

Military Institutional Stigma and Nursing

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LEARNING OBJECTIVES

- Define institutional stigma within the military culture
- Describe how stigma affects service members' mental health care and places limitations on opportunities during service and for veterans
- Identify the nurse's role as an advocate for policy change that reduces military institutional stigma

PERSONAL CONTEXT

Witnessed a SSGs career stall because of a single mental health appointment

- One extra appt after a deployment

- Recruiter unit created rule that you can

MENTAL HEALTH STIGMA

Contexts

- Personal
- Social
- Public
- *Institutional*

Components

- Cognitive
- Emotional
- Behavioral

Consequences

- Label Avoidance
- Empirical
- Assumed

INSTITUTIONAL STIGMA

Structural Discrimination

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graph TD; A[Structural Discrimination] --> B[Policies: Intentional or Direct Consequences]; B --> C[Unintentional Consequences];
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Policies: Intentional or Direct Consequences

Unintentional Consequences

MILITARY PRESENCE OF STIGMA

2011 Active Duty Survey

39,877 Personnel from all services of US Armed Forces

- 1/3 perceived potential harm to their career if they sought mental health treatment

2010 Survey

2,023 Active Duty and 497 National Guard Army Soldiers

- 31% Felt that seeking mental health care would harm their career
- 45% Perceived that unit leadership would treat them differently
- 40% Self-stigmatized embarrassment, weakness, and a perceived loss of confidence from peers

UNITED STATES GOVERNMENT ACCOUNTABILITY OFFICE

- *Human Capital: Additional Actions Needed to Enhance DOD's Efforts to Address Mental Health Care Stigma, April 2016*
- GAO Findings:
 - Perception of damage to career
 - Perception campaigns initiated, but institutional stigma has not been addressed through policy
 - Recommendations:
 - Clarify and update policies contributing to stigma

MENTAL HEALTH STIGMA IN THE MILITARY

- Over 200 policies that contribute to stigma
- Stigma policies limit opportunities
 - Negative terminology
 - Prohibition of action or implies incompetence
 - Limits privacy
 - Non-mental health professionals are allowed to question fitness

POLICY EXAMPLES

Deployment Limiting

Training or Job Limiting

Macro→Meso→Micro-level Policies

- DoD Directives and Instructions
- Combatant Command Policies
- Branch Specific Standards of Medical Fitness

DEPLOYMENT LIMITING POLICIES

- DoD Directives and Policies
 - Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees
- US Combatant Command Policies
 - Individual Protection and Individual-Unit Deployment Policy
- Army Regulation (AR) 40-501 Standards of Medical Fitness

TRAINING AND JOB LIMITING POLICIES

- Army Regulation (AR) 40-501 Standards of Medical Fitness
 - “emotional responses to situations of stress, when such a reaction may interfere with the efficient and safe performance of an individual’s duties.” (Initial entry disqualifier)
- AR 601-1 Assignment of Enlisted Personnel to the US Army Recruiting Command
 - “no record of emotional or mental instability” (Section II, Para 2-4, 11) as a disqualifier

THE PLAN: Clinical Opportunities

- Acknowledge the intention of the these policies
- Work within the scope of current policies
- Maximize the positive of current policy
- Informed Consent

THE PLAN: Enterprise Opportunities

- GAO and Rand Report are a step towards addressing the problem
- Nurses on Boards and Policy Development
- Policy Advocacy
 - Nursing expertise and input in re-working 203 policies to decrease stigma while maximizing force sustainment

CONCLUSION

Institutional stigma exists in military policies

Nurses can promote wellness within current policies and influence future policy to decrease stigma

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QUESTIONS

