



INSIDE THIS ISSUE

PG. 2

From the Desk of the Director,
Deputy Director, and Chaplain

PG. 3

What is Stigma and Stigma
Reduction in The Military

PG. 4

Talking Points and References

PSYCHOLOGICAL HEALTH PROGRAM

WHO ARE WE?

An Army Reserve specific program who understands the stressors of the Army Reserve Soldiers' responsibilities of balancing a civilian job, school, family, work, and being a soldier.

The Psychological Health Program (PHP), run by USARC's Surgeon Directorate, has points of contacts in each Readiness Division ready to assist all levels of the USAR.

To achieve and sustain the most resilient and mentally fit Reserve force in the Nation. We will accomplish this by facilitating behavioral health services for Soldiers and family members who need them. Assist operational leadership through Command consultation, preserving unit cohesion through traumatic event management, and developing enduring partnerships with sister organizations.

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FROM THE DESK OF THE DIRECTOR

COL LEANNA BROWN

As the weather begins changing, and we welcome warmer weather, let us take a moment to talk about Mental Health. May was mental health awareness month. The reality is that people live with mental illness every day of the year. We would like to take this issue of the newsletter to raise awareness about mental health and simple ways we can break the stigma.

For years, we have been told there is a mental health stigma in the Army. With the USAR being part of this system, we must wonder why? I challenge each one of you to take a step back and ask yourself "how can I break the stigma as an individual?"

The USAR Psychological Health Program (PHP) is here to help the Soldier, their family, and commands move forward in their life without Stigma related to mental health. Please reach out with any questions, scenarios, or resources. Our team looks forward to working with all of you and stay tuned for routine psychoeducation, updates, and resources on mental health.



FROM THE DESK OF THE DEPUTY DIRECTOR

CPT DAWN WESTMORELAND

Asking for help can be hard and sometimes we don't know something is going on until it is too late. As a leader and as a soldier I have had to become more self-aware, empathetic of generational differences, and realizing we all come from different backgrounds. These differences are what shaped us into who we are today.

When we discuss breaking the stigma, the first step is to understand a stigma exists whether we have experienced it or not. I can tell you all from experience, asking for help is one of the hardest things I have had to do. Admitting something is going on is not always easy, but with the right support and resources in place, I believe it can be empowering and liberating.

Understandably, not everyone will know what to do when a mental health situation arises. Please know PHP is here to help navigate it and to find the support and resources needed to care for ourselves, our soldiers, and their families.

FROM THE DESK OF THE CHAPLAIN

General George C Marshall, Army Chief of Staff during World War 2 said, "The Soldier's heart, the Soldier's spirit, the Soldier's soul are everything." Since 1775, US Army Chaplains have been charged with caring for the soul of the Army. Consider how your soul and your mental health are interconnected, because you are a whole person! A strong heart, a strong spirit, and a strong soul are the base on which your being rests. If your spirit and soul are strong, even if you are struggling in other areas, you will have a strong foundation to sustain you. The Unit Ministry Team, Chaplain and Religious Affairs Specialist can be one of your primary resources for support.

First, all chaplains have been trained to provide pastoral counseling and care. Your chaplain is there to support you regardless of whether you are religious or not, and regardless of what your religious background might be. Next, counseling and care you receive from the chaplain are 100% confidential. That means whatever you discuss with your chaplain will stay between you, and your chaplain. Your unit ministry team is a safe space to go talk things through, and receive support, hope and encouragement. Additionally, Chaplains serve as part of a large interdisciplinary care team. Depending on your individual situation, and with your permission, your chaplain can link you to other chaplains who have specialized expertise or more closely represents your faith background. The unit ministry team can also help connect you with community resources, our colleagues in the Psychological Health Program, and many others. Finally, your chaplains will offer training in assorted topics to enhance your relationships, strengthen your spirit, and connect you with people helping you to build community. Take advantage of these programs!

Now it is hard to believe, but Chaplains cannot read minds. If you are hurting, going through some things, or are just confused and need a place to talk, please be courageous and reach out. If you don't know who your Chaplain is, please be sure to ask your leaders, or contact the Chaplain's office at USARC we can connect you to your unit chaplain.

<https://www.usar.army.mil/Chaplain/>

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STIGMA

WHAT IS STIGMA?

According to Kaplan (2019), “Stigma is associated with negative attitudes about psychological health care and poses a significant barrier to seeking help, engaging in care, and completing psychological health treatment.” Stigma can present in different ways, such as avoiding the individual because they are thought to be unstable or making negative remarks about their mental illness or your treatment (Mayo Clinic, 2022). Stigma present in the military is grounded in military culture and directly linked to service members trying to handle problems on one’s own (Kaplan, 2019). Research suggests those in the military who report behavioral health concerns are more likely to perceive and anticipate stigma resulting in negative outcomes for seeking care and possible harm to their career (Kaplan, 2019).

There are several types of stigma: self-stigma (internalized stigma), perceived public stigma, and attitudes toward help seeking (Kaplan, 2019). Self-stigma is defined, according to the APA (2020), as “the negative attitudes, including internalized shame, that people with mental illness have about their own condition.” Public stigma on the other hand is the discriminatory or negative attitude others have with mental illness (APA, 2020). When dealing with attitudes toward help seeking there is a discernment regarding the need for help, openness regarding one’s own problems, and confidence that help will be useful (Kaplan, 2019). Stigma also exists across different cultures resulting in a barrier to seeking mental health. According to APA (2020), “in some Asian cultures, seeking professional help for mental illness may be counter to cultural values of strong family, emotional restraint and avoiding shame. Among some groups, including the African American communities, distrust of the mental healthcare system can also be a barrier to seeking help.”

Stigma and discrimination are harmful, can worsen symptoms of mental illness, and will reduce the likelihood of seeking treatment. Effects of stigma can include increased psychiatric symptoms, difficulties with social relationships, more difficulties at work, lower self-esteem, reduction in hope, and decrease in the likelihood of staying in treatment (APA, 2020).

STIGMA REDUCTION IN THE MILITARY

HOW CAN YOU BREAK THE STIGMA?

According to the ANA (2020), The following can help reduce the stigma of mental illness:

- **Talk openly** about mental health, such as sharing on social media.
- **Educate yourself and others** – respond to misperceptions or negative comments by sharing facts and experiences.
- **Be conscious of language** – remind people that words matter.
- **Encourage equality** between physical and mental illness – draw comparisons to how they would treat someone with cancer or diabetes.
- **Show compassion** for those with mental illness.
- **Be honest about treatment** – normalize mental health treatment, just like other health care treatment.
- **Let people know** when they are using stigmatizing language presenting stories of mental illness in a stigmatizing way.
- **Choose empowerment** over shame

Other considerations to reduce stigma among military personnel:

- **Address career concerns** by highlighting seeking treatment early can reduce negative career impact, self-referring for treatment can decrease their duty limitations, and disclosing mental health treatment can favorably impact one’s ability to gain or retain their security clearance (Kaplan, 2019).



HOW DO WE STOP STIGMA?

Try these simple tips for talking.

DO SAY

- "Thanks for opening up to me."
- "Is there anything I can do to help?"
- "I'm sorry to hear that. It must be tough."
- "I'm here for you when you need me."
- "I can't imagine what you're going through."
- "People do get better."
- "Oh man, that sucks."
- "Can I drive you to an appointment?"
- "How are you feeling today?"
- "I love you."



DON'T SAY

- "It could be worse."
- "Just deal with it."
- "Snap out of it."
- "Everyone feels that way sometimes."
- "You may have brought this on yourself."
- "We've all been there."
- "You've got to pull yourself together."
- "Maybe try thinking happier thoughts."

REFERENCES

- American Psychiatric Association [APA] (2020). Stigma, prejudice and discrimination against people with mental illness. Retrieved from [https://www.psychiatry.org/patients-families/stigma-and-discrimination#:~:text=Self %2Dstigma %20refers%20to%20the](https://www.psychiatry.org/patients-families/stigma-and-discrimination#:~:text=Self%2Dstigma%20refers%20to%20the)
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