DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

Understanding Psychological Health Conditions

A Leader's Guide

***Audience**: Officers and Noncommissioned Officers in the United States Military*

Resilience ★ Recovery ★ Reintegration

Topics Covered

Approximate Length of Course:
- Slides: 50 minutes
- Questions: 10 minutes

- Stigma – a barrier to care for psychological health *(5 minutes)*
- Myths and misconceptions about psychological health *(20 minutes)*
- Harassment and discrimination *(10 minutes)*
- Recognizing psychological health issues with service members *(10 minutes)*
- Resources for your service members *(5 minutes)*

Objectives

- List the three types of stigma commonly associated with psychological health conditions
- List at least three negative consequences resulting from this stigma
- List at least four common misconceptions related to seeking treatment for psychological health conditions
- Describe the two situations in which patient confidentiality must be broken
- Provide at least two examples of unit discrimination or harassment
- Describe two ways leaders can reduce discrimination and harassment at the unit level
- List two possible changes in behavior which may be due to a psychological health condition
- List at least three resources for service members

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What is Stigma?

Stigma

The word stigma literally means “brand” or “mark.”

- Stigma is a nationwide problem in the United States [1]
- Stigma of psychological health care is widespread in U.S. military [2]
- Stigma leads to harassment and discrimination

Three Types of Mental Health Stigma

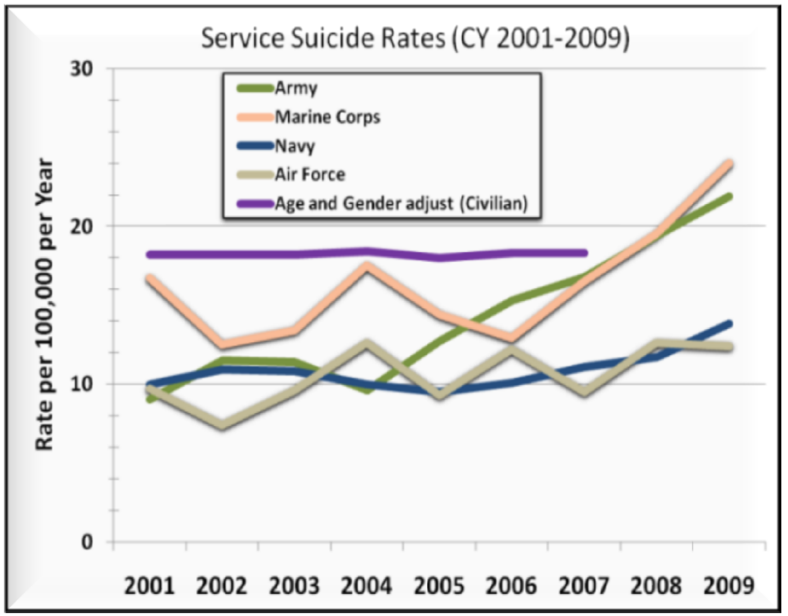
Self Stigma	• Self stigma occurs when individuals suffering from stress problems unfairly blame themselves for those challenges after having absorbed negative attitudes about stress from those around them
Organizational Stigma	• Organizational stigma is based on policies, procedures and informal rules about worthiness to contribute to the mission
Peer Stigma	• Peer stigma is derived from the language and behaviors that groups use to include or exclude members

Stigma Can Lead to a Delay in Care

- **Service members are reluctant to seek care**
  - They have seen or heard about other service members being harassed or discriminated against
  - They believe others will accuse them of malingering
- **By the time many can be convinced to come in for help, the damage is already done**
  - Service members' conditions can worsen because they delay care, which makes recovery more difficult and makes it more likely for them to have adverse events such as DUIs
  - It's harder to recover from depression or PTSD if the member is in the middle of a divorce or in legal trouble for losing their temper at work

The Costs of Service Members Not Seeking Care Are High

- **Continued rise in rates of suicide [3]**
- **Administrative separations**
- **Stress at home, divorce, spousal abuse**
- **Referred for VA disability**
  - Loss of mission capability due to personnel losses



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The myth / misconception:

"Coming in for care will hurt my career…"

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The reality:

The results of not getting care can hurt more:

- Untreated disorders cause loss of resources (spouse, rank, friends, etc.)
- If no one knows about the disorder, symptoms or behaviors related to the disorder can lead to administrative separation

The myth / misconception:

"I will lose my security clearance if I seek help…."

The myth / misconception

"I will lose my security clearance if I seek help…."

The reality:

Your service member's security clearance is more likely to be compromised if he doesn't seek treatment!!!

You need to know the truth and ensure your service members know:

- Most mental health conditions will not result in loss of clearance
- New regulations protect service member's privacy – you're not obligated to disclose if you receive treatment for deployment-related conditions or marital, family or grief counseling

The myth / misconception:

"I will lose leadership roles and the trust of my unit, etc…."

The myth / misconception

"I will lose leadership roles and the trust of my unit, etc…."

The reality:

As a leader, can you trust a service member who has received help and is cleared for duty? Ask yourself who you would rather have on patrol with you --

- A service member who went to behavioral health for treatment of PTSD and is cleared for full duty
- A service member who never received care and is getting three hours of sleep a night, overreacting to noises and can't control his temper
- Untreated psychological health conditions can pose a liability to the mission and fellow service members

The myth / misconception:

"I will be administratively or medically separated if I see someone about this…"

The myth / misconception

"I will be administratively or medically separated if I see someone about this…"

The reality:

Administrative separation – Service members can not be separated for PTSD or depression

Medical Evaluation Board (MEB) – Both PTSD and depression are considered treatable conditions, and most are expected to make a full recovery and return to duty

The myth / misconception:

"Only weak people get psychological health conditions…"

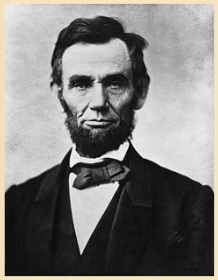
The myth / misconception

"Only weak people get psychological health conditions…"

The reality:

Leadership now recognizes that PTSD, Depression and other conditions are due to changes in how the brain and body respond to events, NOT because a service member lacks "toughness"

Affects all ranks -- from junior enlisted to commander in chief

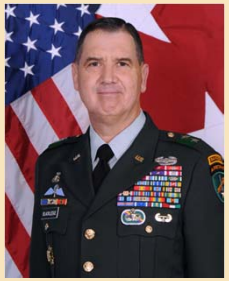


Lincoln (Depression)

Photo courtesy of the Library of Congress, cph 3a53289

Churchill

Photo courtesy of the Imperial War Museum, H 15674



Maj. Gen. Blackledge (PTSD)

Photo courtesy of the U.S. Army

The myth / misconception:

"PTSD isn't real; it's all in their heads…"

The myth / misconception

"PTSD isn't real; its all in their heads…"

The reality:

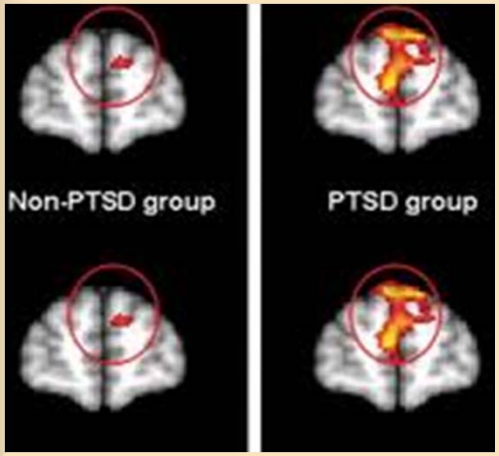
PTSD is a very real condition

Trauma exposure leads to measurable changes in the brain and body

These reactions can not be controlled by anyone nor can they be faked

PTSD affects how someone reacts to the world -

In the brain [6



Images courtesy Dr. Rajendra Morey/Duke University

In the body [7]

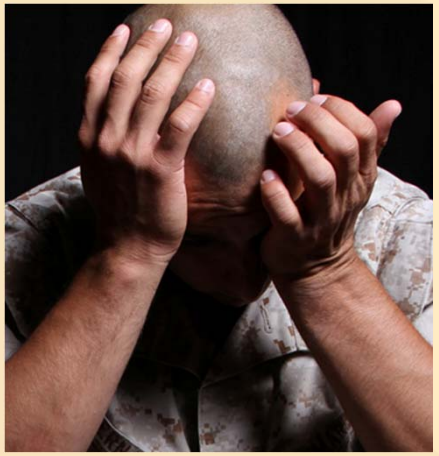


Image courtesy of U.S. Marine Corps

The myth / misconception:

"If PTSD were real, everyone exposed to trauma would get it…"

The myth / misconception

"If PTSD were real, everyone exposed to trauma would get it…"

The reality:

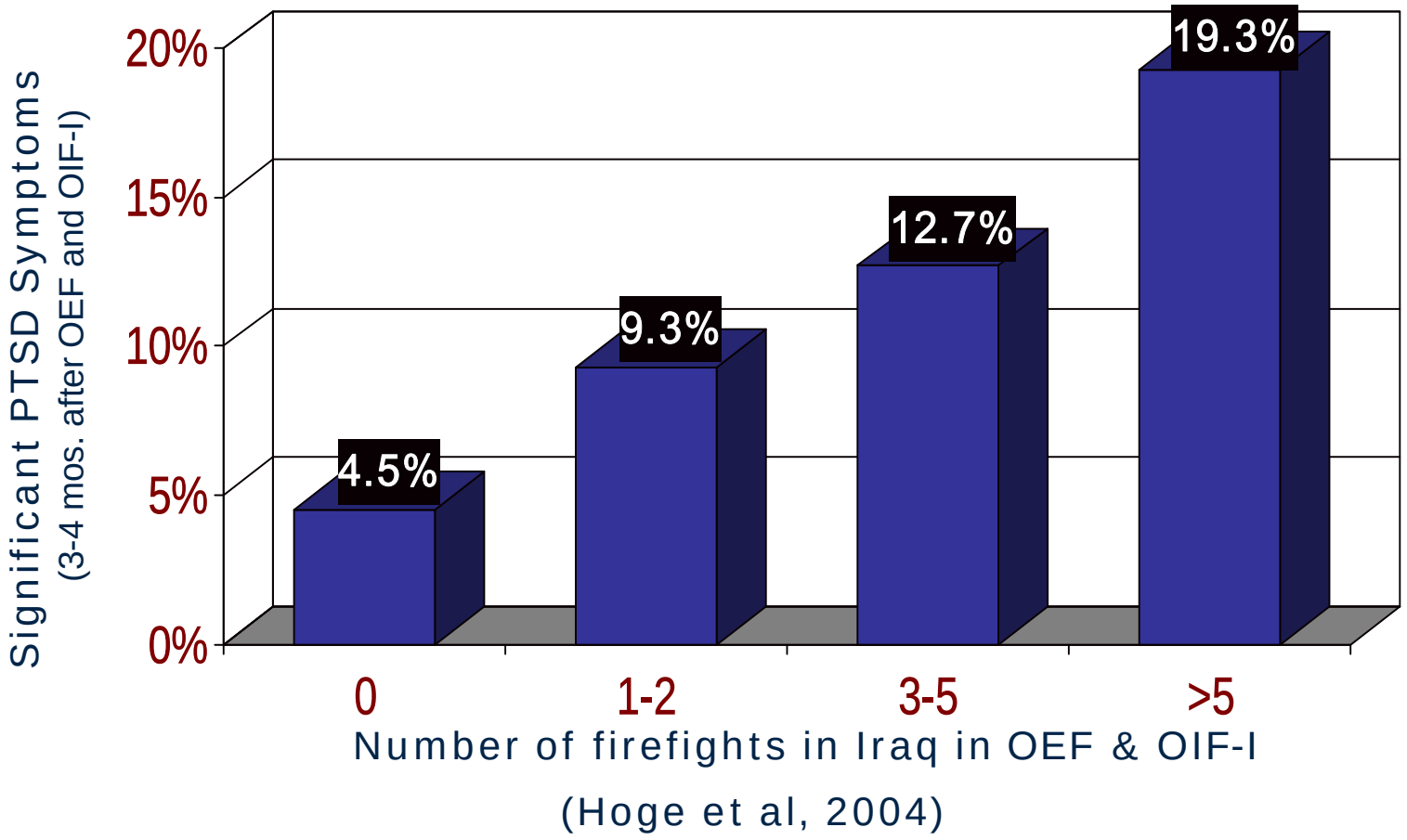
Several factors determine who develops PTSD

- Genes, past exposure, intensity, and degree of current exposure

The brain's "alarm circuit" must fire in the situation

- The firing circuit determines whether the event will be engraved in memory and contribute to PTSD

The Rate of PTSD Symptoms Increases with the Amount of Combat Exposure



The myth / misconception:

"People who weren't wounded shouldn't have PTSD…"

The myth / misconception

"If PTSD were real, everyone exposed to trauma would get it…"

The reality:

Many events can be perceived as traumatic without causing physical harm

Trauma can include seeing others dying or being injured

- Watching a fellow service member die in combat

PTSD occurs within the civilian population, such as after the Sept 11th attack on the WTC:

- 20 percent of Sept. 11th rescue and recovery crews reported symptoms of PTSD [4]

Photo courtesy of the U.S. Army

Photo by Andrea Booher/FEMA News Photo

Photo courtesy of the U.S. Air Force

The myth / misconception:

"I've heard that treatment doesn't work…"

The myth / misconception

"I've heard that treatment doesn't work…"

The reality:

Several effective treatments exist with decades of research supporting their use for depression, PTSD and substance use disorders

- Psychotherapy – involves learning about the disorder and trying proven ways of making it better
- Medications – effective for managing symptoms of disorders such as Depression and PTSD

When treatment works (and it usually does), it doesn't make the national news or even the local rumor mill. Service members are much more likely to hear about the few challenging cases

The myth / misconception:

"Psychotherapy is just handholding and people complaining about their lives…."

The myth / misconception

"Psychotherapy is just handholding and people complaining about their lives…."

The reality:

Proven therapies involve hard work, not "handholding and complaining." They require:

- Regular homework assignments
- Learning new skills & discussing challenging topics

Effective treatments for PTSD also involve regular exposure to things that trigger strong reactions

Resilience ★ Recovery ★ Reintegration

The myth / misconception:

"If you seek care for mental health, everyone in your unit will know…."

The myth / misconception

"If you seek care for mental health, everyone in your unit will know…."

The reality:

The majority of psychological health care remains confidential – health care providers only break confidentiality and contact the chain of command if a service member:

- Is suicidal or homicidal
- Has a duty restriction (i.e., cannot carry a weapon)

Greater levels of confidentiality regarding care can be found by seeing a chaplain or several other anonymous resources. These resources are described in one of your handouts.

Leaders should take steps to ensure the confidentiality of service members who seek care for psychological concerns; such action breeds trust in leadership.

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Harassment and Discrimination Against Those Who Seek Psychological Health Care

"Some leadership environments result in discriminatory and humiliating treatment of service members who responsibly seek professional services for emotional, psychological, moral, ethical or spiritual matters."
–DoD Task Force on Suicide (2010)

Harassment — **Behavior intended to disturb or upset service members who seek psychological health care**

Discrimination — **Prejudicial treatment of service members who seek psychological health care**

Harassment/Discrimination are clearly present in some commands.

There is no place for harassment or discrimination in our military; we have zero tolerance policies on discrimination based on gender, religion, race and psychological care!

Results of Harassment / Discrimination

All types of harassment & discrimination hurt the unit

	Sexual	Racial	Religion	Medical
Inspector General Inspections	X	X	X	X
Morale	X	X	X	X
Good Order and Discipline	X	X	X	X
Attrition of Service Members	X	X	X	X

Identifying Harassment & Discrimination

Examples of Harassment	Examples of Discrimination
▪ Negative comments about condition	▪ Unwarranted negative evaluations
▪ Calling a service member "crazy"	▪ Removed from leadership roles
▪ Implying they are malingering	▪ Assigned to tasks below one's rank
▪ Negative comments about “not being tough enough,” “non-hacker,” etc	▪ Blocked from promotion, not recommended for promotion due to psychological health

What Does NOT Constitute Discrimination?

- Effects of adverse incidents on careers
  - While service members cannot be blocked from promotion due to having PTSD or depression; incidents such as DUIs, spousal abuse or insubordination can and will affect their careers
    - Because many service members delay getting help until they have an adverse event (DUI, domestic violence, insubordination, etc), they tend to have negative incidents reported on their records
  - Unfortunately, the story gets passed around as “Sergeant Jones saw psych, and now he isn’t getting that platoon sergeant position…”
    - This contributes to belief that members who seek care don’t get promoted---in many cases the damage was done BEFORE they decided to come in for care!!

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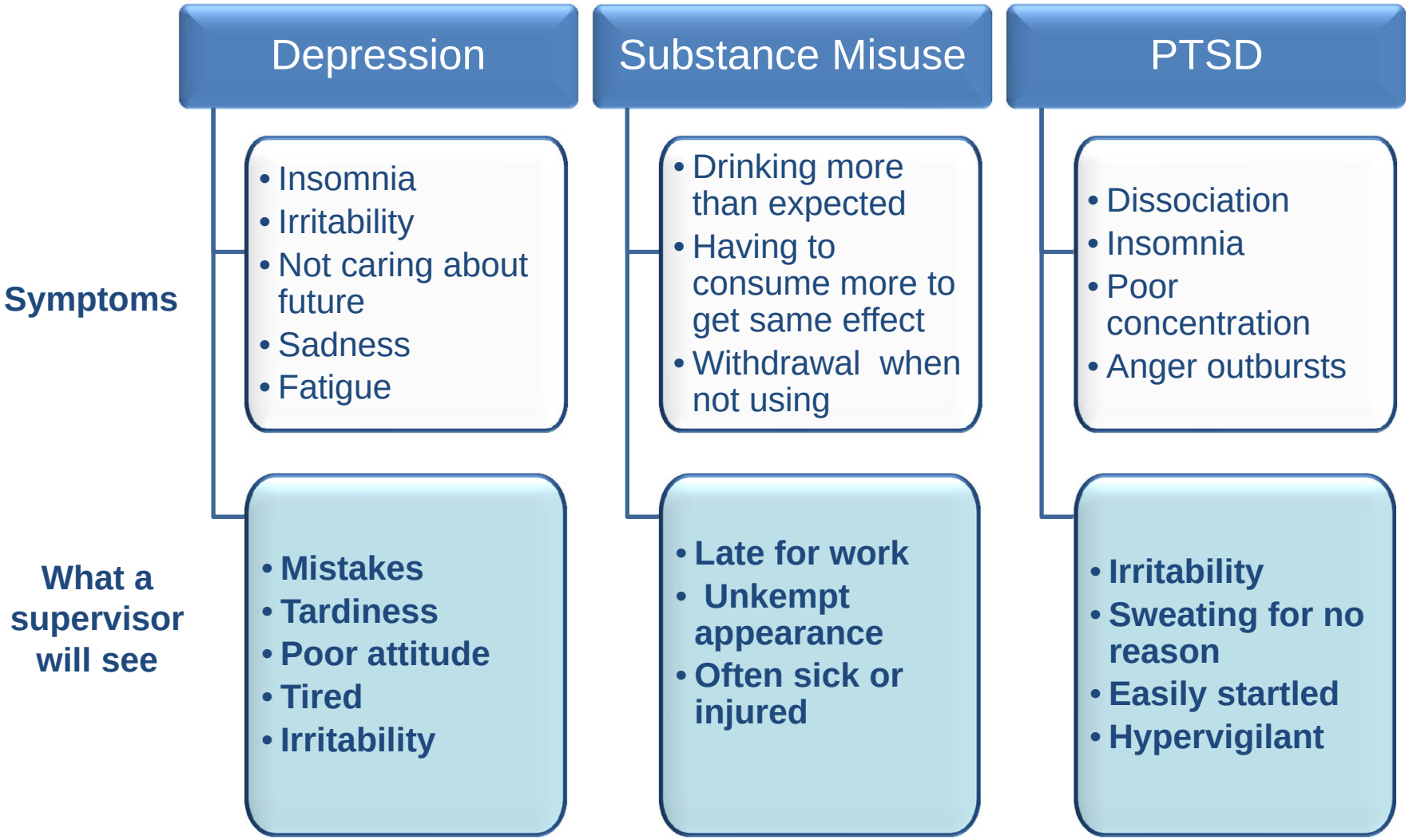
What to Look for in Your Service Members



Encouraging Service Members to Seek Treatment

- Discuss the risks and benefits
  - Career and relationships can suffer if they delay
  - Disorder can get worse, taking longer to recover
  - Seeking help is a sign of strength
- For members who are hesitant to seek care
  - Encourage use of anonymous resources
  - Encourage to see chaplain first
- Show support for service member and assure them that seeking care will strengthen their career
  - Help service member get to the appropriate health care provider

Knowing the Leader's Role in Reducing Stigma

- Recognize harassment & discrimination due to psychological health conditions
- Act to reduce these behaviors in your unit
- Recognize psychological health issues and get your service members help before its too late
- Recognize that if you have psychological health issues you should seek care and set an example for your subordinates

Addressing Harassment or Discrimination in Your Unit

Between two or more peers

EVENT: Cpl. Jones has symptoms of PTSD and is responsibly seeking care. Other squad members have been giving him flack for seeking care.

ACTION: Inform them of the zero tolerance policy on any form of harassment. This includes harassment based on medical conditions. Advise them to stop the harassment.

FOLLOW-UP: Monitor the situation and if it does not stop, take the issue up the chain of command for administrative action.

Addressing Harassment or Discrimination in Your Unit

Fellow NCO or junior officer is making harassing comments or actions

EVENT: Staff Sgt. Jimenez tells Cpl. Jones that going to therapy is a waste of time and implies that he is malingering.

ACTION: Pull Staff Sgt. Jimenez aside and inform him of the zero tolerance policy on any form of harassment.

FOLLOW-UP: Monitor the situation and if it does not stop, take the issue up the chain of command for administrative action.

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Knowing the Resources for Treatment-Anonymous Resources

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For Psychological Health & Traumatic Brain Injury

DCoE Outreach Center

DoD/VA Suicide Outreach
Resources for Suicide Prevention

SuicideOutreach.org

afterdeployment.org

Afterdeployment.org

Military OneSource.com
1-800-342-9647

Military OneSource

BEHAVIORAL HEALTH PORTAL
EMOTIONAL & MENTAL HEALTH CONNECTIONS

Tri-Care Assistance Program

Resilience ★ Recovery ★ Reintegration

Knowing the Resources for Treatment-Command Resources

- Military chaplains
  - Discussions do not go in medical record-entirely confidential
  - Do not make any diagnosis, but can refer for treatment if the service member is willing
  - A good first step if service members have questions but want to talk “off the record”

- Military treatment facility (MTF)
  - Primary care manager & behavioral health care providers
    - Diagnosis will appear in medical record
    - Confidential unless member is a danger to themselves or others, or if chain of command has to know about a duty restriction

Resources and Contacts

Afterdeployment.org	www.afterdeployment.org
Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury	www.dcoe.health.mil
DoD/VA Suicide Outreach	www.suicideoutreach.org
Deployment Health Clinical Center	www.pdhealth.mil
Military OneSource	www.militaryonesource.com
Real Warriors	www.realwarriors.net
National Suicide Prevention Lifeline	http://www.suicidepreventionlifeline.org/

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