



THE AIR UNIVERSITY



Think Tank Presentation:
Facilitating Mental Wellness By Targeting Stigma

Squadron Officer School, Class 13E



BLUF



We provide three recommendations to target mental health stigma and two mental health resource improvements. We ask that you consider implementation within AETC and advocate for them Air Force wide.



Overview



- What, Why, How?
- Self-Referrals
- Stigma Process
- CGO Beliefs
- Objective
- Recommendations
- Way Ahead



Research Questions



- How does the Air Force mission, culture, or structure influence mental health care?
- How does the Air Force encourage Airmen to acknowledge when “something’s wrong” and self-refer to a mental health professional?
- What stigmas do CGOs perceive are associated with mental health diagnoses, and what can the AF do to ensure Airmen provide honest feedback?



What, Why, How?



*Many Airmen are dealing with mental health issues but
are not seeking help*

*A stigma exists that prevents Airmen from seeking
mental health services*

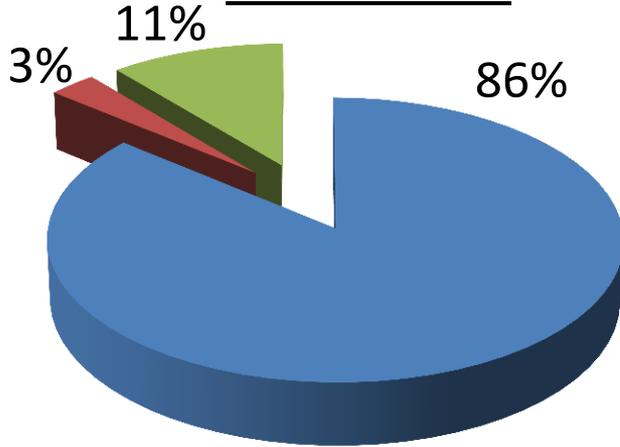
*Our goal is to reduce stigma through increased
mental health exposure, training, and education*



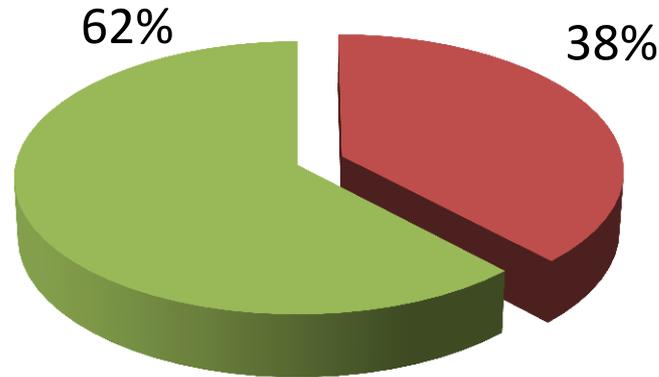
Impact of Self-Referrals



Self-Referred



Commander-Directed



- No Action
- Negative Impact
- CC Notification

Rowan & Campise, 2006

OPTIMAL

- Peak performance
- Positive outlook
- Sense of purpose
- Embraces challenges

REACTING

- Irritability
- Trouble sleeping
- Inability to relax
- Problem concentrating

INJURED

- Feelings of guilt
- Decreased energy
- Loss of interest
- Social isolation

ILL

- Depression and anxiety
- Anger and aggression
- Danger to self or others
- Mission Ineffective

Defense Centers of Excellence



Stigma Process



Labeling

Stereotyping

Separation

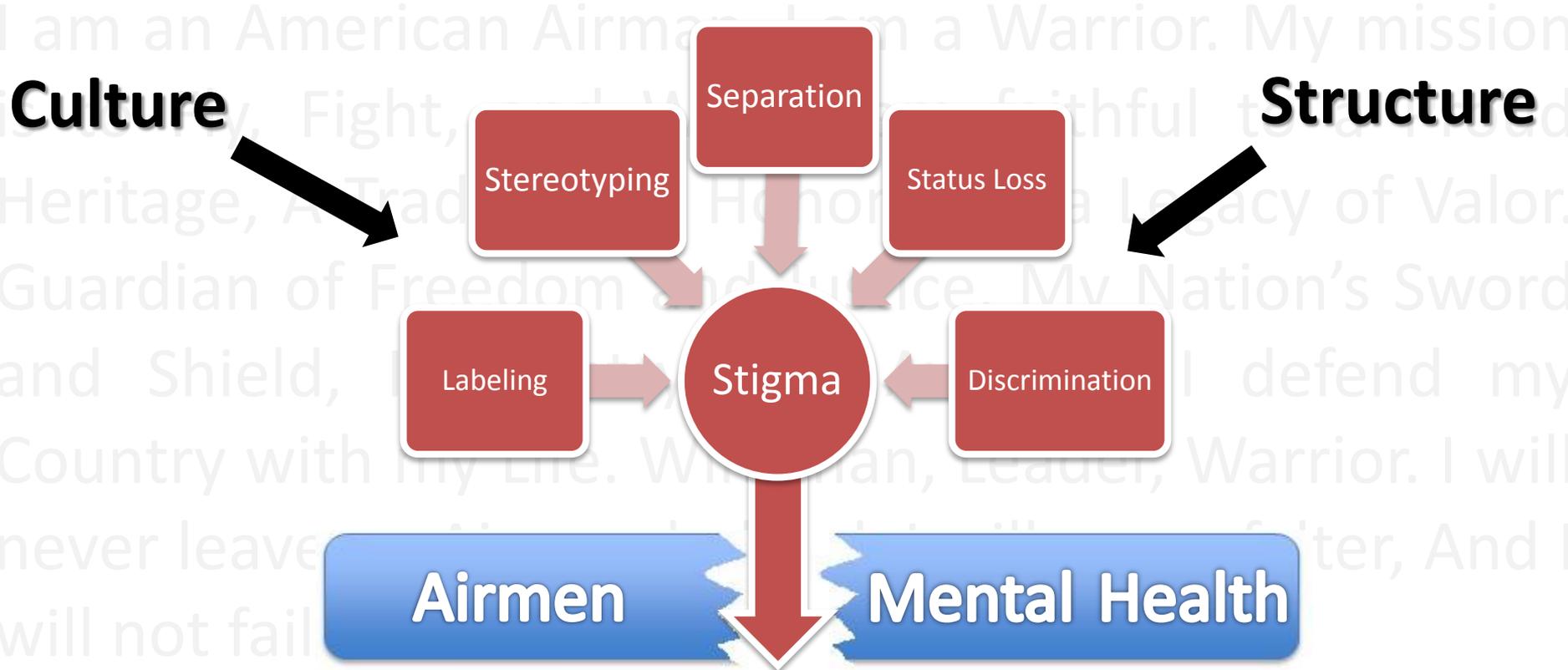
Status Loss

Discrimination

Link & Phelan, 2001



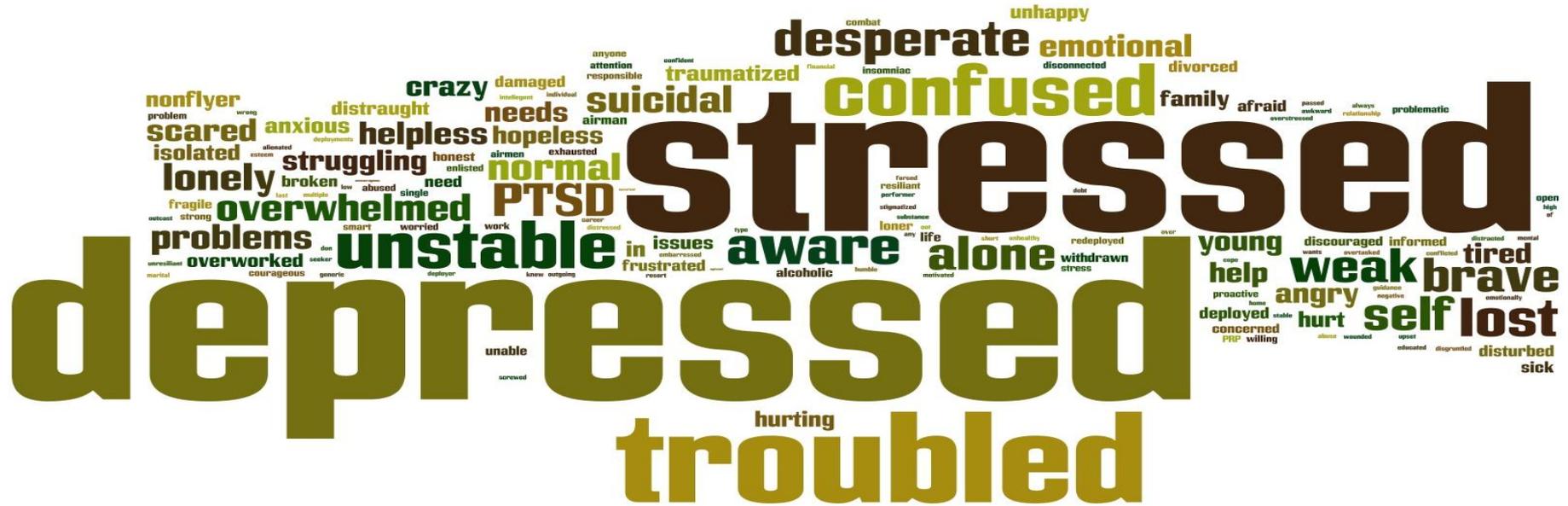
Our Stigma Model





What CGOs Believe

“In three words, describe the generic individual that seeks mental health services.”



Word size is proportional to the number of responses.



What CGOs Believe



Of respondents at SOS 13E, the following said these factors might inhibit a CGO from seeking mental health...

85.8% say it will hurt their careers



70.4% believe commanders will treat them differently

67.5% think their unit will lose confidence in them



Objective



Increase *Exposure*



Reduce *Stigma*



Increase Early *Self-Referrals*



Recommendations



Annual Mental Health Check Ups

- Face to Face
- Incorporate into PHA process

Education & Training Curriculum

- CC mental wellness training
- Resources, mental health science
- Senior leader & Real Warrior examples

Fourth Core Value

- Emphasize that our greatest asset is Airmen
- “Every Airman Counts,” “Stronger Together”

Labeling

Stereotyping

Separation

Status Loss

Discrimination



Recommendations



Resiliency Portal

- Consolidate resources
- Make available for family members

Anonymous Wingman Program

- 24 hour, confidential, sounding board
- Volunteer based, peer-to-peer



Way Ahead



We have shown a stigma exists that prevents Airmen from seeking mental health services

We recommend increased exposure through annual assessments, training, education, and enhanced resources to break the stigma cycle and increase self referrals



Estimated Annual Cost Increase



Alternative 1

- \$6.6M Contract
- 160 Mental Health Technicians

Alternative 2

- \$9.4M Contract
- 115 Mental Health Technicians
- 76 Clinical Social Workers

Alternative 3

- \$11.4M Contract
- 115 Mental Health Technicians
- 38 Clinical Social Workers
- 38 Psychologists

Average Salaries: Mental Health Technician \$32K, Clinical Social Worker \$47K, Psychologist \$87K
Approximately 1 additional Mental Health Professional for every 2000 Active Duty Airmen



Assumptions for Cost Estimate



Position Information:

Yearly Contracted Hrs per Position (hrs)	1920
Clinical to Administrative Time Ratio	0.75
Position Hrs of Clinical Time per Yr (hrs)	1440
Average Appointment Time (min)	30
Appointments a Yr Per Position	2880
Number of Active Duty	329,489
Position Needed a Yr	115
Partial Manpower Requirement Buffer	45
Additional Positions	160

	<u>COA 1:</u> MHTs to meet AF-wide Requirement	<u>COA 2:</u> Combination of MHTs with an add'l Social Worker per MTF	<u>COA 3:</u> Combination of MHTs with a mix of add'l Social Workers and Psychologists per MTF
Avg Salary of Mental Health Tech	\$32,000.00	\$32,000.00	\$32,000.00
Mental Health Tech Positions	160	115	115
Avg Salary of Social Worker		\$47,000.00	\$47,000.00
Social Worker Positions		76	38
Avg Salary of Psychologist			\$87,000.00
Psychologist Positions			38
Contracting Fee	30%	30%	30%
Total Cost	\$6,656,000.00	\$9,427,600.00	\$11,403,600.00



Other Branches



Comprehensive Soldier Fitness

- Focused at local levels
- Integrates SAPR, hazing, substance abuse, etc.
- Seeks to reduce stigma, increase awareness, & improve intervention
- Many online resources

21st Century Sailor

- New Organization to open January 2014
- Includes EO; Sailor & family readiness; Sailor Total Fitness; substance abuse, suicide, & hazing prevention; SAPR; transition assistance

Marine Programs

- Focused on life skills, leadership, risk management, casualty reporting, trends, etc.
- “Dstressline”, Small classroom curriculum
- Citations available for seeking help or preventing a suicide
- Families OverComing Under Stress (FOCUS)



Civilian Core Values



Build a Positive Team and Family Spirit



We Support Team Member Happiness and Excellence



Family is a value that permeates every level of our organization as a philosophy, an attitude, a way of life



Respect for People – We value our people, encourage their development and reward their performance.



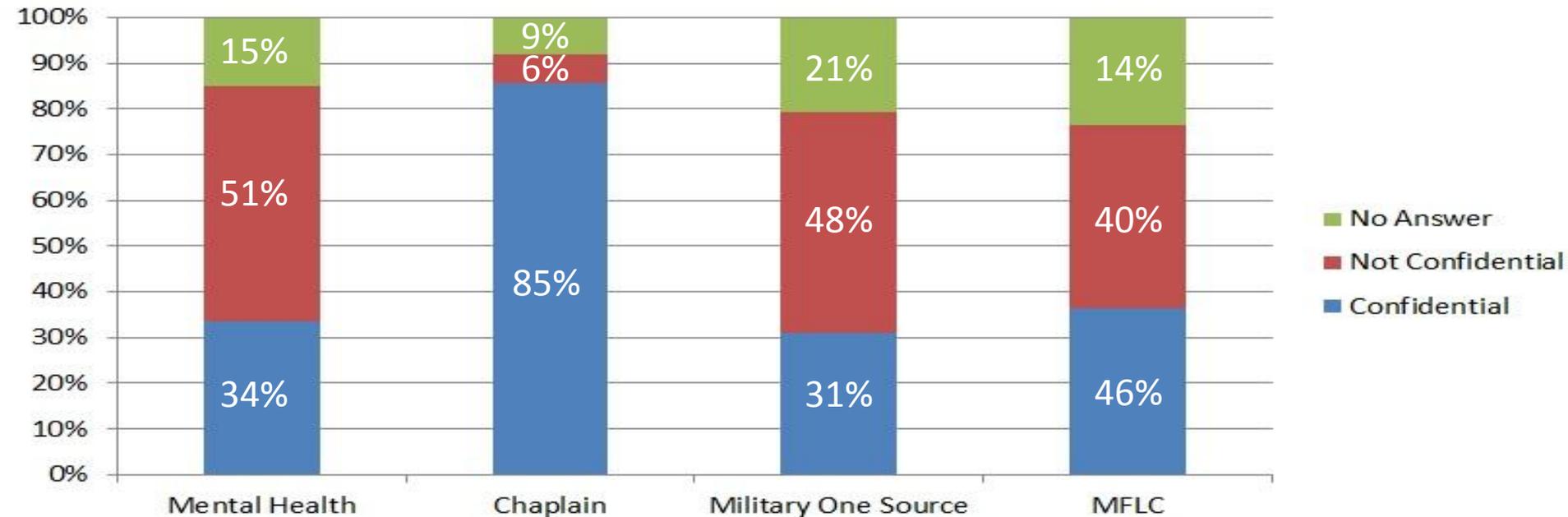
Pride: We are proud of what we do and who we are.



What CGOs Believe

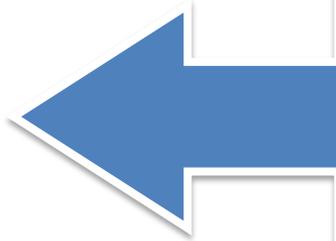
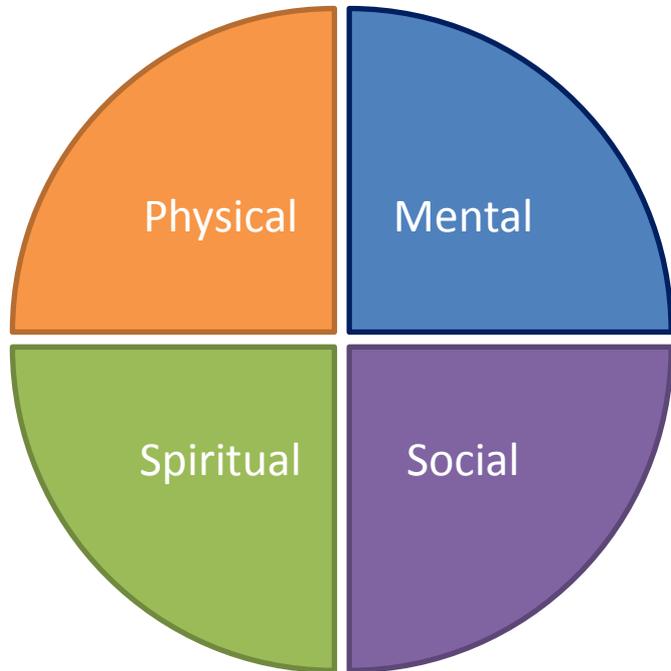


Of respondents at SOS 13E, the following reported if they believed services were confidential or not...





Comprehensive Airmen Fitness



- Integrate into existing CAF construct
- Utilize Master Resiliency Trainers (MRTs) & Resiliency Training Assistants (RTAs)
- Organize and facilitate small group discussions with real world examples & education