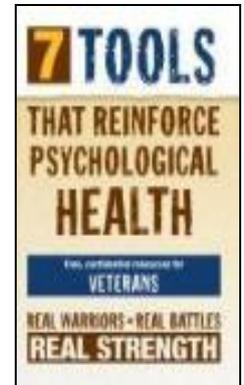
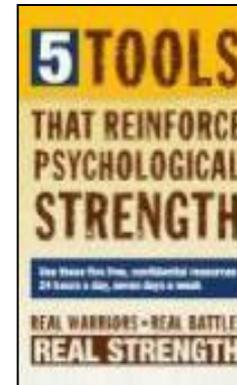
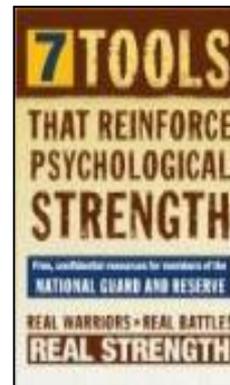
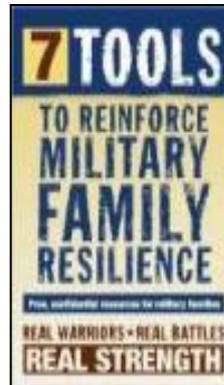
Education & Health Literacy

Forward project mental health services into primary care and into the community; improve access to resources

Improved Access to Care

Anti-Stigma Campaigns

- Real Warriors Campaign (RWC): DoD
- Make the Connection: VA
- What a Difference a Friend Makes: SAMHSA



Real Warriors

Public Service Announcement



Real Warriors Campaign

A national outreach, public information campaign that portrays:

- **Real Warriors** = service members, families, leaders, caregivers, helping professionals
- **Real Battles** = psychological symptoms, TBI, disability, family disintegration, losses, struggle over morality and meaning
- **Real Strength** = in resilience, recovery, reintegration, seizing an opportunity to experience growth, finding a way to redefine self

Real Warriors Campaign Goals

- Dispel stigma
- Normalize psychological health
- Increase awareness of resources available for psychological health care and support
- Build a culture of psychological responsibility
- Increase awareness of resilience concepts and early intervention and the role they play in successful care, recovery and reintegration

www.realwarriors.net



Live chat with Masters-level trained health resource consultants

Contact the Military Crisis Line

Access the mobile site for resources anywhere, anytime

Visit interactive message boards

Subscribe to the listserv for campaign updates

Connect using social media tools such as Facebook and Twitter

Tag Cloud function for indexing topics

RWC Partnership Program Overview

- Partnerships extend the reach of the campaign through the dissemination of messages to stakeholders.
- As of October, 2013, the Real Warriors Campaign has 220 confirmed partners who are helping to further the campaign's mission and reach.
- **Partner organizations:**
 - Share the campaign's mission
 - Like-minded organizations, including federal, military, national and local nonprofit organizations
 - Provide a service, program or resource directed toward service members, veterans, military families or health professionals

Real Warriors Campaign Impact

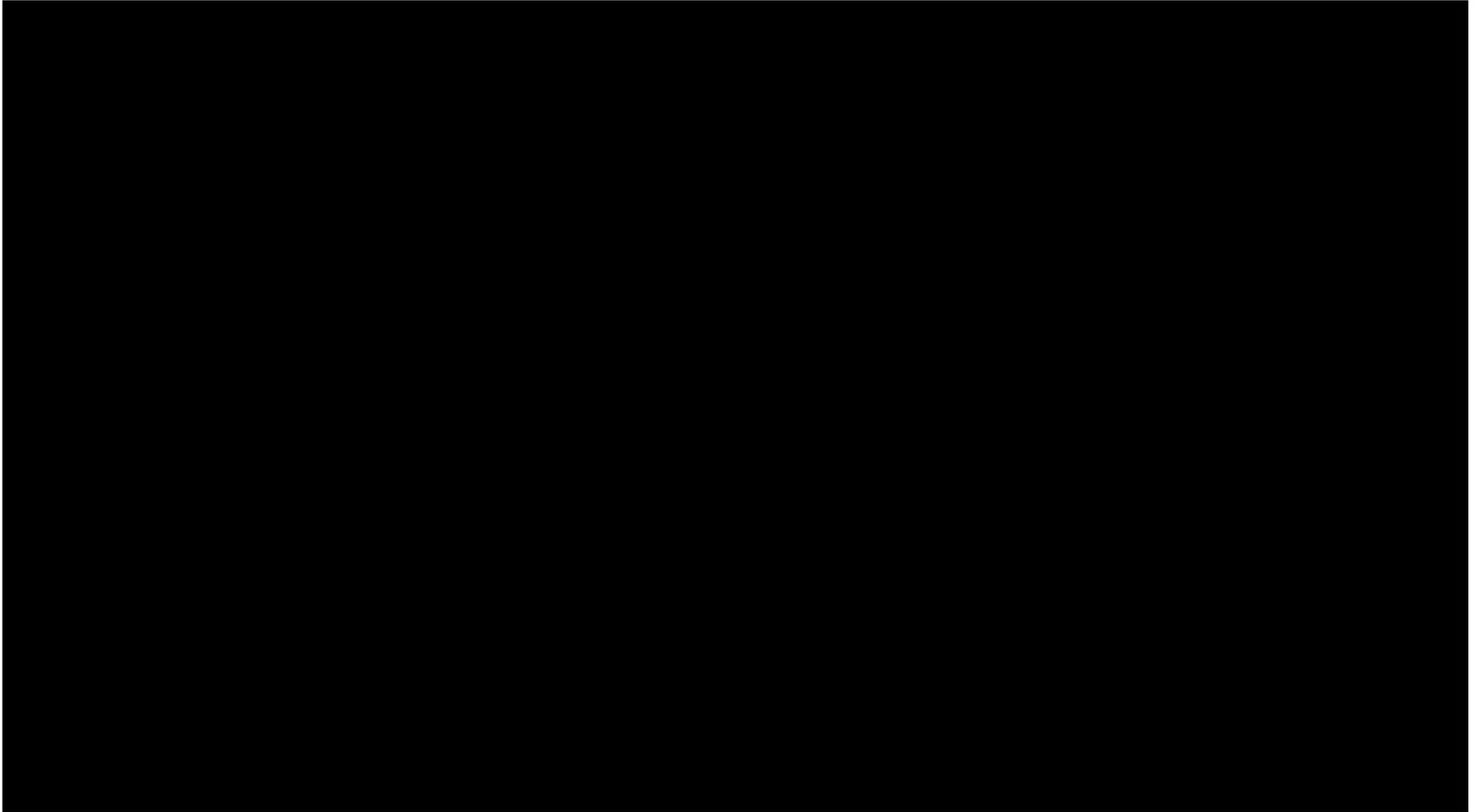
Since launch in May 2009, the campaign has:

- Produced 45 multimedia (e.g., video and radio) products that have been accessed more than 80,000 times. Video profiles and PSAs have aired more than 54,000 times on 753 civilian stations or networks and in 177 countries worldwide.
- Garnered 487,000 interactions with audiences on social media channels (Facebook, Twitter), engaging with audiences an average of 1,055 times per day.
- Developed 58 unique campaign products that have been viewed online 41,949 times and ordered or downloaded 2,597 times.
- Partnered with more than 220 federal, national and community organizations, which has resulted in potentially reaching 135 million individuals through 240 campaign articles in partner newsletters, blogs or other publications.
- Through 125 events (i.e., conference exhibit and presentation), directly interacted with 17,882 individuals and distributed 82,085 pieces of materials.
- Published more than 115 online articles that have been accessed more than 1.5 million times.

Make the Connection (VA)

- *Make the Connection* is a public awareness campaign that encourages Veterans and their families to "make the connection"— with information and resources, with Veterans like themselves, with other people, and with available sources of support including mental health treatments.
- Powerful personal stories and testimonials are at the heart of *Make the Connection*, illustrating how Veterans face and overcome mental health issues and challenges.
- These stories and testimonials come from Veterans of all service eras, genders, and backgrounds and each of them provides a resounding and compelling example of the positive outcomes for treatment, recovery, and the many paths to more fulfilling lives.

Make the Connection



What a Difference a Friend Makes (SAMHSA)

- Designed to encourage, educate, and inspire people between 18 and 25 to support their friends who are experiencing mental health problems.
 - Approach emphasizes: acceptance, dignity, and social inclusion.
- The prevalence of serious mental health conditions in this age group is almost double that of the general population, yet young people have the lowest rate of help-seeking behaviors.
- The *opportunity for recovery is more likely in a society of acceptance*, and this initiative is meant to inspire young people to serve as the mental health vanguard, motivating a societal change toward acceptance and decreasing the negative attitudes that surround mental illness.

What a Difference a Friend Makes



A Required Cultural Change

- The DoD Mental Health Task Force (MHTF) envisioned a transformed military system and one centered around a culture of support for psychological health (June, 2007)
- Military leadership education and training at all ranks should include education on barriers to care (including stigma), and help seeking as an element of the service's core values and on various cultural "languages" acceptable to care seeking.^[1]

"It's time we made everyone in uniform aware that the act of reaching out for help is, in fact, one of the most courageous acts and one of the first big steps to reclaiming your career, your life and your future."

Chairman, Joint Chiefs of Staff

U.S. Navy Adm. Mike Mullen

May 2, 2008

Increasing Help-Seeking Behavior

- The DoD Mental Health Task Force (MHTF) held that maintaining the psychological health, enhancing the resilience, and ensuring the recovery of service members and their families were essential to maintaining optimal readiness and required a focus on the following objectives:
 - Increasing access to care
 - Providing consistently excellent quality of care
 - Improving care transition and coordination
 - Enhancing surveillance and screening
 - Building psychological fitness and resilience
 - Promoting a culture of support for psychological health through leadership and advocacy

Embedded Mental Health Providers

- **Embedding uniformed providers in military units** offers easy access to on-the-ground consultation that educates service members, builds confidence in the possibility of change, and increases familiarity with mental health professionals.
- **Integrating mental health providers in primary medical care settings** improves access at the critical point when change is first being considered, in primary care clinics, where stigma is lower.

Improve Access to Care

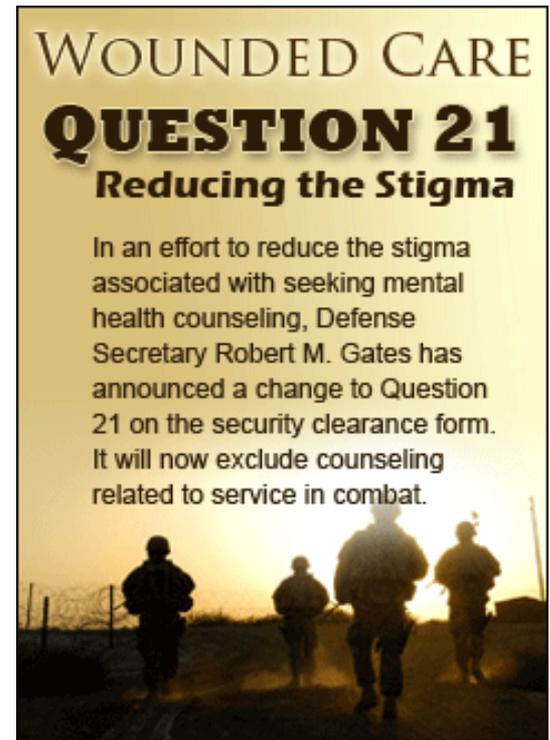
- **Ensuring an easily-accessible full continuum of evidence-based care** guarantees effective help is available when most needed.
 - All efforts to dispel stigma are reduced to hollow promises if, when service members or family members reach the critical juncture where they recognize they need help, they encounter delays, bureaucratic roadblocks or frustration in accessing the services their often complex situation requires.
- Online and mobile technology resources offer readily accessible tools for information, self-assessment, self-care.

Addressing Structural Stigma

- MHTF Section 5.1.4 (Revise Military Policies to Reflect Up-To-Date Knowledge about Psychological Health).
- MHTF Section 5.2.3 (Ensure High Quality of Care) sections the Task Force makes recommendations designed to refine the balance between the need to encourage service members to seek help and the need for command to maintain force readiness.

Questionnaire for National Security Positions (SF-86)

- Question 21.1: “In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition?”
- Exceptions (may answer ‘No’)
 - Counseling that is strictly marital/family
 - Counseling related to adjustments from service in a combat environment
 - Counseling related to sexual assault



Policy Contributions to Stigma

- Policies, documents, or forms that single out mental health diagnoses or history of treatment as a basis for concern, despite the fact that no other medical condition was mentioned.
- Policies that limit or restrict opportunity (for jobs, deployment, programs, etc.) based on mental health diagnosis, symptoms, or history of treatment AND the restriction is not empirically supported.
- Policies, laws, documents, or practices that unnecessarily penalize those with mental health conditions, psychiatric symptoms, or with a history of mental health care.

Additional Stigma Reduction Efforts

- RAND Corporation is developing a reliable and valid instrument to assess stigma and other barriers to care.
- Navy BUMED's recent review of policies that contribute to stigma.
- Task Force on the Prevention of Suicide by Members of the Armed Forces - Targeted Recommendations:
 - Reviewing policies related to stigma
 - Communication recommendations regarding exceptions to SF-86 question 21
 - Promotion of help-seeking behavior

Continuing Need and Opportunities

- Improve reliability and standardization of measurement of stigma
- Evolve and sustain stigma-reduction campaigns to include increasing psychological health literacy and restoring confidence in the MHS
- Continued efforts to improve access to care
- Continued leadership advocacy toward promoting a culture of support for psychological health
- Responsible messaging in public forums and the media regarding psychological health issues
- Policy revision to eliminate undue discrimination toward those with a history of receipt of care for psychological health symptoms/condition

Questions?

