Military Institutional Stigma and Nursing

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DISCLOSURES

The speakers have no conflicts of interest to disclosure.

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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

• We have over 45 years of combined military experience

• Each of us have witnessed or directly experienced the detriments of mental health stigma in our military

• We are passionate about the role mental health plays in military readiness

MENTAL HEALTH STIGMA

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(INSTITUTIONAL STIGMA

Structural Discrimination

Intentional or Direct Consequences of Policy

Unintentional Consequences

(Acosta et al., 2014; Ben-Zeev et al., 2012)
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

(Borlas, Higgins, Pflieger, & Deckler, 2013; Kim et al., 2010)

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

(United States Government Accountability Office, 2016)

MENTAL HEALTH STIGMA IN THE MILITARY

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

(Acosta et al., 2014)
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," as a 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 DILEMMA**

- Dual Obligation of Provider
  - Care for the Patient (patient advocate)
  - Obligation to the Organization (DoD advocate)

- Dual/Multiple Relationship Environment
  - Rank Hierarchy
    - power imbalance and differential
  - Deployed Provider
    - sole provider in an isolated location
    - potential to treat friends and/or peers

(Steel & King, 2000; American Psychological Association, 2010)

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**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

(American Nurses Association, 2014; Chapman et al., 2014; Corigliano et al., 1994; Deane et al., 2012; Whalen, 2015; Weber & Weber, 2015)

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**THE PLAN: National Opportunities**

- GAO and Rand Report are a step towards addressing the problem
- Policy Advocacy
- Nurses on Boards and Policy Development
  - 203 policies need nurses expertise in being reworded to decrease stigma while maximizing force protection

(Acosta et al., 2014)
CONCLUSION

Institutional stigma exists in military policies

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

RESOURCES


RESOURCES


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QUESTIONS

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