



Military Mental Health Stigma Challenges: Policy and Practice Considerations

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ABSTRACT

All providers are challenged to reduce mental health stigma through awareness of service member mental health needs and advocacy. Individually stigmatizing perceptions and beliefs that interfere with mental health care become internalized into a service member's identity, persisting in veterans after military service. Years to decades can pass before a service member seeks professional help for psychological problems, and, therefore, practitioners need to be sensitive to subtle indications of distress. Furthermore, care that supports military members is culturally sensitive, innovative, and taps into resources for evidence-based interventions that maximize function and quality of life for service members and their families.

Keywords: collaborative care, mental health stigma, military, psychological distress, substance abuse

Published by Elsevier, Inc.

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This CE learning activity is designed to augment the knowledge, skills, and attitudes of nurse practitioners and assist in their understanding of how to reduce mental health stigma of military members and their families.

At the conclusion of this activity, the participant will be able to:

- Identify stigmatizing perceptions/beliefs that interfere with service members obtaining needed mental health care
- Describe socially stigmatizing beliefs/attitudes/behaviors in the military that negatively influence service members seeking help
- Evaluate ways in which NPs can help decrease stigma barriers to care

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The Department of Defense's (DoD's) concern regarding mental health access for service members and the ongoing stigma associated with seeking assistance for mental and behavioral health care received considerable attention by House and Senate Appropriations Committees in support of Defense Health Programs for fiscal year 2014 (<http://appropriations.house.gov/news/documentsingle.aspx?DocumentID=343918>).

Mental health stigma and access to care are veteran and service member issues also acknowledged by the American Nurses Association.¹ The American Nurses Association partnered with First Lady Michelle Obama's Joining Forces campaign, which is dedicated to calling attention to and addressing critical issues facing veterans and military families.² Of significance to this joint initiative is that one third or more of service members returning from Iraq (Operation Iraqi Freedom) or Afghanistan (Operation Enduring Freedom) suffer psychological problems (ie, post-traumatic stress disorder [PTSD], depression, alcohol abuse) resulting from their war exposures, a finding that is likely not unique to these conflicts because the horrors of war have left their marks on warriors involved in conflicts during other times in history.³

Months after combat deployments, a large percentage of troops (20%–30.5%) continue to experience moderate to severe symptoms of PTSD.^{4(p618)} Unfortunately, only about 50% or fewer service members who would benefit from mental health services use these, and of those who do seek care, a large percentage abort therapy before achieving remission of post-traumatic stress symptoms.^{5,6} These are the most recent available estimates, and, therefore, it appears that soldiers do not seek or receive mental health services commensurate with the high needs for treatment. Despite positive changes in prevention and intervention strategies, stigma and other barriers to care continue to interfere with optimizing mental health treatment for service members and their families.⁷

Personal and systems-related factors influencing help-seeking behaviors and access to care can be understood through traditional health care utilization models.⁸⁻¹⁰ However, stigma (ie, prejudice and discrimination) is of particular concern because

together social (eg, public or organizational) and individual (eg, personal or self) stigmatizing beliefs and behaviors influence service members' willingness to seek professional help.^{11,12} Empirically supported, militarily-relevant barriers to care have been synthesized (Figure).^{7,13-16} A means for overcoming these obstacles and ensuring mental health care depends on support from family, friends, and leadership as well as convenience, affordability, and privacy.^{15,17-19} Our greatest concern lies with those who have mental health symptoms because they are more likely to perceive stigma and barriers to care and, subsequently, fail to seek treatment.^{16,20}

The progress regarding stigma and challenges accessing care can be evaluated through current research as well as policy and practice changes in the military health system and the general health care community. Increasing rates of mental health diagnoses and concomitant increases in overall health care system burden regarding the greater use of evaluation and treatment resources seem to indicate better access and utilization of mental health services.²¹ It is important to recognize the significant job risk for military personnel referred for mental health services while needing to meet strict standards for access to classified information or weapons and the ambiguity they face when making mental health-seeking decisions. Thus, the purpose of this article is to identify current challenges to mental/behavioral health care for active duty and reserve military personnel, National Guard, other veterans of service, and their families in an effort to reduce barriers to care and improve quality of care.

CHALLENGE: DISPEL THE MYTH THAT A MENTAL HEALTH PROBLEM MEANS "WEAKNESS"

Social stigma leads to disenfranchisement and disempowerment of groups, and in the case of the military, this social stigma stems from cultural beliefs and attitudes about mental health that influence negative beliefs psychologically distressed service members have about themselves.²² In other words, military culture unintentionally perpetuates a mental health stigma through military leaders as well as other aspects of the health care and military environment. Within the military, 2 important shifts in approaching mental health involve leadership

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