

GAO Highlights

Highlights of [GAO-16-404](#), a report to congressional committees

Why GAO Did This Study

A 2010 DOD task force on suicide prevention concluded that stigma—the negative attitudes and beliefs about mental illness and related care—interferes with willingness to seek mental health care in the military. In August 2012, the President identified mental health care for servicemembers as a high priority. The National Defense Authorization Act for Fiscal Year 2015 included a provision for GAO to assess the perception of the impact of mental health care stigma. This report examines (1) military servicemembers' and deployed civilians' reported perceptions about mental health care stigma; and the extent to which DOD (2) has policies and related efforts to address mental health care stigma and (3) is positioned to measure the progress of its efforts to reduce mental health care stigma.

GAO analyzed program documentation and DOD-wide and service-specific survey results; conducted 23 non-generalizable focus groups with servicemembers and 3 with deployed civilians at six locations representing distinct and dispersed populations; and interviewed DOD and service officials.

What GAO Recommends

GAO is making 7 recommendations, including that DOD collect and monitor deployed civilians' perceptions of mental health care; clarify and update policies contributing to stigma; clearly define barriers to care understood as "stigma," and establish related goals and measures; and designate an entity to coordinate stigma reduction efforts. In written comments on a draft of this report, DOD generally agreed with all 7 recommendations.

View [GAO-16-404](#). For more information, contact Brenda S. Farrell at (202) 512-3604 or farrellb@gao.gov

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HUMAN CAPITAL

Additional Actions Needed to Enhance DOD's Efforts to Address Mental Health Care Stigma

What GAO Found

Military servicemembers' perceive that a stigma exists with seeking mental health care, but little information is known about Department of Defense (DOD) deployed civilian perceptions. GAO's analysis of the most recently available data from a DOD-wide survey found that about 37 percent of active duty servicemembers in 2011 and 39 percent of reservists in the 2010/2011 timeframe responded that they thought seeking mental health care through the military would probably or definitely damage a person's career. Military service-sponsored surveys and comments from all 26 of GAO's focus groups with servicemembers and with civilian employees of DOD who have deployed or were preparing to deploy also indicated that stigma is a concern. GAO's review of DOD-wide surveys found that none of them measure deployed civilians' perceptions of mental health care, including stigma. As of February 2016, DOD did not have a functional mechanism to identify the population of deployed civilians. DOD officials are taking actions to improve the accuracy of their data on deployed civilians, in response to a prior GAO recommendation in June 2009. Once these data are available, DOD should be in a better position to collect information and monitor deployed civilians perceptions about mental health care. Without this information, DOD cannot fully assess the organizational climate of its total workforce.

DOD has efforts underway to improve perceptions about mental health care for servicemembers and, to a comparably limited extent, deployed civilians, but has not clarified or updated certain policy provisions that may contribute to mental health care stigma. DOD officials and health care providers said that certain policies are unclear or out-of-date and limit career opportunities for individuals who have sought mental health care. A 2014 RAND Corporation report identified 203 DOD policies that may contribute to stigma. For example, an Army policy requires verification that a soldier has no record of emotional or mental instability to be eligible for recruiting duty. This policy is unclear as to what diagnoses constitute instability, and whether a servicemember responding well to treatment would be prohibited from this opportunity. Without clarifications and updates to policies, DOD will be hampered in meeting its policy goal of reducing stigma.

DOD is not well positioned to measure the progress of its mental health care stigma reduction efforts for several reasons. First, DOD has not clearly defined the barriers to care it generally understands as "mental health care stigma" and does not have related goals or performance measures to track progress. Second, GAO's review found that multiple DOD- and service-sponsored surveys that contain questions to gauge stigma use inconsistent methods, which precludes the analysis of trends over time in order to determine effectiveness of stigma reduction efforts. Finally, GAO found that responsibilities for mental health care stigma reduction are dispersed among various organizations within DOD and the services, and some information sharing is hampered. No single entity is coordinating department-wide efforts to reduce stigma. Without a clear definition for "mental healthcare stigma" with goals and measures, along with a coordinating entity to oversee program and policy efforts and data collection and analysis, DOD does not have assurance that its efforts are effective and that resources are most efficiently allocated.