Military culture, mental health stigma, and new approaches to mental health service delivery

DoD Task Force on the Prevention of Suicide by Members of the Armed Forces

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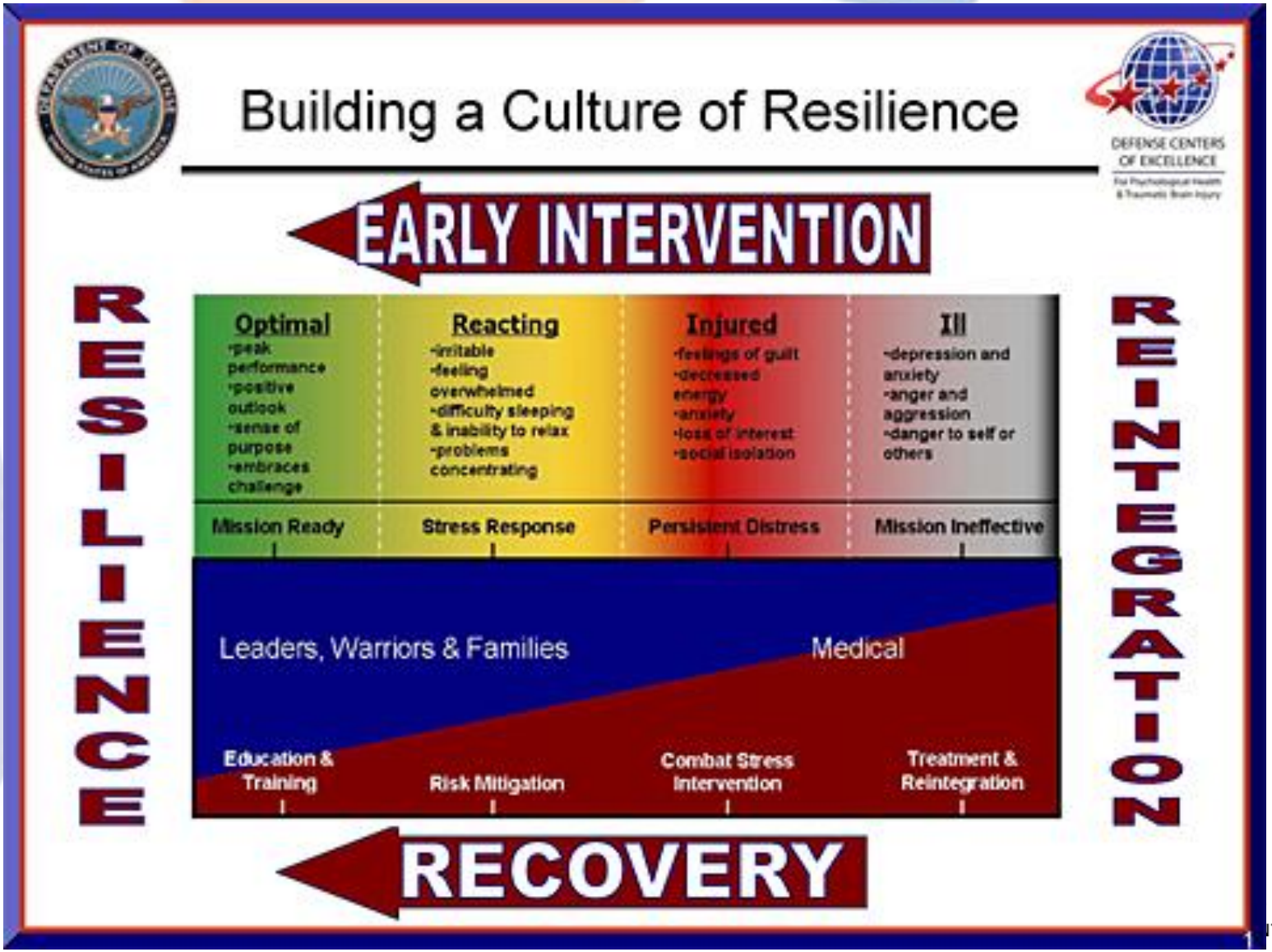
Spectrum of resiliency



Mental Health Stigma

Traditional MH Culture

- Individualistic, one-on-one approach
- Emotional vulnerability
- Leaving group for help is idealized
- Assumes deficiencies or illness
- Symptoms and risk factors

Warrior Culture

- Collectivist, in-group identity
- Emotional toughness
- Leaving group for help jeopardizes safety
- Assumes elitism and strength
- Warrior skills and assets

The problem with traditional approaches

- Bullet-point briefing format for outreach
  - Traditional MH concepts (stress, anger, suicide)
  - Uses unfamiliar clinical language
  - Reinforces illness and “disordered” perspective
- Aims to change warrior identity and views
- Clinic-based, separate from the unit
- Warrior experiences reduced to “symptoms”

A new approach

- Change the MH provider and delivery system to fit within warrior culture
- Embrace full spectrum of health promotion, including primary prevention

Warrior-centered MH efforts: Defender's Edge (DEFED)

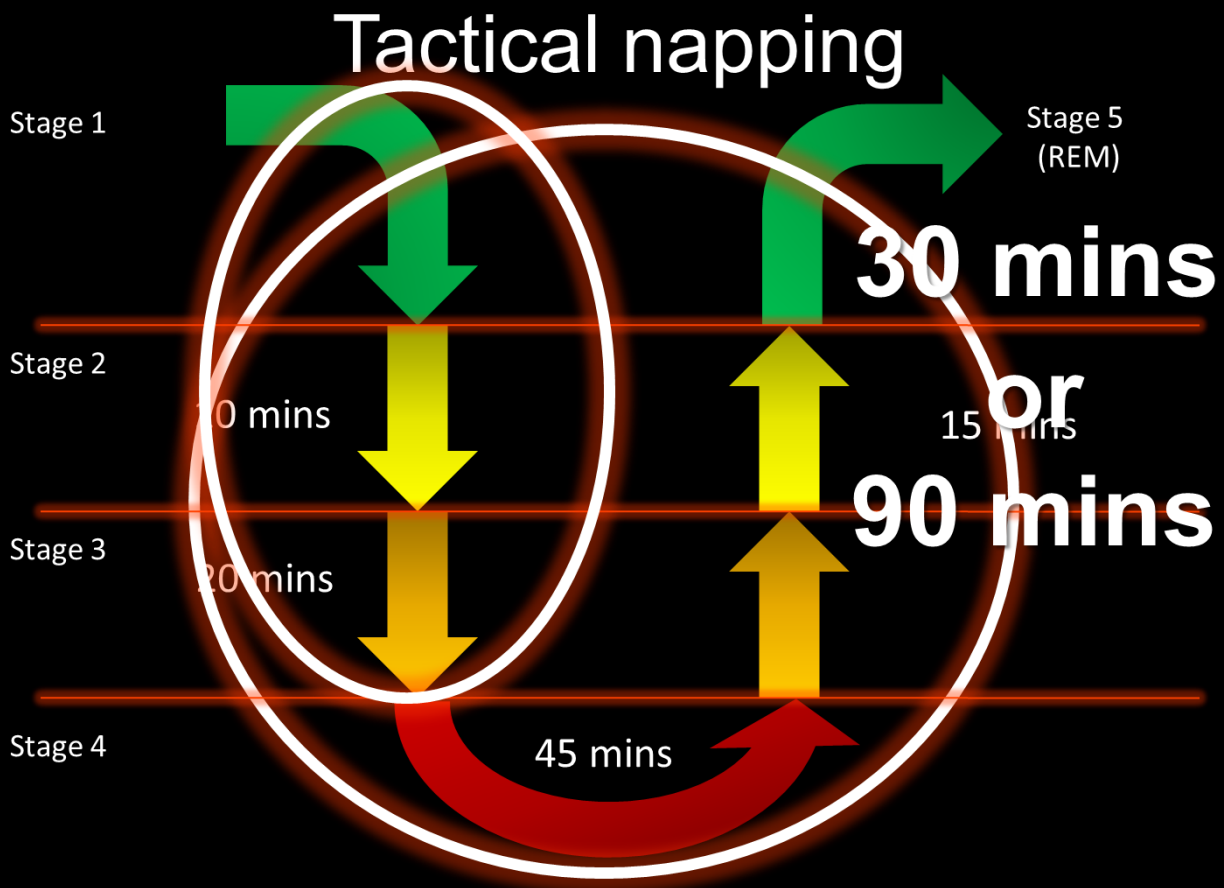
- Core MH principles packaged consistent with warrior culture using warrior language
- Philosophy:
  - Combat is akin to an athletic event
  - Warriors are inherently resilient and strong
  - Warriors already possess resiliency skills, but would benefit from additional "coaching"
  - MH skills framed as job skills, performance enhancement
  - Trauma is less important than daily "benign stressors"

DEFED core MH principles/skills

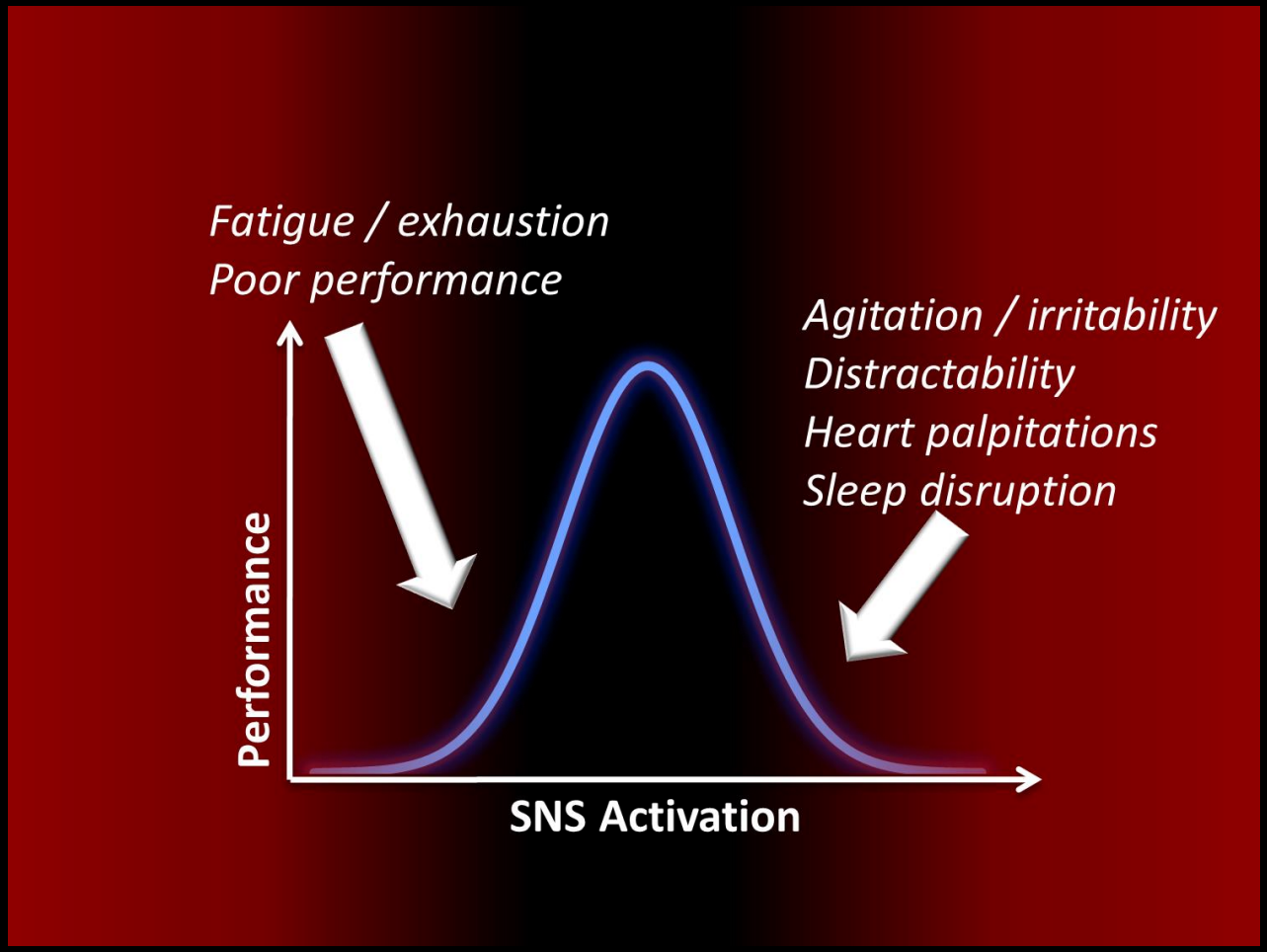
Core skill / principle	Translated concepts
• Diaphramatic breathing / relaxation	• Controlled breathing / muscle control
• Mindfulness / meditation	• Situational awareness
• Sleep hygiene / stimulus control	• Tactical napping / fatigue countermeasures
• Cognitive restructuring / behavioral activation	• Mind tactics
• Values clarification	• Warrior ethos
• Resiliency	• Mental toughness


you are the weapon…
…everything else is just a tool

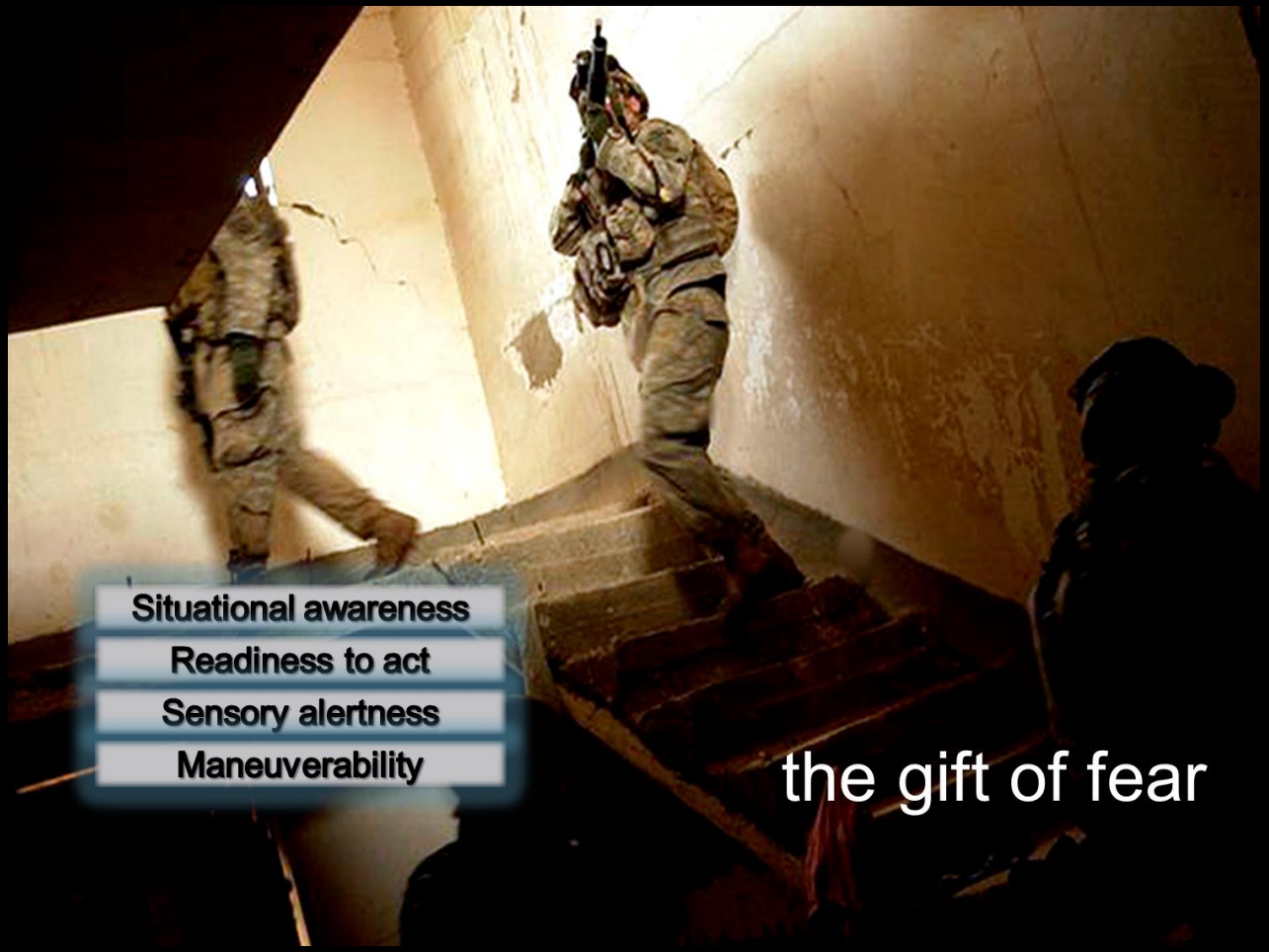
Tactical Napping



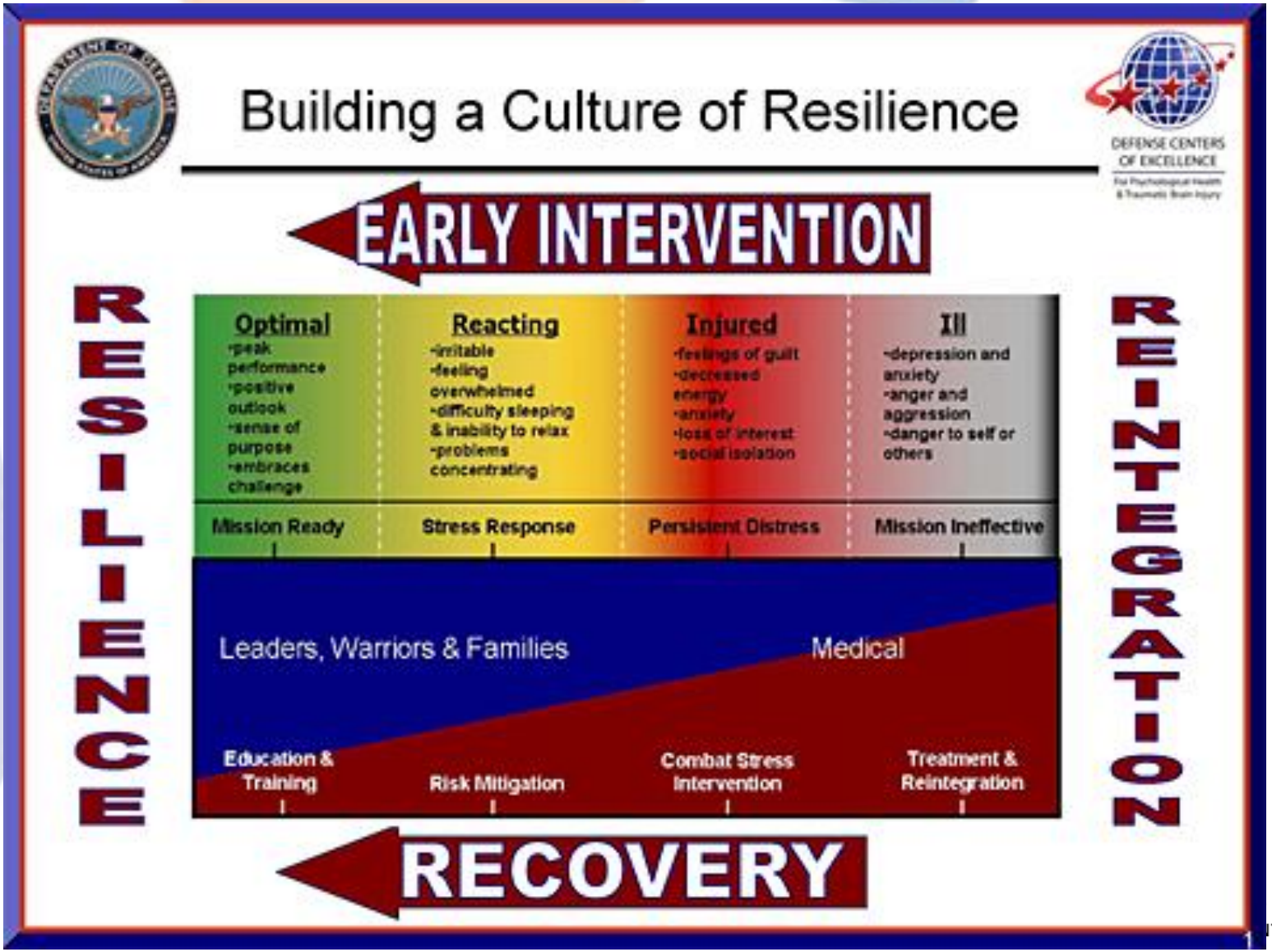
SNS activation




thou shalt not kill


Situational awareness
Readiness to act
Sensory alertness
Maneuverability
the gift of fear

Spectrum of resiliency



Primary care efforts

- Initiative to improve clinical outcomes tracking at Kelly Family Medicine Clinic
- Developed into 3-year applied clinical research outcomes program
- Research protocols based on routine care to address commonly occurring questions

BEHAVIORAL HEALTH MEASURE (Individual Therapy Version) (BHM20)

Please answer these questions as they relate to the past two weeks or since your last session (whichever is most recent).

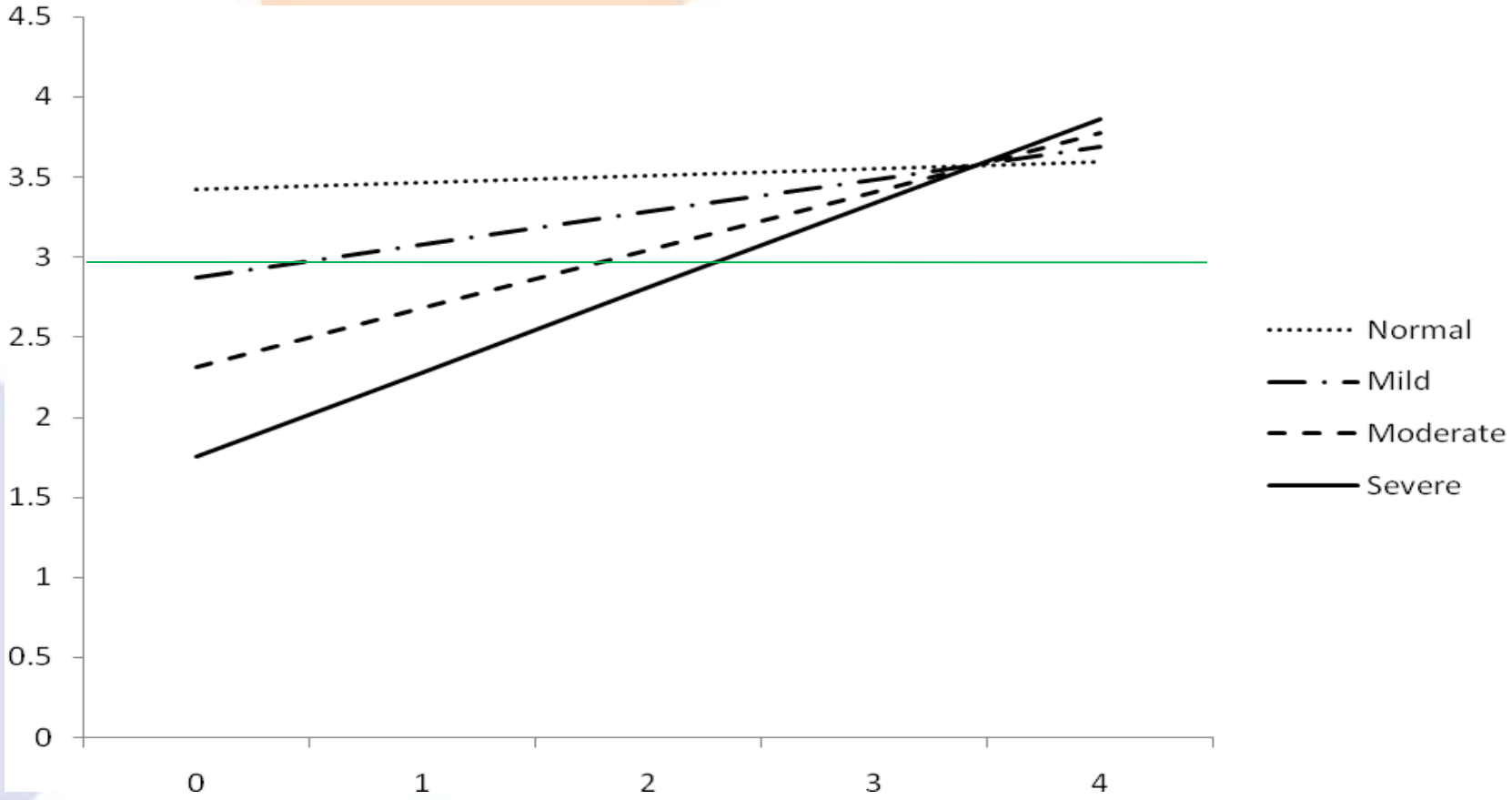
1)	_____	How distressed have you been?	*Extremely distressed* *Very distressed* *Moderately distressed* *A little bit distressed* *Not at all distressed*	0 1 2 3 4
2)	_____	How satisfied have you been with your life?	*Not satisfied at all* *Mildly satisfied* *Somewhat satisfied* *Satisfied* *Very Satisfied*	0 1 2 3 4
3)	_____	How energetic and motivated have you been feeling?	*Not at all energetic* *A little bit energetic* *Somewhat energetic* *Energetic* *Very energetic*	0 1 2 3 4

		Please use the following rating scale for questions #4 to #16. *In the past two weeks or since your last appointment, how much have you been distressed by :*	*Almost Always* *Often* *Sometimes* *A Little Bit* *Never*	0 1 2 3 4
4)		Feeling fearful, scared.		
5)		Alcohol/drug use interfering with your performance at school or work		
6)		Wanting to harm someone.		
7)		Not liking yourself.		
8)		Difficulty concentrating.		
9)		Eating problem interfering w/ relationships w/ family &/or friends.		
10)		Thoughts of ending your life.**(If answer is 0-3 also answer Question #21 below.)**		
11)		Feeling sad most of the time.		
12)		Feeling hopeless about the future.		
13)		Powerful, intense mood swings (highs and lows).		
14)		Alcohol/drug use interfering with your relationships with family and/or friends		
15)		Feeling nervous.		
16)		Heart pounding or racing.		

		Please use the following rating scale for questions #17 to #20. *How have you been getting along in the following areas of your life over the past two weeks, or since your last appointment?*	*Terribly* *Poorly* *Fair* *Well* *Very Well*	0 1 2 3 4
17)		Work/School (for example, performance, attendance).		
18)		Intimate Relationships (for example, support, communication, closeness).		
19)		Nonfamily Social Relationships, (for example, communication, closeness, level of activity).		
20)		Life Enjoyment (for example, recreation, life appreciation, leisure activities).		

21)		If you answered 0-3 on question #10 above, please check below to indicate your overall risk of suicide. 0___ Extremely High risk 1___High risk 2___Moderate risk 3___Low risk 4___No risk

Do patients get better?



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What about postdeployers?

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Does questionnaire screening improve detection of suicidality?

- Out of 338 patients, 42 (12.4%) screened positive for SI on BHM
- Of these 42, only 7 (2.1%) reported SI to PCM during previous medical appt
- Screening associated with 6x increase in detection of SI compared to TAU

Do PCMs understand black box warning for antidepressants?

- 91% report inaccurate understanding of risk stated in label
- 90% report providing “extra” counseling to patients about risk
- Only predictor of errors was level of agreement with label (i.e., higher levels of agreement increased likelihood of error)

Lessons learned

- Customer service: give them what they want, where they want it
  - Get out of MH clinics
  - Efforts should focus on changing the MH delivery system, not changing warrior perspectives of MH
- Nontraditional approaches are feasible and can be effective
- MH stigma is inadvertently reinforced by existing MH system
- Doing more of the same is not working

Barriers and challenges

- Resistance to new approaches usually comes from MH, not from the line
- DoD MH system is not designed to give credit for nontraditional service delivery
  - No incentives/poor contingencies
- Data regarding effectiveness is limited
  - Challenges in conducting research within DoD
  - Resistance by MH system