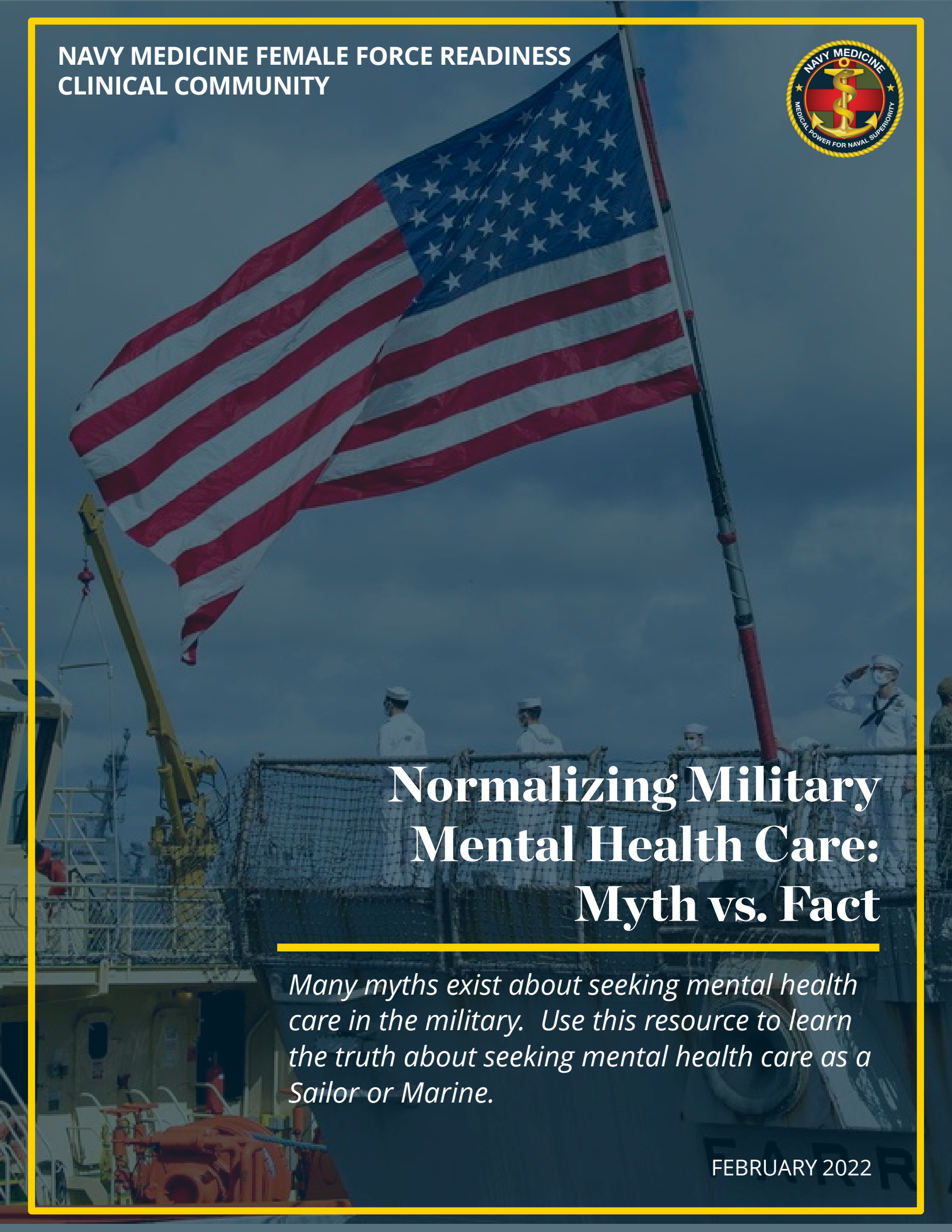

NAVY MEDICINE FEMALE FORCE READINESS CLINICAL COMMUNITY

# Normalizing Military Mental Health Care: Myth vs. Fact

*Many myths exist about seeking mental health care in the military. Use this resource to learn the truth about seeking mental health care as a Sailor or Marine.*

FEBRUARY 2022

# Resource Contents



**DISCLAIMER** | *The views presented in this resource do not reflect those of the Department of Defense and any medical information is not intended to replace advice from a professional health care provider. Any mention of specific apps or products does not indicate endorsement but is meant for an example that has worked for others.*

# Common Mental Health Symptom Myths

| MYTH | FACT |
|---|---|
| ✗ Seeking mental health treatment means **I'm weak** or **can't handle this on my own.** | ✓ You wouldn't judge someone for going to physical therapy; psychotherapy is no different. Mental health resources can provide patients with a space where they **can deepen their understanding of themselves**, **strengthen their relationships, and learn different ways to cope and manage** during stressful or transitional periods of life. You don't have to handle everything on your own. Mental health treatment exists to help you understand your decisions and allow you to make the best choices for yourself. |
| ✗ Self-care means looking after my body **physically** or just taking a bubble bath when I'm feeling down. | ✓ Self-care can encompass many aspects such as **spiritual, emotional, and physical care.** This practice helps maintain good health and can aid in preventing burnout. Some examples of self-care are writing, reading, painting, meditating, exercise, getting restorative sleep, cooking, baking, and connecting with friends and family. |
| ✗ Experiencing any symptoms of depression or anxiety means **I have a clinical diagnosis.** | ✓ Experiencing depressive or anxious symptoms is your mind's way of signaling stressful, dangerous, or unfamiliar situations. Although it can be uncomfortable or unpleasant to feel those symptoms, they have a role as a source of feedback. By taking these feelings and **using them to reflect**, they can act as a tool to better understand yourself and your situation in life. |
| ✗ Stress is always a **bad thing.** | ✓ Stress is defined by the way you **respond to challenges or demand in your life**, both physically and mentally. Stress can be an indicator of danger, such as in combat or other flight or fight situations. By understanding our response to stressful situations, new or altered responses may be developed and strengthened. |
| ✗ If I'm not always happy, there must be something **"wrong with me."** | ✓ Many things in life can trigger or cause negative feelings of unhappiness. **It is not wrong to feel this way** and can allow for reflective thought and can also be a source of motivation for change. |

# Career Implications and Privacy Myths

| MYTH | FACT |
| --- | --- |
| ✗ My command will know **all of my business** if I go to mental health. | ✓ Commanders **cannot access your mental health care information** without meeting certain criteria and are prohibited from simply going on a "fishing expedition."<br><br>Department of Defense Instruction (DoDI) 6490.08 (Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members) lists situations in which an exception to confidentiality must be made and the command notified. **The mental health care provider will only share this information with the Commanding Officer or someone the Commanding Officer has designated in writing to receive such information**. In situations where command notification is required, mental health providers will share the minimum amount of information necessary with the Commanding Officer or designated person. This may include prognosis, fitness for duty concerns, etc. Other members of the command should only be given access to this information, via the Commanding Officer or designated person, on a need-to-know basis, such as when the information impacts official duties. For details about what information may be disclosed, **please consult with chain-of-command or talk with your provider.** |
| ✗ Seeking, reporting, or receiving mental health treatment will **negatively impact** my ability to receive a security clearance. | ✓ It is **extremely rare** to have a security clearance denied or revoked solely on the basis of reporting mental health conditions or receiving treatment.<br><br>An analysis of security clearance adjudications over a six year period found that 85,000 people had their security clearances revoked or denied, and of those only **145 (0.002%) were denied due to mental health reasons**.<br><br>*FACTs for this myth are continued on the following page* |

# Career Implications and Privacy Myths (Cont.)

| MYTH | FACT |
|---|---|
| ✗ Seeking, reporting, or receiving mental health treatment will **negatively impact** my ability to receive a security clearance. | ✓ *Continued from previous page.*<br>You can say "no" to having received behavioral health treatment on the SF 86 if it includes the following:<br>• Strictly for marital, family, or grief issues not related to violence by you.<br>• Strictly related to adjustments from service in a military combat environment.<br>• Strictly related to being a sexual assault victim.<br>This would **include marital counseling, family therapy, grief counseling, and any "adjustments" in a combat environment**, which includes PTSD diagnosis if it is combat-operational related. |
| ✗ I will **not be able to deploy** if I seek mental health care, list a mental health concern on an assessment, or have a mental health diagnosis | ✓ Although some serious diagnoses may limit deployability, most mental health conditions **do not.**<br>DoDI 6490.07 and clinical practice guidance lists the various mental health concerns that may prevent a service member from deploying. This policy states that you should be able to deploy if:<br>• You've **demonstrated stability** for at least three months.<br>• Your **medications have been unchanged** for at least three months and are also available to you while deployed .<br>• You **will not need routine evacuation** out of theater for continuing diagnoses or evaluations for the period of deployment.<br>* **Exact guidance varies.** Please verify policies within your specific command.<br>You will be screened for mental health concerns prior to deployment, but in most cases disclosing mental health symptoms on the Pre-Deployment Health Assessment won't prevent you from deploying. **If there are concerns, you will have an opportunity to talk to a mental health provider** before any determination is made regarding your ability to deploy. |

# Career Implications and Privacy Myths (Cont.)

| MYTH | FACT |
| --- | --- |
| ✗ If I go to mental health, I'll get **kicked out** or **medically separated**. | ✓ The vast majority of service members who seek mental health care are able to **continue serving**. As with any medical condition, you will only be considered for limited duty, a medical evaluation board, or administrative discharge if the condition is severe enough to impact your ability to perform your job after a period of treatment.<br><br>Studies done by the Defense Health Agency show that around **20% of active duty service members are diagnosed with mental health disorders every year**. However, **less than 1% of service members** are diagnosed with mental health disorders that are generally considered not eligible for retention.<br><br>There are a few mental health disorders that may require a service member to undergo a medical evaluation board. Most often, a service member who is suffering from a serious mental health disorder will be **placed on a period of limited duty**, which allows them to engage in treatment before a medical separation is considered.<br><br>If you are being recommended for a medical board and one or more of your diagnoses are related to mental health, **the review must include a mental health evaluation** and be signed by at least one psychiatrist or psychologist. |

Reference: https://www.pdhealth.mil/sites/default/files/images/mental-health-disorder-prevalence-among-active-duty-service-members-508.pdf

# Disclosure of Treatment to Command

## Criteria for Commanding Officer's Notification of Mental Health Care Treatment

**HARM TO SELF:** The provider believes there is a serious risk of self-harm by the service member either as a result of the condition itself or medical treatment of the condition.

**HARM TO OTHERS:** The provider believes there is a serious risk of harm to others either as a result of the condition itself or medical treatment of the condition. This includes any disclosures concerning child abuse or domestic violence consistent with DoD Instruction 6400.06.

**HARM TO MISSION:** The provider believes there is a serious risk of harm to a specific military operational mission. Such serious risk may include disorders that significantly impact impulsivity, insight, reliability, and judgment.

**SPECIAL PERSONNEL:** The service member is in the Personnel Reliability Program as described in DoD Instruction 5210.42 or is in a position that has been pre-identified by service regulation or the command as having mission responsibilities of such potential sensitivity or urgency that normal notification standards would significantly risk mission accomplishment.

**INPATIENT CARE:** The service member is admitted or discharged from an inpatient mental health or substance abuse treatment facility, as these are considered critical points in treatment and support nationally recognized patient safety standards.

**ACUTE MEDICAL CONDITIONS INTERFERING WITH DUTY:** The service member is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs the service member's ability to perform assigned duties.

**SUBSTANCE ABUSE TREATMENT PROGRAM:** The service member has entered into, or is being discharged from, a formal outpatient or inpatient treatment program consistent with DoD Instruction 1010.6 for the treatment of substance abuse or dependence.

**COMMAND-DIRECTED MENTAL HEALTH EVALUATION:** The mental health services are obtained as a result of a command-directed mental health evaluation consistent with DoD Directive 6490.1.

**OTHER SPECIAL CIRCUMSTANCES:** The notification is based on other special circumstances in which proper execution of the military mission outweighs the interests served by avoiding notification, as determined on a case-by-case basis by a health care provider (or other authorized official of the medical treatment facility involved) at the O-6 or equivalent level or above or a Commanding Officer.

# Suicide Myths

*The goal of Navy Suicide Prevention is to reduce suicides by developing resilient Sailors, supporting help-seeking behaviors, and bettering identifying and supporting those in need. Many suicide-related myths continue to affect the decision of service members to seek help for these issues.*

| MYTH | FACT |
|---|---|
| ✗ Deployment **increases military suicide risk.** | ✓ Several studies have shown that being deployed is **not associated** with increased suicide risk among service members. |
| ✗ The majority of service members who die by suicide **had a mental illness**. | ✓ The majority of service members who die by suicide **were not diagnosed** with mental illness. |
| ✗ Talking about suicide will **lead to and encourage suicide**. | ✓ Talking about suicide provides people with an opportunity to **express thoughts and feelings** about something they may be keeping secret, and/or obtain help and support. |
| ✗ The military suicide rate is **higher** than the U.S. general population. | ✓ Suicide rates are **roughly equivalent for all Components**, except the National Guard, after controlling for age and sex (CY 2018). |
| ✗ If a service member mentions suicide, she will be **removed from her unit.** | ✓ Many resources are available to assist service members in seeking help, and based on input from the treatment team, there are **options for remaining fit for full duty while receiving care**. See "Mental Health Treatment Options" for more guidance. |

# Mental Health Treatment Myths

| MYTH | FACT |
|---|---|
| ✗ My command can tell me I **can't go to an appointment** or have to reschedule it. | ✓ It is important to **prioritize your health** and you should feel comfortable scheduling an appointment. A scheduled medical appointment is typically accepted as your assigned place of duty. If a routinely recurring appointment conflicts with the mission and is made without approval from the chain-of-command (COC), it is possible that COC may ask you to reschedule. For urgent care needs, **access to care should be prioritized** and command personnel may need to get involved to ensure care is prioritized. |
| ✗ I'll have to **wait forever** for an appointment to see a provider. | ✓ Appointment wait times vary by location. Often, resources such as Military One Source and Military and Family Life Counselors can provide quicker access to care, meaning **you do not have to wait as long to see someone**.<br><br>Start the process early and speak with your Independent Duty Corpsman (IDC) or Primary Care Manager (PCM) if you are not receiving updates about your appointments. |
| ✗ Going to mental health will **fix** me. | ✓ Therapy is not something a therapist does to you (like many other medical procedures); it's **something that is done with you**—a collaborative process involving two people. As the patient, you are the expert on your inner experience – feelings, values, and priorities. Your therapist is the expert on helping people explore their inner experience. |
| ✗ I should only seek help **when I have a problem**, rather than seeking ways to prevent these issues from becoming worse. | ✓ Just as you shouldn't wait to prepare for the PRT until the week of the event, **don't push off caring for your mental health** needs until it has become a problem. By committing to ongoing self-care and recognizing early warning signs, you can take important steps to keep yourself mentally healthy. Seeking mental health treatment is just one step in this process. |

# Mental Health Treatment Options

*Though options for treatment may vary according to your local installation's resources, below are common options in the military health system.*

| Resource | Referral | Health Record |
|---|---|---|
| **CHAPLAIN:** In addition to offering spiritual guidance, chaplains in military units and commands are trained counselors who are attuned to military life. Many military members find a level of comfort and camaraderie in talking with a chaplain who offers 100% confidential assistance and referral services for concerns that require additional help. | **NO** referral needed | **NOT** documented in medical records |
| **NON-MEDICAL COUNSELING PROGRAMS:** These programs provide confidential, short-term counseling with a licensed provider who possess an advanced degrees in a mental health field. These services are designed to address a variety of issues, including marital stress, adjustment issues, improving relationships at home and work, stress management, parenting, and grief and loss issues. The three primary resources for non-medical counseling services are Military OneSource, Military and Family Life Counseling Program, and Fleet and Family Support Center. These resources also offer classes on life skills such as finances, stress, coping skills, and couples counseling. Non-medical counseling services are available face-to-face, by telephone, online, and video. | **NO** referral needed | **NOT** documented in medical records |
| **THE FAMILY ADVOCACY PROGRAM (FAP):** The FAP is a supportive resource for service members and their families. The program provides support and resources to help families develop and sustain healthy, strong relationships. They can provide individual, couples, or family counseling, as well as support groups and other resources. The FAP also assesses, refers, and provides counseling for families experiencing domestic violence or child abuse and will also refer at-risk individuals for other immediate professional, medical mental health treatment. | **NO** referral needed | **NOT** documented in medical records |

# Mental Health Treatment Options (Cont.)

| Resource | Referral | Health Record |
|---|---|---|
| **IDC OR SENIOR MEDICAL OFFICER (SMO):** Your Command "Doc" can place referrals to mental health specialists and handle medication management for most mental health concerns. Discussions with an IDC, SMO, or battalion (BN) surgeon are documented in a service member's health record, and they may communicate with the Commanding Officer and other medical providers. | **NO** referral needed | **Documented** in medical records |
| **EMBEDDED MENTAL HEALTH (eMH):** Mental health professionals supporting your Command can evaluate and treat mental disorders with therapy and medications and make military duty determinations. Embedded Mental Health specialists may communicate with the Commanding Officer and other medical providers. | **Varies;** speak with your doctor or PCM to clarify | **Documented** in medical records |
| **LOCAL MENTAL HEALTH CLINIC:** Most mental health clinics in military treatment facilities are available to take self-referrals. Call your local clinic to determine their referral process or schedule an appointment. Clinics are staffed with both uniformed and civilian psychiatrists, psychologists, and other therapy and medication providers who are all well versed in treating service members. | **Varies**; call your local clinic to see if you can self-refer | **Documented** in medical records |
| **MILITARY TREATMENT FACILITIES (MTF):** Your primary care manager can refer you to appropriate counseling through a MTF in your area. MTFs offer emergency room and inpatient psychiatry services, group treatment, Substance Abuse Rehabilitation Programs (SARP), and comprehensive care. MTFs can make military duty determinations and may communicate with the Commanding Officer and other medical providers. | **Varies;** speak with your doctor or PCM to clarify | **Documented** in medical records |

# Mental Health Treatment Options (Cont.)

| Resource | Referral | Health Record |
|---|---|---|
| **TRICARE NETWORK:** Therapy services may also be available through TRICARE. Your primary care manager can refer you to appropriate counseling through a network provider in your area. If you are using TRICARE, make sure you understand what services will be covered and what co-pays you may be responsible for. A network provider cannot make duty determinations and must include notes in the service member's military health record. | Referral **needed** | **Documented** in medical records |
| **EMERGENCY ROOM:** Emergency Room services are not intended for routine access to mental health care, but for service members that are a danger to themselves, others, or that are gravely disabled. | **NO** referral needed | **Documented** in medical records |
| **INTERNAL BEHAVIORAL HEALTH CONSULTANTS (IBHCs):** IBHCs are behavioral health providers integrated into primary care clinics who provide care for a wide range of behavioral health conditions, chronic medical problems, and adverse health behaviors as part of the Primary Care Behavioral Health Program. | Referral **needed** | **Documented** in medical records |

**REMEMBER!**

Seeking help ***early*** and ***often*** prevents needing a higher level of care and impact to career. ***Taking care of your mental health takes courage*** and is a ***sign of strength***!

# Relevant Policies

## Relevant Policies

- DoDI 6490.04 Mental Health Evaluations of Members of the Military Services (2013)
- DoDI 6490.08 Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members (2011)
- DoDI 6025.18 Privacy of Individually Identifiable Health Information in DoD Health Care Programs (2019)
- DoDI 1332.14-Enlisted Administrative Separations (2021)
- DoDI 1332.18 –Disability Evaluation System (2018)
- DoDI 6130.03 V2-Medical Standards for Military Service: Retention (2020)