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FRAMING EFFECTS ON STIGMA AND HELP-SEEKING MESSAGES RELATED TO DRUGS AND ALCOHOL MISUSE IN THE NAVY

by

Deborah E. Gibbons, Alan E. Nelsen, Susan K. Aros, and Kathleen S. Bailey

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This project asked how the United States Navy could communicate more effectively with Navy personnel who may require help for drug or alcohol misuse. Communication choices, including the way messages are framed, can affect stigma and individuals' willingness to seek help, so Navy documents, websites, and individual messages should be designed strategically. To inform strategic communication, the research team interviewed experts and conducted focus groups and surveys to obtain enlisted personnel's and officers' perceptions of Navy communication, potential message frames, and organizational factors related to stigma and help-seeking. Results indicate that formal and informal communication affect perceptions of stigma and willingness to seek help. Participants in the study reported that fear-focused themes in formal Navy communication increase stigma and decrease help-seeking, while recovery-based themes have positive effects. Informal stories about help-seekers' experiences influence others' decisions about whether to seek help, and success stories can be particularly effective in reducing stigma and encouraging people to get help. Potential message frames received higher ratings when they presented objective information or focused on positive outcomes. Men responded more positively than women to messages about performance benefits, whereas women responded more positively to messages about personal growth, caretaking, and protecting their careers. Senior officers' perceptions differed significantly from those of enlisted personnel with regard to message frames and perceived organizational support for help-seeking. The report concludes with recommendations to encourage help-seeking by Navy personnel for issues with drugs or alcohol.

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Framing Effects on Stigma and Help-Seeking Messages Related to Drugs and Alcohol Misuse in the Navy

Deborah E. Gibbons, Alan E. Nelsen, Susan K. Aros, and Kathleen S. Bailey

The United States Navy needs to communicate more effectively to encourage Navy personnel to seek help for drug and alcohol misuse. To inform communication strategy, this study examined message framing related to stigma and other factors that influence help-seeking for drugs and alcohol in the Navy across the N17 program enterprise. The research considered the effects of message framing alongside individual differences and broader influences such as organizational culture and processes. This research plan allowed for variation in the effects of language on perceived stigma and help-seeking among persons and communities within the Navy's socio-cultural environment. The report begins with background information about stigma and other factors that may inhibit help-seeking. We then outline the research design, methods, results, and takeaway insights. The report concludes with recommendations to N17 about communication strategies that could encourage help-seeking by Navy personnel for issues with drugs or alcohol.

Background

DoD's Integrated Primary Prevention Policy (DoDI 6400.09) moves toward a data-informed, DoD-wide system to prevent self-directed harm and prohibited abusive or harmful acts. This policy specifically directs the Military Departments to foster an environment that promotes help-seeking behaviors and reduces stigma for help-seeking. In January 2020, the Defense Health Agency met with Navy Drug Detection and Deterrence and Navy Alcohol Abuse Prevention to discuss removal of problematic and stigmatizing language (e.g., replacing "abuse" with "misuse/use") for the release of OPNAVINST 5350.4E. The current study contributes to that effort by assessing the effects of message framing on perceptions related to help-seeking and by identifying organizational barriers to help-seeking within the Navy.

Research Questions

Our primary research goal was to measure Navy personnel's perceptions of messages related to help-seeking for drugs, alcohol misuse, and mental health. These perceptions included framing effects on stigma and Navy co-workers' willingness to seek help for addiction or mental health issues. Specific research questions included the following:

- How does stigma, and stigmatizing language, affect willingness to seek help?

- What kinds of messages are likely to be effective in convincing people to seek help?
    - How do perceptions of language and framing vary among different Navy communities?
    - How do attitudes toward help-seeking differ between men and women, enlisted personnel and officers?
- How do Navy personnel perceive different types of available help such as peer support, chaplains, life counselors, and mental health services?
- How do organizational factors affect help-seeking?

Literature Review

This section briefly reviews research related to framing effects on stigma and help-seeking. The impetus involved looking at published studies targeting stigma in seeking help for substance abuse and misuse (alcohol, illicit and lawful drugs) and mental health issues. This summary notes emergent themes where multiple research reports exist, primarily since 2010. Sources cited provide examples of these categories but do not infer an exhaustive review. The primary focus included an array of terms and phrase searches related to stigma, self-stigma, and destigmatization, connected to perceptions of admitting or seeking help for these noted issues. In this body of literature, mental health and substance misuse are often addressed together, so this summary of literature likewise considers both. Because the intent of this project involves offering practical messaging to reduce stigma in seeking help within the greater U.S. Navy community, a secondary review was focused on research related to message framing (communication).

The etymology of the word stigma refers to the residual mark or brand of being poked by a stick, sharp object, or hot iron. It denotes the visible result of an injury. A contemporary meaning involves a mark of disgrace associated with a person, quality, or circumstance. Thus, our focus investigated the perception of being devalued for having issues related to alcohol, drug misuse, or mental health. As a result of stigma, people may be less inclined to seek help.

Research shows that people often avoid seeking professional help for mental health issues such as depression and substance misuse. A primary reason for this involves stigma that can include people's own responses to assumed weaknesses (self-stigma) and their perceptions of others' negative responses (perceived social stigma). Concerns about social stigma often correlate with concerns about being deemed incompetent for work and experiencing subsequent career problems. Service members often choose to forego help with mental health, even though untreated mental health symptoms or disorders can have negative effects on their social, emotional, and cognitive functions and overall quality of life.

(RAND, 2014). The U.S. Government Accountability Office (2016) acknowledged the prevalence of stigma related to mental health among military personnel. They recommended that the Dept. of Defense remove stigmatizing language and policies, and they emphasized the importance of removing barriers to seeking mental health care, including stigma (GAO-16-404, 2016).

Existing screening and referral processes have not been adequate. For example, a recent audit of alcohol screening and treatment found that current alcohol screening is not always timely and may not be effective (DoD Office of Inspector General, 2022). Healthcare experts reported that service members are inhibited from reporting their use of alcohol because of "stigma around obtaining substance abuse treatment and the perceived negative effect on their careers." The audit recommended more training and monitoring of compliance with requirements for alcohol screening. Given that the current screening relies on objective answers from military personnel, the stigma and career concerns appear to be critical aspects of successful screening. Self-referrals are likewise inhibited by these concerns. The following are sub-themes of research literature related to stigma and help-seeking in the Navy.

Stigma

In the context of this project, stigma refers to the social perception that needing help to properly control alcohol or drug use, or maintain mental stability, reflects a weakness in character. This results in the potential for distrust among peers, career threats, and perceived productivity issues that can also diminish work-related benefits. For example, Cooper (2004) looked at how Marines feared negative performance evaluations and decreased future promotions, related to an underutilization of the available mental health services. Fischer (2020) published a review of two extensive studies by Canadian public health agencies focusing on the stigma of seeking help for opioid addiction, a rampant problem in the country. The author acknowledges the socio-political challenges in that seeking help could result in criminal charges, depending on the circumstances. This parallels the gray area of military members concerned that admitting a problem or seeking help may result in disciplinary action or career termination.

The literature indicates that stigma related to drugs, alcohol, and mental health should not be considered the same for demographic sub-groups and issues. For example, peer influences on addiction are salient among adolescents and young adults, diminishing as individuals shift their focus from peers to work and family (Neighbors, Foster, & Fossos, 2013). The direct effects of social stigma, absent secondary effects on careers or personal relationships, likely diminish accordingly. Along with life stage

and perceived career risks, the professional community matters. For example, Bryan & Morrow (2011) point out that the warrior community does not respond to mental health situations the same as the broader society. The focus of the Defender's Edge (DEFED) program, developed to fit within the United States Air Force Security Forces (S.F.), adopted a strengths-based philosophy and integrated a psychologist into the S.F. culture. In addition to distinguishing stigma differences between the military and society at large, the stigma of substance abuse is not the same as that of mental health issues. Gibbs, Olmsted, Brown, & Clinton-Sherrod (2011) focused on these issues in a study done among Army soldiers.

An additional challenge when addressing stigma, especially when responding to potential remedy messages, is that the perspective of the person in need may be distorted. This is more logical in the context of mental health. For example, Steinhardt and Shapiro (2015) distinguished the framing effects of people known to be suffering from various degrees of depression and how they responded to these messages. Thus, merely looking at the effects of stigma alone may not get to the root of how to reach those who can benefit the most from support.

Self-Stigma

Self-stigma refers to shame put on oneself, which may or may not be rooted in perceptions from others. While stigma implies an external source, self-stigma suggests it as internal, whether created within or adopted from an external source. While the terms are differentiated here, they do not appear as distinctly unique in the literature as a whole.

Examples of recent research studies in this area include Vogel, Heimerdinger-Edwards, Hammer, and Hubbard, (2011), who reported on masculine gender norms in the U.S., in their article titled, "Big Boys Don't Cry." This idiom conveys an adult version of childhood conditioning and social norms related to male toughness in our culture. Skopp, Bush, Vogel, Wade, Sirotin, McCann, & Metzger-Abamukong, (2012) used a measuring instrument called the Military Stigma Scale (MSS), a 26-item scale, designed to measure public and self-stigma, two theorized core components of mental health. Others have studied self-stigma related to drug and alcohol misuse and mental health in military and civilian populations. The literature indicates that self-stigma, differentiating from social stigma, influences a person's seeking of help by diminishing it.

Self-stigma issues appear to be elevated in communities such as the military. McGuffin, Riggs, Raiche, & Romero (2021) note the influence of leaders. Negative leaders elevate self-stigma within their subordinates, while positive leaders reduce it, resulting in more individuals seeking help. Self-stigma can

influence a person seeking help but also appears to affect the impact of that assistance. Oexle, Müller, Kawohl, Xu, Viering, Wyss, Vetter, and Rüsch (2017) note how self-stigma can also reduce recovery after help is sought. While researcher-focus on social stigma versus self-stigma sometimes seems similar, the distinction warrants consideration in more specialized discussions.

Destigmatization

A logical decision in studying how social stigma and self-stigma influence help-seeking behavior involves investigating potential ways to reduce these. While the term destigmatization does not appear widely in the literature, it represents a narrower category of research that analyzes specific models and programs designed to reduce stigma. Collins, Wong, Breslau, Burnam, Cefalu, & Roth (2019) looked at a social marketing campaign focusing on treatment for mental illness in California. They found that exposure to the campaign was associated with less stigma and with an increased perception of the need for treatment, and the perceived need for treatment increased use of treatment. A more comprehensive project synthesized the results of thirteen studies evaluating interventions to reduce stigma related to substance use disorders (Livingston, Milne, Fang, & Amari, 2012). Twelve of the 13 studies identified positive results in reducing stigmata, including a reduction in social stigma by communicating positive stories of people with substance use disorders and reduction in stigma at a structural level through contact-based training and education programs targeting health and security professionals. Many research teams have reviewed specific programs, finding inconsistent relationships between interventions related to stigma reduction efforts and health outcomes.

Research seems to imply that while stigma about substance misuse and mental health issues can reduce help-seeking behavior, we cannot assume that decreasing the stigma will automatically result in self-referrals for help or subsequent improvements in health outcomes. A related example comes from Cornish, Brenner, Vogel, and Wade (2019), who evaluated stigma reduction efforts using online intervention among military personnel. They noted that those experiencing higher distress invested less time in reading brochures, even though they represented the target group. General takeaways from our literature review about destigmatization are that (1) messages must be presented in ways that the target audience will accept, (2) lowering the threshold that prevents many from seeking help may not alone result in people seeking support, and (3) destigmatization must be combined with messages that enable or motivate help-seeking.

Message Framing

Social stereotypes imply what it means to have a drug or alcohol disorder or a mental health issue. Negative monikers such as “addict” or “drunk” convey the idea of weakness, lack of self-control, and being socially deficient. Conversely, “holding your booze” can be a commendation that improves a sailor’s social standing. Words matter. The idea of framing pertains to how we design our communication. Think of how a window frame shapes what we see outdoors while inside a house. By changing the window through which you're looking, you view the outside differently.

Marketing research can establish a foundation for development of a social marketing plan to change attitudes, beliefs, and behaviors that reinforce stigma and its consequences (Landry, 2012). Like knowledge about available help, stigma reduction depends on strategic communication. Like marketing campaigns, framing research often focuses on presentation themes, applying audience analysis methods to topics as broad as wearable technology (Kwong, Cruz, & Murphy, 2021) and climate change (Scannell & Gifford, 2013). The goal is to understand how the framing of a message affects responses in a target population. Framing studies, for example, looked at the differences between messages that convey guilt versus shame to motivate social responsibility (Baek & Yoon, 2017), loss compared to gain as motivators of recycling (White, MacDonnell, & Dahl, 2011), and positive as opposed to negative messaging to elicit healthy eating behaviors (Garg, Govind, & Nagpal, 2021). Other framing studies focus on perceived levels of need variations, such as depression (Lueck, 2018). They strive to answer the question, “Do people respond better to lower levels of concern as entry points or more intense ‘get help now’ messages?” John Kotter suggested that the primary reason organizations fail to adopt change is a lack of urgency (Minton-Eversole, 2009), and extensive research has shown that messages conveying the urgent need for change can be precursors to taking action. Some research on message framing combines angles, such as when Duhachek, Agrawal, and Han (2012) discovered that guilt appeals appear more effective when paired with gain frames, and shame appeals do better when paired with loss frames in messages intended to promote responsible drinking. Other than basic information about word choices such as “abuse” versus “misuse,” research on the framing of verbal messages to promote self-referral for the treatment of drug or alcohol issues remains limited.

Another message research angle focuses on visual frames. Because of society's ongoing challenge of addressing substance use and mental health issues, some of these studies offer more direct implications. For example, Christiansen's work (2018) on graphics related to alcohol reduction showed how visuals contribute to defining and delimiting issues and establishing an expert identity in an issue field. Another study (Taylor, Vlaev, Maltby, Brown, & Wood, 2015) included visuals to differentiate

education from motivation. College students challenged to consider what they drink with specifics on what is considered too much were more likely to request health pamphlets than those merely encouraged not to drink too much. Collymore & McDermott (2016) used photographs to distinguish differences in guilt-loss messages from disgust-loss, suggesting the latter are more effective for reducing alcohol use.

Whether verbal or visual, framing research aims to determine which message frame results in more robust responses. Research shows that using intentionally framed messages for specific audiences is necessary and can affect subsequent attitudes and behaviors.

Research Design

The research involved three stages. First, we consulted with experts who help Navy personnel struggling with alcohol or drug issues. Following those interviews, we designed a preliminary survey (pre-survey) and set up focus groups to discuss their responses. Although this study focused on alcohol and drug misuse, relationships between mental health and substance use permeate the literature, so questions included the latter, alongside substance use. Finally, based on the results of the focus group discussions, we composed a second survey. The follow-up survey was intended to obtain feedback about existing and potential Navy communication, organizational factors related to alcohol, drugs, and seeking help, and perceptions about different sources of help. The following sections report the methods and results from each stage of the research. This paper concludes with a summary of our findings and recommendations.

Expert Interviews

The team interviewed 10 subject matter experts (SMEs), including seven Alcohol and Drug Control Officers (ADCO), one DAPA (Drug and Alcohol Program Advisor), a Ph.D. psychologist embedded with a Special Warfare group, and a private practice MFT (Marriage Family Therapist). We asked them to identify important issues related to self-referrals for help with drugs or alcohol, how stigma relates to help-seeking, and how Navy policies or communication could be improved. Additional questions were posed as follow-up during the interviews where appropriate. People working in different roles tended to identify somewhat distinct issues that seemed worth noting. As a result, we present their responses below by role rather than by topic.

ADCO Focus Group

The Alcohol and Drug Control Officers (ADCO) identified several challenges in motivating Sailors to seek help. An ADCO member with 24 years of active-duty service suggested that the biggest challenge involves getting Sailors to understand they have a problem. “Outside of a DUI incident,” he noted, “most consider drinking and getting drunk to be normal behavior, so long as they can generally manage their work.” We heard similar comments from several others, indicating that many Sailors need education about what constitutes a problem with alcohol or drugs. This ADCO further explained that “the first thing Sailors seem to want when considering getting help, is making sure that the command is not involved.”

Along the same lines, another ADCO noted that Sailors want to make sure that if they reach out for help, it is not a career killer. He said, “Generally speaking, 98 percent of Sailors out there believe that it will be bad for their careers if they seek treatment. There needs to be a clear message that just because you’re seeking help and you admit that you have an issue and want to get healthy, it’s not going to terminate your career.” The weight of ADCO advice indicated that a multidimensional approach is needed to reach a variety of people, but a personal connection with a trusted human can be crucial. One ADCO, a psychiatric nurse practitioner, emphasized this point, saying that she finds Sailors who talk to her somewhat open about their struggles. She added that chaplains and civilian support people seem the most likely to give safety to those wrestling with substance or mental health issues because many fear their chain of command getting involved. As another ADCO explained, Navy communication needs “to clarify the difference of what qualifies for restricted reporting versus unrestricted” so people know which potential help sources will maintain confidentiality.

Communication media need to stay current because traditional channels do not work with the recent generation. “No one whom I’ve talked to, coming in for help, has ever, ever referred to any of the advertisements that they see. Even when I asked them, they say, ‘No.’ If they want answers, they just Google it or talk to someone.” Most who come in seem to be at a low point in their lives, where a significant other, a spouse, or even the commander, pushed them to seek help. Figuring out what social media channels and then, what messages work best will be important.

One ongoing challenge is the tradition and culture of imbibing in the Navy. While more restricted in the aviator community, most perceive the use of alcohol as a rite of passage to adulthood for young enlisted. The idea of the heavy-drinking Sailor is well entrenched in Navy culture. Holding your

liquor is a sign of adulthood. Getting away from that sort of mindset is problematic. The stigma of exclusion from that culture is palpable. “Although we promote responsible drinking, we need to better define what that means, but it’s difficult. Someone who comes from a home where alcohol flows freely may have a different tolerance than a tea-totaling family. Then there are body sizes, BMI ratios, genetics, and any number of individual differences,” an ADCO commented.

Stigma messaging is not just a matter of modifying language, but also actions. ADCO members deemed it important to look at the way we talk about seeking help and how we respond to people when they do. “All the mistakes that we’ve already made are where the stigma comes from,” one of the ADCOs said. “We must start with the education that our leaders have, what they’re putting out there, but I think we’re on the right path. The United States has such a toxic relationship with alcohol.” The person went on to compare our higher alcoholism rates to European countries where the drinking age is much younger, but where young people are taught responsibility rather than merely forbidding drinking.

The ADCO group indicated that the submarine community seems exceptionally vulnerable to this stigma, and when a person reaches out for help, they can readily lose their job. “Connecting the idea of reaching out as a sign of strength and resilience makes a lot of sense since we value those qualities.” Making it okay not to drink represents another proactive theme. One ship had a contest to see who could abstain from alcohol for 30 days. They gave prizes such as liberties and had around 75 percent of the command involved.

Another idea emphasizes bystander intervention because so much help-seeking comes down to friends who see a colleague spiraling or making bad choices. “Sailors need to be strong to defend our nation, but it begins by having your team member’s back when it comes to finding help, confronting irresponsible behavior, and holding each other accountable,” an ADCO said. “Usually, when someone is brought in to see me, it’s because a friend, spouse, or a family member has said, ‘Enough is enough!’ Very rarely is that somebody part of the command.” This goes back to the power of individual interactions as opposed to relying on a marketing campaign.

DAPA

The DAPA (Drug and Alcohol Program Advisor), an active-duty Naval officer, emphasized the importance of communication with Sailors, DAPAs, and others who support the Sailors. The Sailors need information about when they will benefit from help and how to refer themselves without damaging

their careers. Help providers need better information about the history of those who rotate into their command and effective resources to share with Sailors.

A DAPA offers triage, trying to get a licensed professional to the person. But meeting with a specialist often takes six to eight weeks after seeking help. “We need to tell Sailors that it won’t mess up their career if they get help for a self-referral and the paperwork that they got treatment and are in recovery. They won’t get into trouble. Leaders don’t say that enough. Sailors hear rumors of how it will mess up their career and clearance,” the DAPA said. On a hopeful note, she referenced a forthcoming policy change that will expand the options for self-referral, encouraging people to seek help before they have an incident report, and resulting in a safer help-seeking process.

A lot of people think the resource is only for service members versus spouses. They may go into the Fleet and Family Center that does not have the right staff to provide care, since they tend to focus more on domestic and financial issues. “There seem to be so many little barriers in that family members do not have a CAC reader and cannot access the websites and portals. Some feel that ‘I finally decided I needed help finding it took too much work.’ The screening, interviews, and process in finding the right person make the path difficult.”

The DAPA noted that “the social stigma is about what others will think of them, such as family and co-workers.” She said that “most of the people the DAPAs see have hit rock bottom. They are not happy when they knock on the door. Usually, the spouse tells them that they need to get help and requires them to reach out.” Nevertheless, she argued that “our biggest stigma situation is education on how people are using alcohol, whether to celebrate or decompress, to get through the week. A mindful person uses it in the present and is aware of when they’ve had enough. Those unaware order five drinks in an hour and never think about it. The key phrase is if you’re using it in an unmindful way, it will affect your relationships, work and health.... Chiefs need to talk to other Chiefs and enlisted advisors should talk to enlisted people, because rank differences make it difficult. It would be great to have assistant DAPAs with a couple hours of training so they could find people at various levels for more comfortable conversations.”

This DAPA created her own suite of handouts and information resources for Sailors in her command rather than relying on limited Navy resources. In addition to more strategic communication with Sailors, DAPAs need access to the Navy’s Alcohol and Drug Management and Tracking System. The Navy controls this at a high level so many DAPAs lack access to it and therefore cannot receive updates.

Further, many of the records are incomplete and outdated. “It would be great if DAPAs could access this online. The system is broken; originally set up post-World War II and pre-Korean War, meaning it is difficult to implement with incomplete lines of communication. End-users want to see an improved system.”

Psychologist

This psychologist interviewed serves as an active-duty officer, providing local support for a special forces community, and feels isolated from Big Navy, so is unaware of messaging campaigns and resources. The counselor provided somewhat blunt and open perspectives on the local climate regarding help-seeking, but primarily in the context of alcohol use. “These guys drink heavily,” they said, comparing the atmosphere to a college fraternity. “The fridge has six 30-packs most of the time. There seems to be a lot of cognitive dissonance as they cover for each other when deployed.... It’s a cowboy mentality. They’re only sober when traveling or on a training trip.” The psychologist explained that a few want to be at their best and avoid drinking by maxing out time at the gym, but they tend to do so quietly to avoid negative social responses to their preference not to drink. Referrals mostly happen through private support versus military, as they do not want to compromise their careers as operators.

When briefing new guys, the psychologist talks to the “Baby SEALs” about sleep and brain health, a more proactive approach than framing the discussion in terms of not drinking or the effects of alcohol. This includes bringing in senior operators to talk about being sober. “You have to be open for them to admit an issue. You can’t press hard. When they tell you how much they drink, I usually double or triple it.” Stigma here is frustrating because while unfounded, it is a very understandable issue given the context. The SEALS and SWCCs (Special Warfare Combatant-craft Crew) are often gone over 250 days a year, so they don’t want to risk missing work. Many self-medicate due to previous injuries, sleep loss, or because of steroid use, they are unable to relax. Older guys have experienced trauma while younger ones are often bored. Drinking is part of the SEAL culture.

Because the command operates somewhat uniquely from the rest of the Navy, the psychologist acknowledged, resources may be out there, but they never come across their office as they are out of the regular network. The Ph.D. commented that it took over a year to earn trust. Some operators then began setting up private sessions, often starting with sleeping issues, but conversations led to sharing about alcohol or marital problems. “They seem more willing to talk about physical performance and

then it can move to emotional and drinking." The best way to talk to them is individual, not in a group, because of the social pressure to perform and appear like you have everything together.

MFT Counselor

Marriage Family Therapists in California must go through significant training and certification for licensing. This counselor began her private practice in 2004 and has interacted with numerous active duty and retired military members, although her comments did not focus solely on Naval personnel.

The MFT noted that a lot of people with alcohol problems remain functional, in that they drink daily, yet appear to get their work done and stay socially involved. Thus, they do not see their frequent and sometimes large amounts of consumption as a problem. "The level of denial is high, in that as long as they function, it is not serious. This becomes even more of a problem at retirement when the person begins drinking all day long. The spouse would say it was a problem for 30 years," the counselor said.

The Diagnostic Statistics Manual (DSM) for mental disorders and substance use provides a research-based strategy to help counselors diagnose issues as well as inform clients. It involves a bio-psycho-social approach to measuring issues, not just a singular focus. The best way to engage this type of person is through education. Alcoholics Anonymous (AA) has a checklist to help people know when they have a problem. They need to receive information on the nature of addiction. AA's 12-step program was the first disease model of addiction, noting how certain people are prone to mentally obsess and physically crave alcohol. It helps reduce the stigma that drinking is primarily a character flaw or lack of willpower and discipline. Why does one person pick up a cigarette and get addicted when someone else does not? Something in their brain triggers this, explaining why one person struggles and another does not.

People need to understand the science behind addictions. Give them statistics on the percentage of people who wrestle with alcohol, opioids, and mental health issues. "Many of these people are intelligent and creative, using drink as a mild-adaptive coping skill to reduce anxiety. They may be ADHD," the MFT noted. "It starts as something to help people adapt, but then it becomes maladaptive, taking on a life of its own." She suggested educational training via available videos. She provided a list of examples (Appendix A). The interviews with SMEs provided an array of note-worthy insights, related to ongoing strengths and challenges of help-seeking in the Navy and society at large. These, along with the literature review, provided a foundation for designing a message-framing focus on addressing stigma reduction.

Summary of Interview Results

These interviews provided insights into how stigma and stigmatizing language affect willingness to seek help. Language that leans toward punitive and fear-oriented stands more chance of rejection due to Sailors' innate fear of career derailment. This seems exacerbated in specific communities, such as nuclear commands (due to restrictive protocol) and special forces (due to elite roles as operators). Messages more likely to effectively convince people to seek help might therefore emphasize benefits and rewards, along with noting confidential sources and processes. At the same time, because of the perceived acceptance of alcohol use in the Navy, authentic, educational messages that cut through cultural constraints will be more noticeable and less likely to be ignored or even become the butt of jokes.

Another question these interviews addressed was how Navy personnel perceive different types of help. Some agreed that chaplains and civilian support offered safer sources and might be more intentionally leveraged and promoted. Since people tend to trust friends, revisiting bystander programs could alleviate fear in power differences and build on everyday socializing. Various SMEs, for example, acknowledged onramp time required to grow rapport and trust and establish conversations on more professional, less personal themes prior to broaching questions dealing with substance misuse and mental health.

Finally, how do organizational factors affect help-seeking? While each SME shed light on their respective roles and cumulative experiences, a common theme involved the importance of intent aligning with action. If we say we care about personnel seeking help for substance misuse and mental health issues, then -we need to make this a more concerted effort throughout the organization, including points of contact for would-be seekers. Like first-line responders trying to get to those trapped on the other side of a tunnel collapse, we must move boulders such as misinformation, archaic training methods, and unclear processes.

Preliminary Survey and Focus Groups

The preliminary survey (pre-survey) and focus groups were designed to gather feedback and responses on various message-framing ideas and to identify issues related to stigma and help-seeking. The research team received contact information from N17 for five approved communities. A special forces group declined the invitation, and a medical facility could not generate volunteers. The three

remaining communities, two AIRLANT, and one submarine received communication through the point of contact provided, inviting them to recruit participants. This resulted in gathering the names and contact information of 42 volunteers. We assigned an individual numerical code that also distinguished rank (O-officer, E-enlisted) and gender (M-male, F-female), to ensure confidentiality while noting differences in organizational level and sex.

The pre-survey would gather input on message framing and serve as a catalyst for focus group discussions. Requiring participants to complete and submit these prior to the scheduled meeting, they could then discuss their answers during the focus group meetings.

Pre-Survey Design

Message framing questions in the pre-survey were heavily influenced by the literature review of related research that included positive (benefits, rewards, incentives) versus negative (risks, punishment, shame) frames, as well as visuals and stories (narratives). We tried to prioritize content, to avoid survey fatigue. The result was a 10-item questionnaire requiring approximately 40 responses that would take 10- to 15 minutes to complete.

Each person was asked to complete a pre-survey that focused on how to design messages to encourage Sailors, submariners, and naval officers to get help for substance misuse or mental health issues. It requested responders to do the following on a five-point Likert scale: identify to what extent the Navy should be concerned with alcohol misuse, drug use, and mental health issues; assess the effectiveness of a variety of sample messages, both written and those with accompanying visuals, for encouraging coworkers to pursue help for drugs, alcohol, or mental health issues; evaluate several themes' ability to encourage help-seeking; determine the extent to which the Navy has informed people about getting help for alcohol, drugs, or mental health issues; assess the appropriateness of responding to coworkers experiencing issues related to mental health and substance abuse, and to rate both the importance of their faith/spirituality and how connected they are to their spiritual/faith community. Additionally, respondents were asked to select the three best resources for alcohol or drug misuse, or mental health support and to write three to four words describing important characteristics of their coworkers.

Respondents were also asked for demographic information such as the following: military community, rank or job title, number of deployments a during military career, type of job/profession, percentage of staff in the work unit who are military, gender, race, or ethnic identity, age, and whether they had any religious/spiritual affiliation. The pre-survey also had a series of open-ended questions that

sought additional insights on the following: whether they had known someone who needed help with drugs, alcohol, or mental health and whether they had insights based on their experience; whether they personally had experienced any mental health issues and what insights they might be comfortable sharing; and whether they had any additional thoughts to share. Thirty-one people completed the pre-surveys.

Focus Group Structure and Script

Initial groups were formed within each of the three communities, consisting of male enlisted, female enlisted, male officers, and female officers. The rationale for separating per these demographics included reducing the influence of power differences (rank) and gender differences (research suggests that men more frequently interrupt women). Thirty-one completed the pre-surveys and interviews, with the gender and rank breakdown shown in Table 1.

	Men	Women
Enlisted	11	9
Officers	8	3

Table 1: Focus Group Participants

Each of the seven focus groups consisted of two to six participants. Scheduling challenges resulted in three of the groups becoming mixed gender or combined rank and sex. The demographics included:

- 1 male enlisted focus group
- 1 female enlisted focus group
- 1 mixed-gender enlisted focus group
- 2 male officers focus groups
- 1 mixed-gender officer focus group
- 1 mixed-gender and mixed-rank focus group

While the initial plan involved conducting the meetings in person, the project transitioned to a virtual format, due to Covid travel restrictions and logistics. All meetings were scheduled to use Zoom. After establishing a date and time for each focus group, participants received an email with an attached pre-survey to complete and return before the meeting, a Zoom link, and their assigned code to use as a personal identifier during the interview to provide anonymity. They were also instructed to have a copy of their completed pre-survey available and use their assigned codes when identifying themselves, to provide anonymity during the recordings and subsequent transcripts.

The facilitator worked from an interview script (see Appendix B), primarily using the pre-survey as a discussion catalyst with latitude to temporarily deviate from the word-for-word format if deemed beneficial. The goal was to better understand the reasons for answering the questions as they did. Nearly all participants submitted their pre-surveys within a few hours up to one week prior to the focus group, suggesting their responses likely remained relatively easy to recall. Approximately one-fourth of attendees did not have their actual responses in front of them during the interviews. When participants noted this, the facilitator took extra time to read the questions and answer options as reminders. All meetings lasted between 50-70 minutes. Recordings of the group meetings were transcribed, removing any personal identifiers prior to analysis.

Pre-Survey Quantitative Results

When asked to what extent the Navy should be concerned with alcohol misuse, drug use, and mental health issues (on a 1- to 5-scale, with a 5 indicating the greatest concern), mental health issues were rated on average at 4.42, followed by alcohol misuse at 3.94 and drug use at 3.19 (see Table 2). As will be discussed later, the higher concern about mental health issues reflects perceived need and difficulty to discern reliable symptoms, in addition to finding expedient help while avoiding threats to career standing. In terms of demographics, all three issues seemed more important to enlisted, and to women. Males and officers rated all three issues below average.

	Alcohol misuse	Drug use	Mental health	
Overall	3.94	3.19	4.42	n=31
Enlisted	4.09	3.30	4.61	n=23
Officer	3.50	2.88	3.88	n=8
Male	3.84	3.16	4.32	n=19
Female	4.08	3.25	4.58	n=12

Table 2: Average response for how concerned the Navy should be

In terms of various messaging frames, the frames pertaining to seeking help without disciplinary action and seeking help without incident report/command referral were rated most effective overall (3.42 and 3.26, respectively), and among the most effective across ranks and genders (see Table 3). On the other hand, the fear-orientated problem definition frame and the frame focused on supporting the Navy rated among the least effective out of 11 options across ranks and genders. A caretaking frame was rated among the most effective for enlisted and females, while the supporting the team frame was ranked the most effective for officers and among the most effective for males.

	Overall Avg (n=32)	Enlisted (n=23)	Officer (n=8)	Male (n=19)	Female (n=12)
empowering	2.90	2.70	**3.50**	3.11	2.58
caretaking	**3.03**	**3.09**	2.88	*2.84*	**3.33**
defining a problem (positive)	*2.71*	2.70	*2.75*	2.89	*2.42*
defining a problem (fear)	*2.19*	*2.30*	*1.88*	*2.32*	*2.00*
support self	2.90	2.83	3.13	3.11	2.58
support team	2.94	*2.61*	**3.88**	**3.26**	*2.42*
support Navy	*2.13*	*1.91*	*2.75*	*2.53*	*1.50*
seeking help without disciplinary action (%)	**3.42**	**3.30**	**3.75**	**3.26**	**3.67**
seeking help without incident report/command referral (source)	**3.26**	**3.17**	**3.50**	**3.47**	**2.92**
sign of alcohol problems (reason for use)	2.90	2.96	*2.75*	2.89	**2.92**
sign of alcohol problems (effects on life)	3.00	2.91	3.25	3.16	2.75

Table 3: Average responses for effectiveness of message frames

In a list of six messaging themes to encourage help-seeking, "Here are ten lies we tell ourselves about alcohol and drug abuse…mental health" received an overall average 3.74 effectiveness rating, denoting the potential benefits of using curiosity and educational angles. Emotional growth ("How to grow through emotional barriers") received an overall average 3.48 effectiveness rating, but some demographic differences could be seen in this area with it being seen as less effective by men (3.26). Officers rated the improved performance theme the most effective (3.88), while the "ten lies..." held the top position for enlisted.

	Overall Avg (n=32)	Enlisted (n=23)	Officer (n=8)	Male (n=19)	Female (n=12)
Removing barriers to performance	3.35	3.17	**3.88**	**3.58**	3.00
Obtaining the next level of success	3.29	3.22	3.50	*3.16*	**3.50**
How to grow through emotional barriers	**3.55**	**3.48**	**3.75**	3.26	**4.00**
When alcohol reduces your potential	*3.16*	*3.09*	*3.38*	3.42	*2.75*
When drug use dulls your edge	*2.71*	*2.78*	*2.50*	*3.00*	*2.25*
Ten lies we tell ourselves...	**3.74**	**3.74**	**3.75**	**3.89**	**3.50**

Table 4: Average responses for effectiveness of message themes

Pairs of visuals about the risks and benefits of addressing substance misuse and mental health issues did not fare well. Neither of these pairs resulted in especially positive responses, although during the focus group discussions, participants offered alternative visuals that were implemented into the

follow-up survey. Across the board the family/life visuals were rated as more effective than the career visuals, although only officers (3.63) and men (3.26) rated these as more effective than ineffective (i.e., a rating above 3.0).

	Overall Avg (n=32)	Enlisted (n=23)	Officer (n=8)	Male (n=19)	Female (n=12)
visual, career rewards vs punishments	*2.61*	*2.52*	*2.88*	*3.00*	*2.00*
visual, family and life positive vs negative outcomes	**2.90**	**2.65**	**3.63**	**3.26**	**2.33**

Table 5: Average responses for effectiveness of visual comparison messages

Participants were asked how well the Navy trained people on recognizing issues and where to get help, with a 1- to 5 scale from 'not at all' to 'excellent information.' Overall, participants seemed to feel that they were provided with fairly good information on recognizing when someone has a problem with alcohol, and less information about recognizing drug and mental health problems (see Table 6). Interestingly, they reported receiving better information overall on where to go for help (last two rows) than how to recognize when someone has a problem (first three rows). In these responses an interesting gender difference also emerged: overall, women felt less informed by the Navy with averages ranging from 1.83 to 3.0 depending on the type of information (last column), while men's responses averaged from 3.05 to 4.11 (fifth column). There did not seem to be a significant difference in responses across ranks.

	Overall Avg (n=32)	Enlisted (n=23)	Officer (n=8)	Male (n=19)	Female (n=12)
recognizing when someone has a drug use problem	2.77	2.57	3.38	3.37	1.83
recognizing when someone has an alcohol use problem	3.32	3.22	3.63	3.79	2.58
recognizing when someone has a mental health issue	2.94	3.04	2.63	3.05	2.75
available help for someone with mental health issues	3.32	3.35	3.25	3.53	3.00
available help for someone with alcohol or drug issues	3.65	3.57	3.88	4.11	2.92

Table 6: Average responses for effectiveness of visual comparison messages

	Overall Avg (n=32)	Enlisted (n=23)	Officer (n=8)	Male (n=19)	Female (n=12)
Military mental/behavioral health professional	**48.4%**	**52.2%**	**37.5%**	**47.4%**	**50.0%**
Military chaplain	**45.2%**	**52.2%**	*25.0%*	**42.1%**	**50.0%**
Navy DAPA (Drug and Alcohol Program Advisor)	29.0%	26.1%	**37.5%**	31.6%	25.0%
Community religious leader	*6.5%*	*4.3%*	*12.5%*	*10.5%*	*0.0%*
Fleet and Family support center counsellor	**45.2%**	47.8%	**37.5%**	**52.6%**	33.3%
Recovery organization such as Alcoholics Anonymous or Smart Recovery	*3.2%*	*0.0%*	*12.5%*	*5.3%*	*0.0%*
Trained peer counselor	*22.6%*	*21.7%*	*25.0%*	*21.1%*	25.0%
Private psychologist or psychiatrist	**58.1%**	**56.5%**	**62.5%**	**42.1%**	**83.3%**
Close friend or family member	38.7%	39.1%	**37.5%**	**42.1%**	33.3%

Table 7: Percentage of respondents that selected help source as one of their top 3

When asked to select three out of ten options of who would offer the best help for alcohol or drug misuse and mental health support, the most-chosen resources overall included private professionals (chosen by 58.1% of participants), military professionals (48.4%), military chaplains (45.2%), and Fleet and Family Support (45.2%) (see Table 7). One interesting distinction emerged though: Officers did not choose the military chaplain very often (25.0%), more often choosing Navy DAPA (37.5%) and close friend or family member (37.5%) instead. Community recovery organizations and community religious leaders were chosen the least often across the board but, again, interesting differences emerged. No women chose either of these sources, but each was chosen by 12.5% of officers, and 10.5% of men also chose a community religious leader.

Pre-Survey Qualitative Results

Open-ended questions addressed qualitative themes. The following items provided highlights that stood out from the qualitative results. The following overarching themes, captured by the codebook, emerged from the open-ended questions coding: (1) fear of consequences, especially

surrounding careers or being ostracized or stigmatized by peers; (2) provider or system issues, such as long waits to get appointments; (3) the Navy has significant alcohol and mental health issues; (4) and the Navy has other issues, some related to OPTEMPO and staffing.

Nearly 84 percent of pre-survey respondents mentioned some fear related to the consequences of help-seeking; the bulk of these expressed concern—whether real or received—over potential negative career impacts. For example, one respondent wrote, “Asking for help can damage career path.” Several respondents also feared being stigmatized for help-seeking. Another wrote, “All alcohol treatments are treated the same. The person is just shunned.”

Sixty-one percent of the respondents commented that provider or system issues acted as a help-seeking deterrent. One individual wrote, “Help-seeking for mental health particularly is hampered by the availability of access. Waiting weeks to months for meaningful mental health action discourages preventative and early engagement, resulting in these issues escalating.” Another noted, “Mental health help is backed up to five months. We have had Sailors get the run around just to get into programs.”

Over 30 percent maintained that the Navy had a significant issue with alcohol. One person went so far as to write, “Alcoholism is embraced by some, like a way of life almost. I don’t think there’s much you can do about this.” Another commented, “It’s what we’ve always done. Few outings exist without alcohol. Alcohol and parties are almost an indoctrination into the group.”

Similarly, 71 percent indicated that the Navy had significant mental health issues. A responder commented, “One of my best friends took his life with his duty pistol a year ago due to command climate and OPTEMPO. Ultimately the CO got fired. Enough said there.” Another wrote, “I think we need to do a better job of providing mental health screenings and assistance to Sailors and their families during and following deployments.”

Several respondents commented on the Navy’s issues with OPTEMPO and staffing. One person wrote, “The Navy’s seeking ways for people to get help but this is a band-aid. It’s fighting a symptom and not the root cause. These issues occur because of under-manning and faster OPTEMPOs. All it takes is looking at the number of deployed ships now as to the 80s when it was about the same. The big difference is the reduction of Sailors.” Another commented, “My experience in the squadron, with very demanding home cycles and an extended deployment, ‘broke’ me and I’ve been trying to regain my resiliency ever since. The demand required me to neglect my family and my marriage. If we weren’t available, it was viewed as ‘unprofessional’ or being a ‘bad officer.’ Self-care or taking time for your family was not prioritized or valued. My spouse and I nearly divorced.”

Responses varied widely when asked, “How do members of your work unit feel about getting help for issues with alcohol, drugs, or mental health. Feel free to write your thoughts here.” Some respondents indicated that they had not experienced anyone in their command needing help, while several others had positive experiences at their command. One wrote, “There is no fear about reprisal or from co-workers while seeking help.” Two respondents indicated that either their commands encouraged help-seeking or that it was “acceptable to get help here.” Others, however, indicated that there was a division in their command. “There’s a 50/50 split on mental health; some are for it while some shame it because they see it as an excuse to get off the watch bill.” One person had a very negative experience in their command. “Mental health help is a joke. Most people make jokes about suicide or hurting themselves on a regular basis.”

Several respondents brought up the topic of suicide. One individual stated, “I have no idea how to handle a person who may be suicidal, other than to find help. What do you say to keep that person safe until help arrives? What actions are needed?” Another echoed this sentiment, “The suicide talks have lost meaning. They are all the same and don’t really point to any actionable things I can do as a person to keep it from happening.” When asked if they knew anyone who needed help with drugs, alcohol, or mental health issues and whether they had any insights, several people shared their experiences with others, as well as their own struggles. One shared a positive anecdote, “Yes, I know a terrific officer who has struggled with depression, was placed on anti-depressants and allowed to continue as a JAG in the Navy.” Another echoed this with, “I know a few people who needed mental health help. The process thrives when strong and understanding leadership is at the helm, provided the facilities employed give it 100% effort.”

Despite these positive experiences, some respondents reported negative experiences. One wrote that “I know a lot of Sailors with mental health concerns and alcohol problems. The general consensus is to suck it up, but the ones who do try to get help get shot down.” Others expressed concern that the Navy was not doing enough to protect and educate Sailors who might, “live with a family member who is prescribed medical dugs, how state laws do or do not apply to service members, and what they need to know to protect their careers when they find themselves in a situation where drugs may be present or being used around them.” One Sailor shared that they had “passive suicidal ideations throughout their life and had recently found out about things called ‘suicide hoods,’ where you use a plastic bag and helium to asphyxiate yourself with zero pain. And all because it’s far too difficult to get attention for the mental health they need.”

The pre-survey results overall reflected findings in other message-framing research, suggesting that people prefer rewards and benefits messages over punitive, fear-oriented ones. The visual and situational judgment questions did not make a significant impact. The follow-up of the focus groups provided richer content for understanding how Navy personnel perceive the stigma related to help-seeking.

Focus Group and Pre-survey Text Analysis Methods

The research group used NVivo (a qualitative data analysis software) to transcribe the recording of each focus group. A team member listened through the recording to proofread each transcript and edit where needed to correct auto-transcription errors. In the few places where the recording seemed unclear, inserted brackets framed the researcher's best guess at what the individual had said.

Standard qualitative analysis methods were applied to the textual answers in the pre-survey and the focus group transcripts. An initial codebook (dictionary of concepts) was developed with input from all four researchers (the two that ran the focus groups and the two that cleaned up the transcripts). Several iterations of coding and expanding the codebook ensured its completeness. Organized with three levels of hierarchy, each provided more detailed sub-codes from the level above. To ensure an appropriate place to note every comment, another sub-code was included within each code. Because the focus groups directly referred to the pre-surveys, both the pre-survey open questions and focus groups largely used the same codebook for analysis. While this codebook was sufficient to capture pre-survey respondents' sentiments in the open questions, some responses were narrow in scope and isolated to individual responses.

One researcher coded all focus group transcripts, ensuring consistency. Comments were coded to the third, most detailed level only, with each level above aggregating from the subcodes below. Where one comment addressed multiple themes, it was coded to each theme (i.e., allowing multiple-coding levels). During this stage, some additional themes emerged, prompting the addition of new subcodes. Once completed, all comments within each subcode were reread to identify any additional themes mentioned in two or more coded comments. Emergent themes received subcodes as well. As a final step to ensure accurate coding, original sub-codes sharing identifiable similarities with a new subcode were re-examined. Any comment in the original subcode that seemed to have a better fit with a new subcode was moved. The final codebook can be found in Appendix C.

Focus Group Results

While the pre-survey data largely provided quantitative feedback, a variety of qualitative themes emerged from the coding and reporting of the group discussion transcripts. The following includes overviews of these, punctuated with quotes and stories in the participants' own words.

Issues in the Navy

The opening question of the survey asked to what extent the Navy should be concerned about three individual items: drugs, alcohol, and mental health issues. Although the numerical results are mentioned in the previous section, comments during the focus group discussion offer additional information. Most seemed to concur that the current drug testing program is fairly extensive and that most Sailors understand that getting caught is often a "career killer." A couple commented that they still see drug use as a problem and questioned if the testing covers the full spectrum of illegal substances. One participant added, "I've only been in four years, and I've already witnessed three deaths because people continuously swept things under the rug when it was bought to someone's attention, and they didn't address it." This was the most extreme situation described during the focus group discussions, and while it clearly is not typical, the participant's experience highlights an immediate need for more effective responses to identified problems with substance misuse and mental health.

As noted, alcohol scored a relatively high second place in perceived importance (3.94 on a 1- to 5-scale), primarily because of its common use, abuse, and difficulty in establishing metrics for "responsible drinking." One participant said, "You see a lot of people who use it as a coping mechanism in their day-to-day lives. It's almost like an indoctrination." Another commented, "I work in an environment where it's extremely normal to head home, take a bunch of shots, and probably drink yourself into a stupor." Most seemed to agree that the culture of drinking within the Navy made this a challenge to address. A group member said, "Whenever people open up about drugs or alcohol, it kind of becomes a laughing matter because we all drink." This reflects the social nature of the behavior, influencing the stigma of seeking help in this area.

Concern about mental health issues topped the pre-survey scores with an average of 4.12 (1- to 5-scale). Regarding the impact that deployment makes, one person said, "I've been on multiple deployments, and I've seen what it does when you return and mental health isn't addressed. I feel like the Navy has done a lot better though, from my first deployment to my third." Another admitted, "Having been ingrained with that suck-it-up mentality, it was hard for me to even speak to doctors

initially about what was going on in my head. If it's not treated as a big deal, then your desire to get help in the first place is going to drastically lower." One added, "Mental toughness needs to be downplayed. Yes, we need to be mentally tough, but it's OK not to be OK."

Although the discussion on levels of concern offers a glimpse into perceptions of officers and enlisted, most agreed that these were difficult themes to handle. A focus group member said, "The Navy is nothing more than a microcosm of society. These issues are prevalent in our society, and they're bound to make their way into the Navy and they're already there." One participant summarized this importance to mission accomplishment by stating, "The Navy should obviously be very concerned because it affects our readiness. All three of them can affect them equally in terms of taking people out of the fight and slowing our progress."

Help-Seeking Deterrents

An unexpected result of the focus group interviews involved robust discussions on Sailors' frustrations with actual help-seeking experiences. Although this is not directly related to the parameters of this study, because it may indirectly impact message framing and stigma, the following section provides a brief summary of these comments.

Most of the conversations about help-seeking frustrations seemed to be catalyzed by discussion around the first and sixth questions, regarding how important these issues are in the Navy and how well it does with informing people about seeking help. These themes seemed to trigger unsolicited stories on processing issues. The reason these relate to this study is that whether real or perceived, grapevine conversations, whether on social media or among colleagues, can influence how Sailors behave in seeking help. By thinking that pursuing help will end up in long waits and jumping through multiple hoops, they will be less likely to push back on existing stigma issues. These comments align with prior research showing inadequate resources for Sailors' mental health.

For example, following three suicides aboard the Navy ship, George Washington, Sailors told NBC News that mental health struggles aboard the ship "were directly related to a culture where seeking help is not met with the necessary resources." One suggested solution involved team building. A Sailor reported hearing that some of the ideas floating around included a Super Smash Bros. video game competition and a soccer tournament, hardly long-term solutions for abating mental health issues. The interviewee sought to remain anonymous out of fear of retaliation (Hampton & Chan, 2022).

One of the most significant frustrations has to do with the difficulty in finding appropriate help and the lag in waiting for appointments. One person said, “Basically, we have more people seeking services than we have professionals willing to listen.” Another echoed the sentiment, “Our resources are flooded. For example, Fleet and Family in (name of community) is not taking any new cases.” A person who admitted seeking help commented, “It was nine to 10 weeks before I was able to get into my first appointment.” An officer said, “By the time somebody is reaching out for help, this is probably a critical point. I need them in there much faster. I made several recommendations, with each one taking a month to five months. It just kept going on down the line to where I was working with this Sailor for six months to find help.”

A related issue focused on the amount of red tape required to find help. “It’s very easy to say, ’Hey, my leg hurts’ 11 times to people. If you want someone to talk to you, they will. But you may not want to say, ‘Hey, I have a personal problem’ to five or six people.” Another person confessed, “I was trying to get care for an acute issue, and it became a crisis for me because while I was trying to get care, I couldn’t.” When people get to the point of seeking help, they often lack the stamina to persevere through multiple layers of bureaucracy.

A perceived lack of confidentiality emerged as another sub-theme. One person said, “So now you’re going to the branch clinic or hospital, to a place where everybody else is as well. You’re in the mental health corner of the floor or branch clinic, so people know why you’re there. Then you have to talk to a corpsman and make an appointment and get screened by someone who may be your peer. Then you talk to their primary care manager who will send you off to a mental health facility. The whole process has multiple ways of being recognized by others.”

A perceived concern involved mitigating the perceived risks of a Sailor seeking help. One participant said, “Instead of treating me with compassion, I was met with comparison. The counselor said, ‘Marines in foxholes have it way harder than you. You should feel lucky.’ Maybe we don’t have a mental health problem, but a resilience issue that stigmatizes help-seeking more. That puts the shame back on the Sailor and shuts them down.” Another revealed, “My experience was terrible. Whenever I went into mental health, they said to the effect, ‘Oh, you’re fine,’ like you just needed to go back out there. I’m not totally fine.” Still, another added, “I know people who have been consistently turned away from receiving help, to the point they had themselves admitted to the emergency room just to get help.”

Some participants noted their fear of losing security clearance. “My friend went in and said he was a little depressed but then found himself in a psych hospital for four days. I don’t want that to happen to me. I deal with clearances a lot, so I don’t want something you have to report on an SF-86 the rest of your life.” Another admitted, “If I’m worried that it’s going to impact the way I’m viewed professionally or it’s going to impact my career if I’m taken off flight status or it’s going to take away my security clearance and I lose my job because of it, I’m not going to seek help. I’m probably going to make some hard decisions on how much help I want. These are barriers people perceive that maybe don’t actually exist.” One person summed it up well by saying, “This is all about food coming off the table for the family or themselves and a change of identity too, especially for men. There’s a lot at stake.” Finally, one other participant shared, “It’s almost like career suicide when they turn themselves in and admit they have a problem. We need to figure out how to make it work. We encourage people to do that but don’t capitalize it on the backside (reporting success stories).” A classic article that addresses this organizational behavioral problem is Kerr’s (1995) “On the Rewarding of A, While Hoping for B.” The question centers on developing policies and practices that do not punish people for seeking help.

A discussion related to this sub-theme involved the stigma of needing help and not “being okay.” One participant noted that since most appointments occur during the work week, trying to explain your need to leave work to attend a doctor’s appointment raised concerns. “’Hey, I gotta go to the doctor,’ receives a response of ‘Why? What’s up? Are you okay?’ which results in ‘Yeah, don’t worry about it.’ Normally it seems okay if your knees bother you or you have a sore throat or fever, but if you cannot offer a physical reason, people assume it might be mental in nature.” A colleague agreed and added, “There is a certain amount of shame we experience when we realize we’re struggling, and we think no one else is. It feels like weakness.” This leads to the fear of ostracization. Someone stated, “Maybe I am different. You start doubting yourself. If you’re a good technician, you kind of feel ‘other-ized.’” One participant summarized this situation as, “I don’t think it’s the Big Navy or what they put in their messages. The issue comes from the negative connotations that your peers and leadership put on it by the words they use.”

One other focus that participants noted offered a more direct connection with how to reduce help-seeking stigma. It involves the critical role of localized leadership. A negative commanding officer creates a climate that elevates stigma as opposed to a positive leader who makes it feel easy and okay to seek help. One participant noted, “If people trust their chain of command, they are a lot more apt to come to them. They’re not going to fear being ousted as an alcoholic or drug abuser or somebody

seeking mental health." On the negative side, a member explained, "We had some LCPOs who were approachable and made time for our Sailors, but the command as a whole was, 'We're in the yard, so shut up and get to work!'" Another remarked, "Leadership needs to realize that their impact plays a bigger role than they think. If you have anyone in your chain of command that's constantly on you, berating you, and otherwise acts inappropriately, you'll never seek help. They say, 'Oh, you're doing this just to get out of work.'" The situation also impacts this. One noted, "The key with operational units is that you don't have the flexibility as in the shore stations. Leaders say, 'Suck it up, buttercup, and let's move forward.'" Lastly, a member offered, "Our leadership needs to learn to be receptive and compassionate. The Navy's message as a whole may not be stigmatizing, but leadership has not caught on to how to address it when they have Sailors coming forward with complaints and problems."

While the previous paragraphs summarize some of the unsolicited frustrations of several focus group participants, it did not seem within the scope of this project to delve more deeply into systemic issues related to getting help after making the decision to seek it. Because focus group attendees volunteered to participate, as far as the research team could tell, self-selection could indicate elevated interest in the topic for any number of reasons. Some of the attendees volunteered the information that they had sought help for substance misuse or mental health issues. A few of these seemed surprisingly vulnerable by sharing their past and current struggles among colleagues. One person had a spouse in the mental health industry and others acknowledged having close friends who wrestled with addiction problems. Therefore, it may be safe to suggest that these participants had more opinions than most regarding the topic, based on personal experiences. At the same time, it should not be assumed that their interest invalidates their responses in the pre-survey focus group.

Sources of Help

The pre-survey selections of sources for help (noted in the previous section) make more sense when combined with supporting interview content. These connect with the issue of stigma in that "being found out" can harm a person's social standing and one's career, so trust affects help-seeking behavior.

The benefits of private professionals, the most-frequently chosen resource, include separation from the Navy network and faster access to an expert. One person said, "The private psychologist or psychiatrist gives you faster appointments and takes you out of the military environment. It helps you put your guard down because you're not always thinking, what if I say the wrong thing? My career is

over." Another added, "I definitely feel like speaking to someone not involved with the military. I was able to speak more freely and honestly with the VA psychologist versus when I spoke with a Navy psychologist. You see the uniform and see their officer rank, so you're intimidated and associate that with work."

Military professionals were often chosen among the best sources of help, which seems to contradict the initial concern for separation from career threats and thus the top-ranked private professional. This dissonance diminishes as those seeking help come through the natural structure of the Navy, while at the same time seeking expertise. Both sources make sense when considering the desperation felt and fortitude to fight the stigma when seeking help begins. Those who spoke against this source seemed more vocal than the numbers support, suggesting either negative experiences or greater fear shared by some. Opinions varied, such as one who said, "Getting into an outside provider was very difficult. There were a lot of pushbacks from my first command trying to do that because my community wanted access to my notes and everything." Yet another offered a different perspective. "I have been very familiar with the help-seeking service in the Navy because I consistently pursued them. My first experience with seeing a military behavioral health professional was that I wanted to know exactly what I couldn't say because I wanted to know where the line was. I think that was very reassuring to know that I was in control of my Navy career, even while I was trying to seek help."

Chaplains were the third most-frequently chosen go-to resource. Most of the comments supporting this group involved the sense of trust and confidentiality, along with convenience. Several noted that even though they did not feel religious, they appreciated the supportive and neutral position of the chaplain. One comment summarized this attitude: "I'm not personally very religious or even spiritual, but I've had a really great experience with a lot of the chaplains and they're very helpful." Conversely, another recognized that with the decrease in religious orientation, young people may not feel comfortable or even consider talking to a chaplain. Still, a couple of the officers noted that they often send Sailors to talk to them. One said, "I definitely say a military chaplain is the best because it's instant and everything you say is confidential." One participant noted that institutional trust is built into the role while another said, "It's a very under-utilized resource." An additional characteristic is that chaplains typically deploy with Sailors, making them available away from shore.

Fleet and Family Support was the fourth most-frequently chosen source overall. Convenience, trained listeners, and an overall supportive role of Fleet and Family on bases made this an attractive source. The downside noted by some, along with the chaplains, involves the source's lack of expertise. A

few commented on the unavailability of counseling services on some bases. While Sailors can find a supportive ear, they recognize the limitations of those not trained professionally.

Although not among the four most-frequent choices, several participants commented on the benefits of more informal yet trusted confidants, such as family members, friends, and DAPAs. At the same time, professionals interviewed at the start of this project suggested that many if not most of those who seek help do so because a friend or family member required them to, creating a perceived challenge to the supportive role. One member suggested the need for trained peer counselors, for both enlisted and officer levels, as they felt safer talking to a peer who was not just a friend. The summary regarding help sources is that while multiple ones exist, individuals report a variety of experiences (positive and negative), and most often feel concerned about three issues: expertise, confidentiality, and convenience. Additionally, confusion exists on what is and is not reportable and who will and will not report, going back to the stigma that seeking help can thwart one's career in the Navy and socially ostracize help-seekers.

Training Approach

Another emergent theme in the focus groups had to do with perceived gaps in training. One participant summarized what several noted by saying, “Our training is really good about identifying the resources but really bad and inadequate in identifying the appropriate resource for what the need is.” Another expressed the idea of distinguishing this from typical required training. “It seems that there has to be a different flavor of training than just the normal GMT click, click, click all the buttons until we get to the end. That really didn’t solve anything.” One participant noted a perceived need for more refined distinctions in issues noted in this project. “The Navy doesn’t really specify between a drinking problem, a drug problem, or a mental health issue. They just teach us the generic thing, what it looks like if somebody’s acting different.” Another added, “I think that’s our biggest issue, being able to identify when someone is having problems and when mental health issues cross the threshold.” An aviator countered with a slightly different view. “I think we’re (aviation) pretty good at sharing our problems and stressors when we have them. We do human factors boards all the time, so we’re used to being a little more intrusive because we have to be. At the same time, the problem we have is it’s difficult to pick out when somebody is experiencing a mental health issue and just normal stress. It can be hard to identify where the tipping point is until it becomes a crisis.”

Some of the comments focused on methodology that involved realistic scenario-based training with small group interaction. “Maybe it would be useful as a discussion, so you could get into some of the different options.” Another suggested, “If we put this in a group setting, it would work great. We can elaborate on what’s going on, what’s driving someone’s drinking.” Still, one more described a setting that trains people how to ask colleagues exploratory questions. “Starting a conversation or dialogue is very important. If I feel like an individual has an issue with alcohol or drugs or mental health, but doesn’t want to seek help, you could say, ‘Hey, you seem off’ or ‘Is anything wrong?’ You know, pulling them aside and asking them if they need help with anything can take the fear out it.” Other sub-themes involved training E-4s and E-5s who are in leadership roles in some commands, along with officer training so commands offer more responsive climates that reduce help-seeking stigma.

Although the previous content reflects perceived gaps in training, several comments acknowledge good elements. “The Navy does a respectable job with bringing up the basics when we do safety stand downs, two to four times a year. It’s always brought up like these are the signs to look for.” Another admitted, “I don’t know a ton about what the treatments are, but I know how to find the DAPA.”

Messaging

One additional sub-theme emerged from the interview transcripts, focusing on messaging preferences and feedback on examples provided. The comments, for the most part, paralleled the numerical feedback from the pre-surveys, so only a few additional observations are included here. Most of the enlisted Sailors spoke in favor of personal benefits and growing through emotional barriers. One member said, “Sailors are more than workers. They are people, so to make it through the tough times, growing through emotional barriers is key.” They did not seem motivated by helping the Navy at large and even expressed suspicion of marketing campaigns that ignored personal benefits. Both enlisted and officers wanted content that seemed more authentic and relevant. A few felt that the photos used in the two questions with graphics seemed cheesy in that receiving a citation would not motivate sufficiently and few people end up incarcerated or dead. Avoiding extremes and focusing on smaller and mid-range benefits seemed more realistic. Officers tended to value the graphic portrayals that included a family picture and placed greater emphasis on how their behavior could affect their team’s performance.

Summary of Results from Pre-survey and Focus Groups

The pre-survey and focus group interviews provided insights into various research questions. Stigma affects willingness to seek help although there are other equally significant help-seeking deterrents at play. As in most social-cultural phenomena, a problem is that stigma is more "caught than taught." The array of responses from even a relatively small sampling of Navy personnel reflects differences that gender, family of origin, personality, age, role, and experiences create. The implications of tribal storytelling convey how the telling and retelling of negative experiences with finding help after seeking it, getting put on hold, and resulting impacts on career fan the flames of stigma. Because people respond to their perceptions of reality more than reality itself, intentionally promoting positive storytelling could mitigate stigma's effect.

This relates to the types of messages likely to be more and less convincing to people seeking help. As the pre-survey results and subsequent group interviews show, fear and punitive-oriented themes rated lower than messaging about help and benefits to the individual. Some enlisted spoke energetically against framing messages promoting threats and adverse outcomes. While a few individuals liked these more adverse themes, they tended to come from male officers. Some messaging themes and frames were more positively regarded across ranks and genders, such as information on possible ways to seek help without negative consequences, and common lies we tell ourselves.

Rank and gender differences also emerged in terms of attitudes toward help-seeking. Rank differences included motivational sources, with officers leaning toward family, career, and team, while enlisted emphasized more personal outcomes. Officers more commonly thought seeking help was normalized in the Navy, whereas enlisted did not. More men elevated performance benefits, whereas women valued rewards of emotional growth. Five women participants related stories of being disregarded when they sought help, with their concerns trivialized, whereas no men told stories to this effect. Women also preferred caretaking message frames.

As noted, Navy personnel differ in their perceptions of help sources. At times, a conflict emerges between seeking expertise (private and military counselors) and confidentiality (chaplains and friends/family members). Women rated private professionals as the recommended go-to for help, whereas men prioritized Fleet and Family services. Again, more education on who and what is and is not reportable seems desired, as comments and stories sometimes conflicted with each other.

Finally, how do organizational factors affect help-seeking? Respondents highlighted the importance of unclogging the system so that when people sought help, they could do so with little friction. Improved responses to people seeking help could diminish the promulgation of negative stories that strengthen stigma. Additionally, management needs to make sure that the chain of command supports healthy help-seeking culture. Just as a thermostat sets the room temperature, leaders establish corporate climate. Individual communities vary dramatically, regardless of Navy policies, due to the influence of those in charge. Making sure that officers and those in power receive expert training on how to reduce the fear of seeking help seems important.

Follow-Up Survey

Based on the expert interviews and focus group meetings, we adjusted our research questions, including a new question about media usage. The sample messages and themes were revised and incorporated into a follow-up survey, designed for broader dissemination. Many people in the focus groups talked about organizational deterrents to seeking help, in addition to effects of stigma. In the follow-up survey, we built on that information, asked people to assess some typical Navy phrases, and provided opportunities for people to share their thoughts about improving Navy communication related to alcohol and drugs.

The Navy phrases used in the survey were taken from OPNAV Instruction 5350.4D (Chief of Naval Operations, 2009) because changes to language were under consideration for development of OPNAV Instruction 5350.4E. This document provides comprehensive alcohol and other drug abuse prevention and control policy and procedures for Navy military personnel and establishes regulations to enforce that policy. It also assigns responsibilities for a unified Navy Alcohol and Drug Abuse Prevention Program. Previously negative messages were revised with more expansive benefit and reward frames. The two visual questions were replaced with graphics offered by participants (off-then-on-ramp metaphor applied to Navy career and smiley-face vs. anxiety-face emojis). Finally, the follow-up survey included related questions about organizational factors, preferred sources of help, media preferences, and gender, rank, and community.

Research questions addressed by the follow-up survey include:

1) How do Navy personnel assess the effects of exemplary Navy language on stigma and willingness to seek help?

2) What message frames are perceived by Navy personnel to be effective in convincing people to seek help?
    a) How do perceptions about message frames and help-seeking differ between men and women, enlisted personnel and officers? How do these perceptions vary among different Navy communities?
3) How do organizational factors affect help-seeking?
4) How do Navy personnel perceive different types of available help such as peer support, chaplains, life counselors, and mental health services?
5) What kinds of media do Navy personnel use to obtain information?

Survey Methods

To address the research questions, structured questions asked respondents to 1) evaluate specific statements (excerpted from OPNAV Instruction 5350.4D) for their impact on both stigma and help-seeking for alcohol and drug-related issues; 2) assess the effectiveness of messaging statements and images in encouraging help-seeking for alcohol, drugs, or mental health issues; 3a) evaluate circumstances that might occur in their work environment to deter Sailors from seeking help for drugs, alcohol, or mental health issues; 3b) assess social and organizational context in their Navy community; 4) identify the three best resources from a list of sources for support for alcohol, drug, or mental health issues; and 5) report how frequently they use specific information sources for news, entertainment, or other information.

To supplement the structured questions, open-ended questions asked about 1) how the language in Navy policies and brochures affects stigma, 2) how the Navy could better communicate to reduce stigma, and 3) what change(s) would make it easier for people in their work community to ask for help with alcohol, drug, or mental health issues. Near the end of the survey, respondents were also asked to report their military community, rank, approximate percentage of staff in their work unit that are military versus civilian, gender, race/ethnicity, age, and any prior involvement with the stigma and help-seeking project.

Data collection

The survey was distributed using Qualtrics via an anonymous link. Focus group participants were invited to complete the follow-up survey, and additional survey invitations were sent to active-duty and Navy reservists via their commands. In addition, people who received an invitation to participate were asked to share the link with other uniformed Navy personnel. We distributed an anonymous link to

commands that had agreed to support the research and to students at the Naval Postgraduate School. Representatives from these organizations assured us that they email the link to their personnel, yet we only got responses from 63 people. The introduction to the survey made clear the purpose and anonymous nature of the survey:

> "Thank you for helping us identify effective ways to communicate regarding help for Sailors who have issues with alcohol, drugs, or mental health. The Navy is reviewing its communication related to these issues to reduce stigma that deters people from getting help. The goal of this study is to identify messaging strategies to encourage help-seeking. Results are intended to help the Navy improve its messaging and support for people who need help for issues with alcohol, drugs, or mental health. We desire open, honest, and if necessary, raw input. To enable this, nothing you say will be connected to your name."

Variables

To measure *perceptions about Navy language* related to drugs and alcohol, we excerpted seven examples of Navy language from OPNAVINST 5350.4D. Excerpts included language such as "Alcohol and drug abuse is detrimental to operational readiness and is inconsistent with Navy core values," and "Navy recognizes alcohol abuse and dependency are preventable and treatable." For each excerpt, we asked respondents to use a 1 to 5 scale to assess the extent to which the Navy's use of this language would "affect stigma and help-seeking for those with alcohol or drug issues." In each case 1 meant significantly reduce and 5 meant significantly increase stigma or help-seeking (measured separately).

We measured *perceptions of framing themes* such as social support, objective information about help-seeking, and potential for self-improvement. We included 17 examples intended to represent these potential frames. Examples include "You're not alone; we're here to help you," "Enhance your emotional resilience," "Reach new heights in your career," and "Here are ten lies we tell ourselves about alcohol and drug abuse."

We measured perceived *help-seeking deterrents* such as possible concerns about coworker attitudes or behaviors, family and friends' reactions, career issues, and barriers in the organizational context. Examples of the 13 items include "Believe they may not be able to get an appointment for treatment," "Have concern that co-workers would have a negative perception about them," "Worry they may disappoint friends or family," Worry about negative effects on their Navy career," and "Have a job with demands that don't leave enough time for help-seeking."

To measure the s*ocial and organizational context within respondents' communities*, we asked people to use a 1 to 5 scale to indicate the extent to which each of ten statements is "true within your Navy community?" Statements included positive and negative coworker behaviors, leader behaviors, and group/organizational activities. Examples include: "Culture fosters significant alcohol use," "Community is supportive of people seeking help for alcohol, drug, or mental health issues," "People are unsure of where to go for help," "Leaders show that they care about people's well-being," "Co-workers tell negative stories about what can happen when seeking help."

To identify *preferred sources of support* for alcohol, drug, or mental health issues, we asked respondents to select the three best resources from a list of nine options plus "other." These options included "Military mental/behavioral health professional," "Military chaplain," Navy DAPA," "Talk Boss/Psych Boss/Deployed Resiliency Counselor," "Military OneSource," "Fleet and Family support center counselor," and a variety of non-military resources.

We measured *use of online media* with ten options (plus "other") using a Likert scale where 1 = never, 3 = weekly, and 5 = more than once per day. Under a header of "Information Sources," the survey question asked, "To what extent do you use each of the following for news, entertainment, or other information?" Options included specific real-time media, online forums, YouTube, Facebook, email, and internet searches.

Demographics included community, gender, rank, race, and age categories.

Open Questions aligned with our first three research questions. They were phrased as follows:

1. How does the language in Navy policies or brochures affect stigma?
2. How could the Navy communicate better to reduce stigma?
3. What change(s) could make it easier for people in your work community to ask for help when they're concerned about their mental health or struggling with alcohol or drugs?

Follow-Up Survey Results

Of the 63 respondents, 27 completed all the questions, and five partially completed the survey. The others clicked on the link but did not answer a significant number of questions. This left us with only 32 usable responses, which do not provide a reliable representation of the Navy population. The small sample size precludes causal modeling or tests of differences among Navy communities. Nevertheless, the responses do show trends, and differences in reports by men and women, enlisted and officers are

statistically significant despite the small sample. We report mainly descriptive statistics, factor analyses, and some comparisons between male and female or enlisted and officer perceptions.

Participants

Respondents were 77.78% male, 18.52% female, and 3.7% who preferred not to say. None self-identified as non-binary. Race/ethnicity composition was 70% White/Caucasian, 10% Black/African American, 3.3% American Indian or Alaska Native, and 16.7% Other or Prefer not to Say. None self-identified as Asian, Pacific Islander, or Hispanic. We received more responses from officers than from enlisted, as shown in Table 8. Responding to a question asking the approximate percentage of staff in their work unit that are military vs civilian, 62.96% indicated that their work unit is nearly all military. Another 29.63% estimated that their work unit comprises about 75% military/25% civilian. The remaining 7.4% work in majority-civilian work units.

Respondent Rank	**%**
Junior enlisted	3.85%
Senior enlisted	30.77%
Junior officer	46.15%
Senior officer	19.23%

Table 8. Distribution of participant ranks

Effects of Navy Language on Stigma and Help-seeking

Respondents' assessments of Navy messages indicated that language emphasizing negative performance effects increases stigma, and language emphasizing treatment possibility reduces stigma. Similarly, phrases that emphasize treatment, recovery, and successful return to duty following treatment were perceived to increase help-seeking. Means are presented in Table 9, broken out by gender of respondent. Statements about substance abuse being detrimental to operational readiness and inconsistent with Navy core values and about dysfunctional behaviors associated with substance abuse were both reported to increase stigma. The example phrase stating that activities that encourage

personnel to drink irresponsibly shall not be tolerated was rated as increasing stigma and decreasing help-seeking, with particularly strong effects among women.

Navy phrase from OPNAVINST 5350.4D	Gender			
	Total Mean	Male	Female	Prefer not to answer
detrimental to operational readiness (Effect on stigma)	3.741	3.667	4.200	3.000
detrimental to operational readiness (Effect on help-seeking)	2.741	2.857	2.200	3.000
inconsistent with personal excellence (Effect on stigma)	3.037	2.952	3.400	3.000
inconsistent with personal excellence (Effect on help-seeking)	2.741	2.762	2.600	3.000
dysfunctional behaviors associated with substance abuse (Effect on stigma)	3.778	3.714	4.000	4.000
dysfunctional behaviors associated with substance abuse (Effect on help-seeking)	2.741	2.857	2.200	3.000
drug dependent... offered treatment prior to separation (Effect on stigma)	2.880	2.895	2.800	3.000
drug dependent... offered treatment prior to separation (Effect on help-seeking)	3.160	3.053	3.600	3.000
alcohol dependent... returned to full duty status upon successful completion of... treatment (Effect on stigma)	2.346*	2.500	1.600	3.000
alcohol dependent... returned to full duty status upon successful completion of... treatment (Effect on help-seeking)	3.692*	3.500	4.600	3.000
Activities... encourage personnel to drink irresponsibly shall not be tolerated (Effect on stigma)	3.481	3.429	4.000	2.000
Activities... encourage personnel to drink irresponsibly shall not be tolerated (Effect on help-seeking)	2.577	2.650	2.200	3.000
Navy recognizes alcohol abuse and dependency are preventable and treatable (Effect on stigma)	2.593	2.571	2.600	3.000

Navy recognizes alcohol abuse and dependency are preventable and treatable (Effect on help-seeking)	3.333*	3.143	4.200	3.000
* Means are significantly different between genders at $p < .1$				

Table 9. Mean perceptions that Navy language increases stigma and help-seeking

Women responded significantly more favorably to the positive framing than did men. For example, the phrase, "Sailors who are diagnosed as "alcohol dependent should be returned to full duty status upon successful completion of prescribed education, intervention, or treatment" was seen by women as reducing stigma (M = 1.6) and increasing help-seeking (M = 4.6) to a greater degree than by men (p = .08 and .05 respectively). Relationships between perceived stigma and help-seeking varied by focus and theme. They tended to be negatively correlated, but given the small sample size, we hesitate to draw specific conclusions.

Textual comments about how the language in Navy policies or brochures affects stigma

Most of the written comments focused on the perceived negative effects of current Navy messaging, implying that these added to the stigma and reduced help-seeking. One individual conveyed a lack of trust, noting that self-referrals are deemed safe, yet that is not true for some positions. Another comment likewise noted concerns about confidentiality. Because drugs especially are not tolerated, respondents indicated that those using them will not seek help out of fear of being discovered. They saw a gap between what is said as opposed to what is done. One person wrote, "It is pushed as a negative thing about the person, vice a health problem that can be addressed." A couple of respondents questioned whether messaging matters, suggesting that people needing help will not consult the brochures and policies and that ultimately command's requirement for productivity will prevail. Thus, negative messaging tends to increase stigma and discourages people from pursuing help.

Perceptions of Message Frames

Messages about help-seeking were rated more highly when they included information or encouragement about obtaining help without risking one's career. Success stories from Sailors rated highly (M = 4.0). Women were generally more positive than men, particularly about messages related to getting help while preserving their career. Officers were generally less positive about most message frames than were senior enlisted. The new visuals, based on focus group suggestions, were not seen as

effective ways to inspire help-seeking (M = 2.45), and while they were modestly correlated (*r* = .286, *p* = .07), they did not load significantly with other variables. The message frames appear in Table 10 below, with asterisks to indicate means that differ significantly based on gender or rank.

Message frames presenting objective information about help-seeking while preserving one's career loaded with social examples about successful people who got help. Examples include "ten lies we tell ourselves about…" and "success stories from fellow Sailors who sought help.". A scale was created by averaging these six items (*alpha* = .913). This category of messages was perceived to be somewhat effective to increase help-seeking (M = 3.68). Note that diagnostic messages such as "information on when help is warranted" and "how many drinks per week are too much?" did not load with this factor. Reflecting a potential difference in framing effect, the more generic information theme, neutral in tone, was rated positively (M = 3.69) while the negatively framed number of drinks that are too much was rated negatively (M = 2.48).

Message frames focused on self-improvement and team membership/support also loaded together. Among frames about resilience, removing obstacles, and reaching new career heights, this factor also included indications of organizational/team support and possibility to keep security clearance. A scale was created by averaging these six items (*alpha* = .904). These messages were perceived as neutral or somewhat effective to encourage help-seeking (M = 3.39).

Message Frame	Gender				Rank Grouping			
	Total Mean	Male	Female	Prefer not to answer	Junior enlisted	Senior enlisted	Junior officer	Senior officer
Remove obstacles that are holding you back	3.5	3.5	3.6	3.0	4.0	3.6	3.6	3.0
Reach new heights in your career	3.2	3.1	3.4	3.0	5.0	3.1	3.1	3.0
Enhance your emotional resilience	3.0	2.9	3.4	3.0	4.0	2.6	3.2	3.0
Protect your career by getting help before there's an incident	3.4*	3.1	**4.6**	3.0	4.0	3.3	3.8	2.6
Here are ten lies we tell ourselves about mental health	3.4*	3.5	3.0	3.0	2.0	**4.1**	3.4	2.4
Here are ten lies we tell ourselves about alcohol and drug abuse	3.3	3.4	3.0	3.0	2.0	4.0	3.4	2.4

Information on when help is warranted	3.7*	3.5	**4.2**	4.0	3.0	3.6	3.9	3.4
How many drinks per week are too much? Men 14; Women 7	2.6	2.5	2.8	3.0	1.0	2.6	2.3	3.2
You're not alone; we're here to help you.	3.3*	3.3	3.2	3.0	5.0	**4.0**	2.7	3.4
Information on where you can get help confidentially	4.0	4.0	4.2	3.0	5.0	4.5	4.1	3.2
You won't automatically lose your security clearance by getting help	3.8	3.6	4.4	4.0	5.0	3.8	4.0	3.2
Your team needs you. Stay strong, inside and out! Get help.	3.4	3.5	2.8	3.0	5.0	3.6	3.2	3.2
XX% of self-referrals for drug or alcohol problems obtain help with no disciplinary action	3.6*	3.4	**4.4**	4.0	4.0	3.8	3.9	2.8
Here are some success stories from fellow Sailors who sought help	4.0	3.9	4.6	3.0	5.0	4.4	4.2	3.0
Some of the greatest achievers throughout history have sought help for substance misuse or for mental health support	3.7	3.7	4.2	3.0	5.0	4.1	3.8	2.8
Visual: pause and rejoin career	2.7	2.8	2.4	3.0	4.0	2.9	2.6	2.4
Visual: happy/anxious faces	2.2*	2.2	2.0	3.0	1.0	**3.1**	1.8	2.0

Table 10. Mean perceptions of message frame efficacy, broken out by gender and rank

Textual comments about how the Navy could communicate better to reduce stigma

Respondents offered an array of suggestions, such as incentivizing leaders to care for their subordinates, training Sailors on how to recognize symptoms of drug and alcohol issues, and changing language that it is okay to be not okay and seek help. The latter includes communicating help resources, but not through GMT methods or more "Warrior Toughness" content. Three people focused on elevating confidentiality while reducing the risk of derailing a career for seeking help or at least reducing the loss when "taking a knee or using an exit." One fatalist noted, "We can't (reduce stigma). How can we reward those who are sustained superior performers without inadvertently creating a stigma for those who aren't?"

Perceived Deterrents to Help-seeking

In general, people reported moderate deterrence to help-seeking from concerns related to coworkers and somewhat less deterrence from contexts in their work unit and from personal relationships. Figure 1 shows perceived impacts of the possible deterrents. It is worth noting that all these potential deterrents to help-seeking were deemed by many people to be occurring in their organization.

Three types of deterrence emerged from the data. Seven of the contextual deterrence items loaded on one factor, which we designated as co-worker-based deterrence. The scale demonstrated adequate reliability (*alpha* = .878), and mean perception of deterrence from those sources was 3.73 (where 4 indicates that these circumstances "moderately deter" help-seeking in their work unit). Worry about career effects (M = 4.14) and lack of time due to job demands (M = 4.07) were cited as moderate deterrents. Concern about coworker perceptions of them was another contributor to this group of deterrents (M = 4.0). Two deterrence items about relationships with family and friends loaded together and were averaged to create a scale measuring deterrence related to concerns about family and friendship relations (*alpha* = .937, Mean = 3.33). Four sources of structural deterrence loaded together and formed a scale (*alpha* = .809, Mean = 3.47). Items included belief that they may not be able to get an appointment (M = 3.93), inadequate funds for preferred source of help (M = 3.24), uncertainty about where to go for help (M = 3.34), and work environment that fosters alcohol use (M = 3.34).

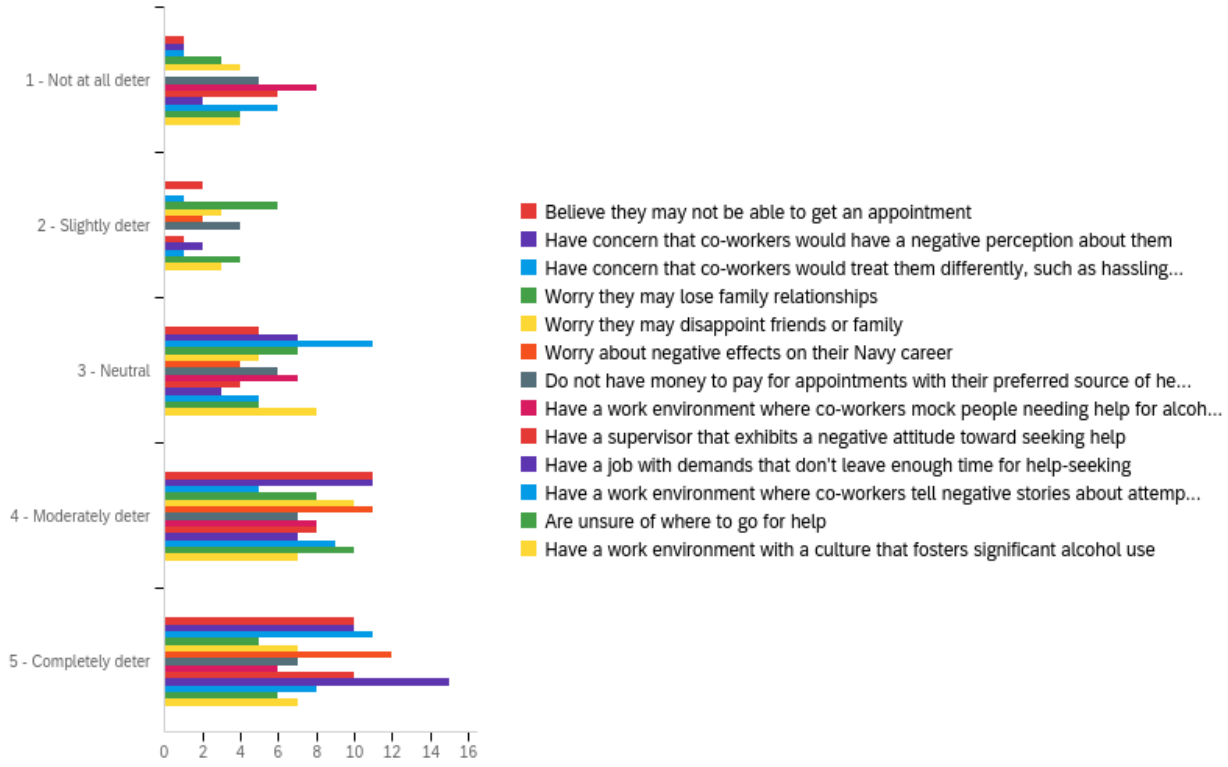

Figure 1 Possible Deterrents of Help-Seeking in Navy

Aspects of the Social and Organizational Context

Assessments of Navy community impacts on help-seeking were largely neutral to positive, with a few exceptions. Job demands were perceived by many to disallow time for help-seeking (Mean = 3.52). While leaders seldom-to-sometimes exhibit a negative attitude toward seeking help (Mean = 2.44), perceptions that "leaders show that they care about people's well-being" varied significantly across ranks. Mean perception that leaders demonstrate caring ranged from 2.5 among junior enlisted to 3.8 among senior enlisted, and from 3.3 among junior officers to 4.6 among senior officers (p = .03). Negative social influences loaded together, including three negatively framed items and two reversed items. These were averaged to form a scale of negative social influences (*alpha* = .863). A culture that promotes alcohol, a demanding work schedule, and nonavailability of non-alcoholic drinks at group events formed a scale that we designated as negative work-group effects on alcohol use and help-seeking (*alpha* = .707). Analysis of these scales indicated that negative social influences occur seldom to sometimes (Mean = 2.41, where a score of 5 would indicate that statements about negative social influences are always true). Negative work group effects occur sometimes (Mean = 2.79). Two items formed a scale representing knowledge about how to get help (*alpha* = .677, M = 3.59). These items

indicate a situation in which information about sources of help is readily available (M = 3.93) but people are sometimes unsure of where to go for help (M = 2.74, note that this item was framed negatively). Detailed responses appear in Figure 2.

Textual comments about change(s) that could make it easier for people in your work community to ask for help when they're concerned about their mental health or struggling with alcohol or drugs

Responses to this question could be summarized in three words: honesty, expansion, and leniency. Honesty refers to the open discussion with Sailors about treatment options and how the command intends to limit the impact on their careers. Expansion expresses the importance of increasing available resources so that those seeking help can do so more quickly, without jumping through hoops, including non-military options to avoid command finding out about their situation. Leniency focuses on reducing the risk of seeking help, temporarily decreasing workload, and letting a medical professional determine an individual's capacity. One person wrote, "If we can grant Sailors 12 weeks of parental leave without impacting their careers, we should be able to do the same for a Sailor needing assistance with drugs, alcohol, or mental health issues. It should be considered convalescence."

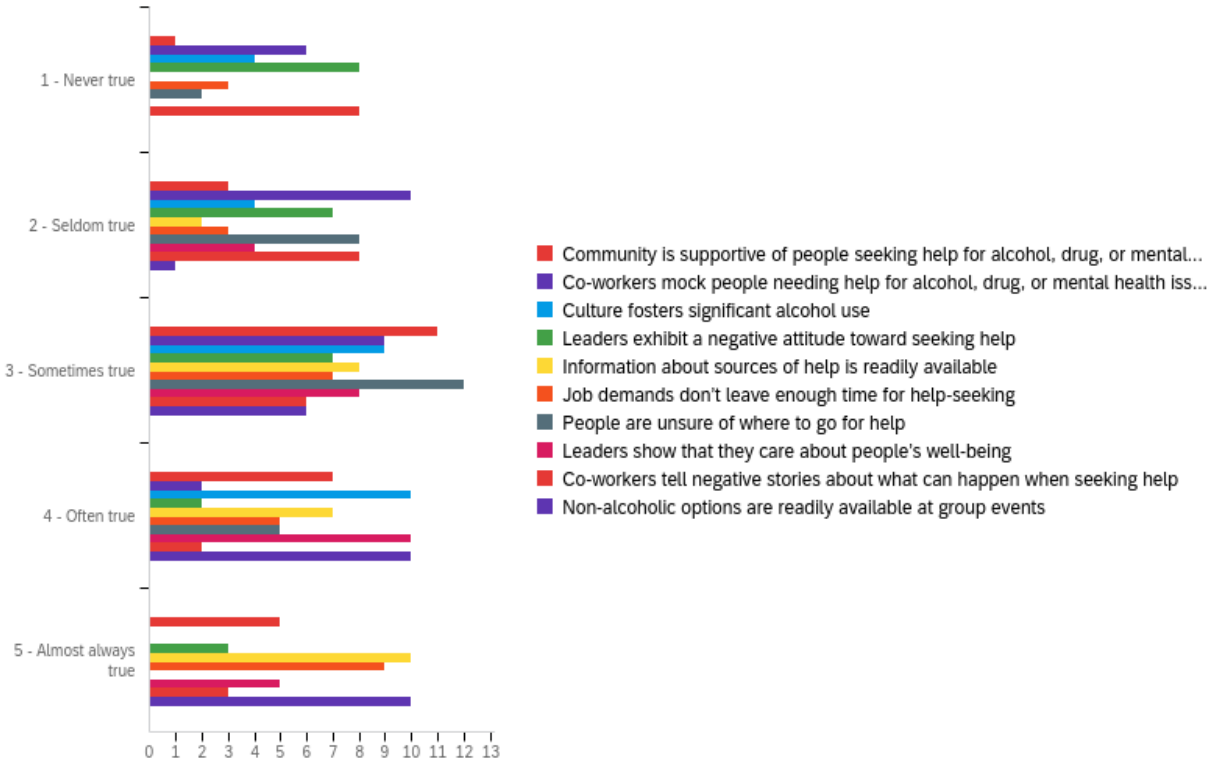

Figure 2 Social Environment within Respondents' Community

Preferred Sources of Support for Alcohol, Drug, or Mental Health Issues

Asked to select the three best resources from a list of options, respondents most often chose military health professionals, chaplains, and private mental health care practitioners (see Figure 3). Comments indicated that private options are better to preserve confidentiality, but this can be too expensive for some Sailors. As well, military resources may be limited. One respondent said that, "Military OneSource and FFSC only offer 12 free sessions, which may not be enough for someone to find a counselor they can build an effective relationship with."

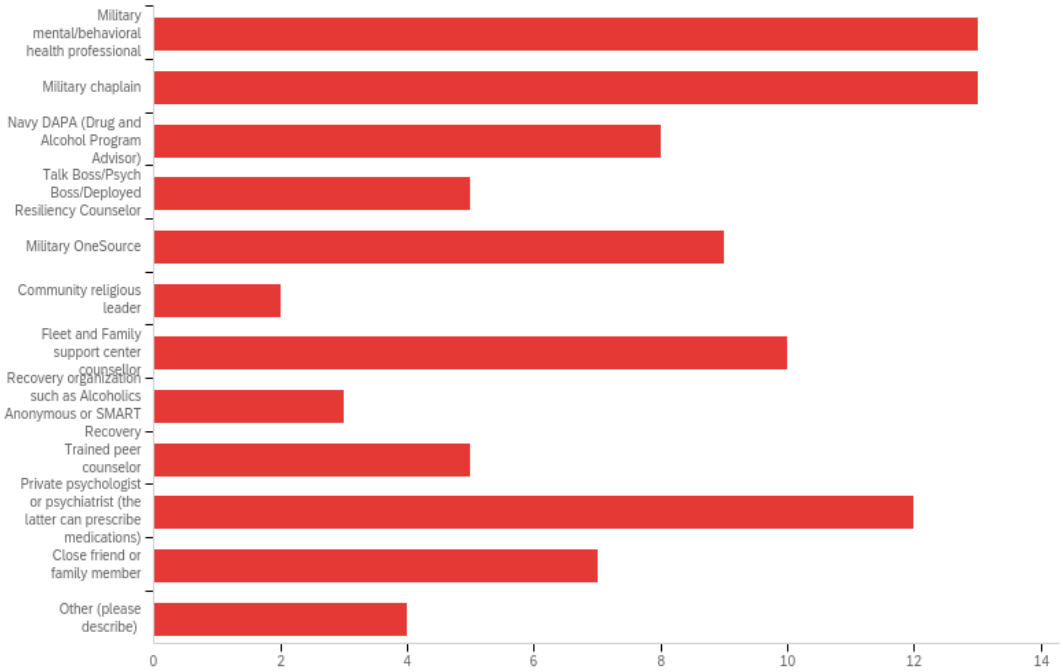

Figure 3 Best Resources for Navy Help-Seekers

Frequency of Media Use to Obtain Information

Most respondents reported little use of many popular communication media. TikTok, Twitter, Snapchat, and Virtual Reality social sites formed a scale that we designated as real-time and VR media (*alpha* = .804, Mean usage = 1.63, indicating never-to-less than once per week). These tend to be more recently available media, so we suspect that this grouping reflects an underlying tendency to adopt new technologies. They were not popular among respondents. Use of online forums and Instagram formed a separate scale (*alpha* = .837, Mean = 2.52), also not heavily used by respondents. YouTube and

internet searches formed another scale (*alpha* = .729, Mean = 3.13) that we designated as specific searches, in contrast to quick bits of information that pop up through other media. This category of media was most used by respondents, averaging somewhere between weekly and daily use. Facebook (M = 3.0) and online/email news (M = 2.59) did not load with the other media. Details appear in Figure 4.

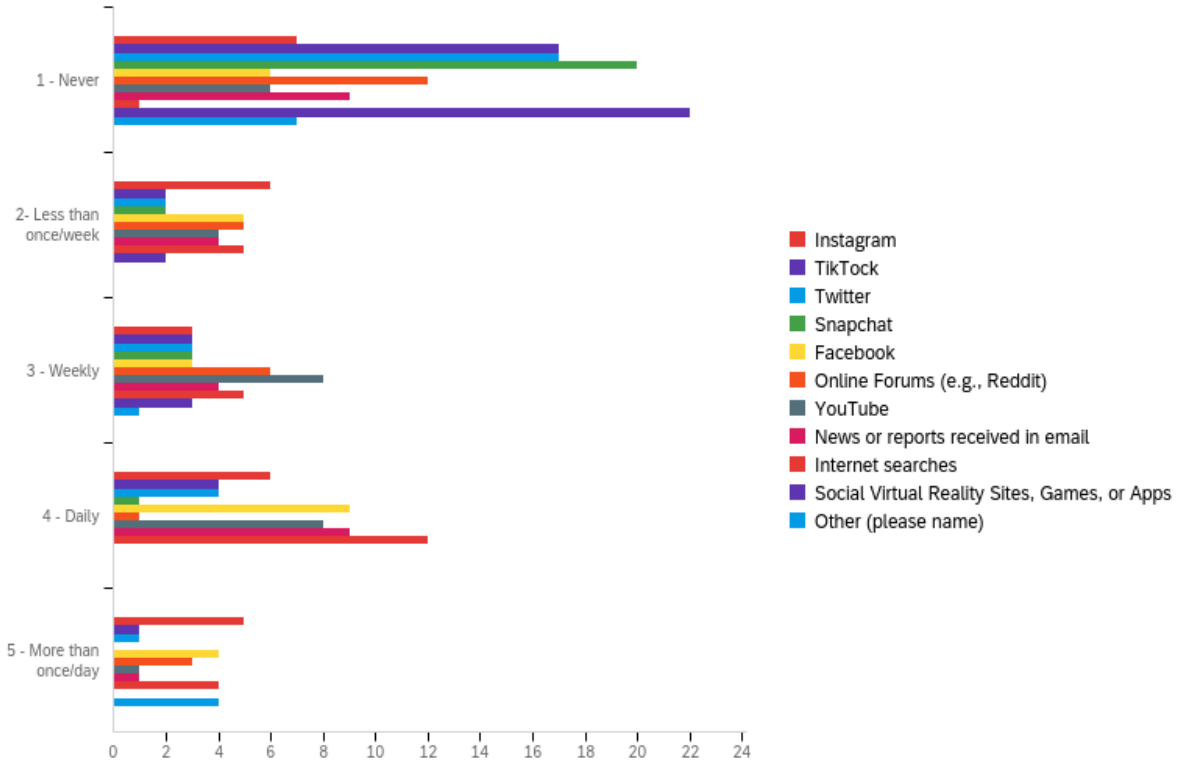

Figure 4 Frequency of Media Use to Obtain Information

Summary of Survey Results

The follow-up survey included passages from a Navy document, and it addressed message themes distilled from the interviews and focus groups, media preferences, organizational factors, and sources of help. In general, women were more receptive than men to positive messaging about potential benefits of seeking help without damaging their careers.

Navy messages from OPNAVINST 5350.4D were rated as reducers of stigma and increasers of help-seeking when they provided information about recovery plans and ability to continue one's career. Navy statements emphasizing negative effects of substance misuse were seen to increase stigma and reduce help-seeking. In contrast, respondents reported that positive career messages, such as returning

to full duty status upon successful completion of treatment, would strongly decrease stigma and increase help-seeking. Again, the effect was stronger among women. Finally, there was a perceived gap between what is said versus what is done. Results suggest that the Navy could reduce stigma by communicating about substance misuse less as a personal flaw and more as a treatable health problem.

Similar to findings about specific Navy messages, example frames were rated more highly when they included information or encouragement about obtaining help without risking one's career. Women were generally more positive than men, particularly about messages related to getting help while preserving their career. Specific frames that seem promising include objective presentation of information about how to recognize a problem, how to get help without risk to career, and storytelling or other relatable examples of Navy personnel who have successfully sought treatment and gone on to accomplish their goals. When providing information about recognizing a problem with alcohol or drugs, a neutral tone was deemed to be effective while a negative tone was not. Respondents favored encouragement over "tough talk."

Respondents identified several organizational factors that support or deter help-seeking in their work units. Concern about coworker attitudes, perceptions, and behaviors was seen as moderately deterring help-seeking. Inability to get an appointment was named as the strongest structural deterrent, and lack of time due to job demands was cited as a moderate deterrent. Perceptions of leadership investment in people's well-being varied significantly across ranks, with junior enlisted indicating that leaders seldom to sometimes show that they care. Information about sources of help is often readily available, but people are sometimes unsure where to go. Respondents recommended more open discussion with Sailors about treatment options and likely impacts on their careers, alongside expansion of resources and accommodations that reduce the career risk of seeking help.

Respondents most often identified military health professionals, chaplains, and private mental health care practitioners as the best resources for help. They reported using internet searches and YouTube more often than other electronic media for news, entertainment, or other information.

Conclusions

As society wrestles with the challenges of substance misuse and mental health issues, researchers have begun to identify frames that increase effectiveness of messages intended to diminish stigma and encourage people to seek help. Aspects of the specific audience influence relative

effectiveness of distinct frames, such that successful development of communication strategies depends on understanding the fit between specific messages and the target audience. This study identified several underlying concepts that make a message frame more or less appealing to active-duty Navy personnel.

Ten practical themes emerge from this study:

1. *Messaging matters*: A large majority of focus group members suggested that communicating positive benefits of help-seeking is more effective than fear and threat-oriented messages. This aligned with recent research among civilian populations. Other than a handful of individuals who thought the latter would grab attention better (typically male officers), several participants articulated their disdain for perceived exaggerated threats, coercive messaging, and punishment-oriented framing. Most saw benefit-focused wording as more compelling, and a focus on the individual more sincere. Plus, a desire for authentic, relatable, and personal testimonies emerged as important themes to consider in designing messages.
2. *Demographic framing*: Pre-survey and follow-up survey questions included gender, rank, community, and ethnicity. The sample size did not provide sufficient data for statistically reliable conclusions. Yet, based on demographic trends and anecdotal comments, officers seemed to respond more favorably to messages emphasizing family, career, and especially team. Enlisted members tended toward more individualistic themes. Women were more favorable to a variety of positive message frames than were men. The idea that 'not every sailor is the same' came up several times in the discussions. Additional work is needed to fine-tune communication strategies to reach these distinct demographics. In addition, senior leaders need to understand the gaps between their perspectives and the feelings and beliefs of enlisted people and junior officers. Framing distinctly different messages for officers and enlisted may serve these groups more effectively.
3. *Issue discrepancy*: The study included issues related to alcohol, drugs, and mental health. Discrepancies emerged in terms of perceived needs among these three. For some, drugs did not seem to be a significant concern due to testing and the zero-tolerance policy; however, some focus group members suggested this was not true, based on what they'd personally experienced among colleagues and that some common drugs are not included in the random tests. Several individuals noted that alcohol misuse seems to be frequently addressed. At the same time, it is problematic because it so widely occurs in certain communities, including special forces. Alcohol

use seems to be part of the culture and is unlikely to be challenged outside of overt job limitations and DUI incidents. Most agreed that mental health issues presented a significant need, yet the inability to discern symptoms and lack of education among colleagues created a reticence to approach peers regarding this. Separating these issues may complicate long-term resolution (see item #7 below).

4. *Climate influence*: Several participants noted the significant differences that leadership makes in either creating an empathic cultural climate to seek help or one hostile to this. Command attitudes toward supportive versus punitive responses to perceived issues impact Sailors' willingness to seek help and acknowledge concerns in this area. This represents an organizational culture need for officer training that educates leaders on substance misuse and mental health issues, along with emotional intelligence that emphasizes empathy. Making this part of the curricula in officer training may help remedy these differences.
5. *Address systemic chokeholds*: One offshoot emerging during the focus group conversations involved frustration with processing and resource-finding. These represent a systemic problem with finding suitable support in a timely manner. A few of the participants noted first and secondhand experiences of being placed in a queue lasting several months, before having initial contact with a support staff member, and others reported being told that there were no available appointments. Stories referring to unavailable resources may deter others from finding help if they think that they will be placed on hold for weeks and months. Getting to the point of seeking help often represents a point of crisis. Calling 911 (actually or metaphorically) only to be put on hold indefinitely, results in significant frustration and some participants argued that lack of available help contributes to suicides. Whether real or not, social perceptions impact present attitudes, thus increasing stigma. Capacity needs to be expanded to avoid these negative stories and the practical risk that we open the floodgates of people seeking help, only to exacerbate the problem of receiving it in a timely manner.
6. *Safe zones*: A significant matter emerged in terms of wondering who is and is not a confidential resource when seeking help. Two individuals mentioned colleagues who sought help for depression, only to be placed on psych holds that became part of that person's file. Many people reported concerns about losing their security clearance and being removed from their duties. This created a fear that talking to the wrong person can result in a person being unable to progress in their career or even being removed from their job. Education on who can provide confidentiality and what that means seems to be an important solution to mitigate help-seeking

stigma. For example, in the nuclear community a person taking anti-depressants is placed on a list limiting job roles that is then promulgated, creating fear and social stigma. And in the aviation community being removed from duty is a real possibility.

7. *Chicken or egg dilemma*: While substance misuse and mental health issues are frequently separated, in terms of themes, reality suggests they are often related. Self-medicating to reduce the negative effects of psychological problems is common. Thus, if we place too much impetus on addressing symptoms such as drug and alcohol misuse, we may miss underlying troubles. By focusing on symptoms and not root issues, we only offer an interim solution at best. Because mental health issues often result in substance abuse, we need to look beyond the addressing just the latter. Separating them programmatically and in messaging may exacerbate the problem of seeing these as unrelated issues.
8. *Celebrate the wins:* Some of the participants noted that they receive warnings to avoid substance misuse and seek assistance if needed, without hearing the positive results of getting help. Participants indicated that telling stories of victories, Sailors who pursued help and then returned to work, are effective in reducing stigma and encouraging people to seek help. Many people recommended that individuals give testimonials of facing their challenges and how they overcame them, without scuttling their careers. Also, explicitly rewarding those who successfully seek help and excel sends a clear message of support.
9. *Educate to reduce fear*: The word stigma focuses on fear, real and perceived. The term 'ignorance' means a lack of knowledge. Fear of the unknown is at the root of stigma. Elevating people's awareness and educating them about practical examples of when to find help, how to do it, and then what the process looks like, should reduce the fear factor prevalent in stigma related to help-seeking. Doing this in a manner that transcends the negative attitude toward government-mandated training presents a challenge requiring creative message design.
10. *Normalize help-seeking*: While a few male officers in this study believed that help-seeking had become normalized in the Navy, the rest did not. Comfort in talking about matters like these in ongoing workplace discussions should destigmatize taboo topics related to experiencing substance use and mental health matters and their remedies. Several participants in this study offered unsolicited advice that the solution to this dilemma was not a slicker Navy marketing campaign. Rather, a grassroots focus on individual communities was needed, facilitated by better educated and empathic leaders. A multi-faceted strategy seems necessary to complete this important mission.

Recommendations

Stigma that reduces help-seeking for substance misuse and mental health issues represents a strong, social influence that impacts behavior. In the Navy, this specifically includes fear of peer ostracism, career derailment, and team exclusion. Open discussions with designated, trained facilitators will move communities toward normalizing help-seeking. Clearly denoting non-reportable and reportable topics, along with roles that can and cannot offer confidentiality, is needed to reduce fear of the unknown. When information is missing, people seemed to fill it with the negative. Thus, education-based message framing needs to be contextualized to the dynamics of the specific audiences. One size will not fit all, meaning strategic communication plans will be necessary to reach enlisted versus officers, men versus women, and members of distinct Navy communities.

A proactive plan would include message framing that targets various demographic groups (men, women, officers, enlisted) with positive, rewards-oriented themes, emphasizing personal and team benefits. We recommend providing objective information about recognizing when someone needs to get help and outlines ways to obtain help without negative career consequences. A multi-faceted approach would involve training leaders to influence organizational factors that create a supportive climate for help-seeking. Pedagogical methods should focus on realistic, scenario-based curricula, facilitated in small discussion groups, along with testimonials of successful outcomes. A parallel impetus should include improving the capacity to reduce wait times and cut red tape. These efforts will lower the help-seeking stigma for Navy personnel, elevating the readiness factor of our men and women.

Limitations and Future Research

The main limitation of this study involved the small sample size in terms of individual participants and Navy communities. Out of the five approved commands, four agreed to recruit volunteers and only three provided names and contact info. Among these, 42 initially volunteered, while only 31 completed the 10–15-minute pre-survey and one-hour virtual focus group. After a follow-up survey was developed, all 42 received multiple email requests to forward an online survey link to active duty and reserve personnel in their network. Around 30 other individuals agreed to share the link throughout their network, including other communities and a schoolhouse. The net result of inviting many hundreds of people to answer this survey, over the course of a month, was only 63 respondents.

Despite news events like the USS George Washington, where three Sailors committed suicide in a single week (May 2022), interest in responding to a short, confidential survey on ideas to improve help-seeking did not seem strong. Email fatigue seemed like a logical initial explanation, but two of the four researchers were involved in other studies at the time, both of which resulted in 100s of survey responses. This catalyzed a question, why do people not seem interested in this topic? Has it been overdone? Do they feel it does not apply to them? Do they not care about Sailors who are struggling with substance misuse? Do they not want to share their ideas for fear of negative repercussions?

Future studies might look at the latter issue, related to motivation versus apathy in dealing with substance misuse and mental health issues. Naturally, looking at a broader range of communities and a larger sample population could offer more specific demographic breakdowns and implications. Related themes raised in this study could generate niche projects investigating issues of gender differences, officer versus enlisted attitudes and behavior, the role of command climate on stigma, and pilot studies investigating training methods. Additionally, a review of effective programs in other organizations, social sectors, and countries could shed light on how we enhance the readiness of the men and women of the United States Navy.

A Personal Note

Words matter. That represents the essence of this project on framing messages that make it easier for people to say "yes" to seeking help. Stories offer words in narrative format, providing potent means to catalyze thoughts, influence attitudes, and thus change actions. Following is a story from one of this project's team members.

On November 7, 2018, a former Marine, wrestling with post-traumatic stress disorder, shot and killed 11 young adults during college-night line dancing at Borderline Bar and Grill in Thousand Oaks, California. Ventura County Sheriff Sgt. Ron Helus (54) also died in the exchange, along with the gunman. This catastrophe took place less than a mile from one of the research team member's homes, whose son attended similar events at Borderline. Helus's grave happens to lie directly next to the researcher's family plot. Previously touted as one of the safest cities in the United States, the Thousand Oaks mass shooting reminded us that no community is immune from the enemy of mental health issues and substance misuse.

If there is a secret sauce to the recovery movement, then it lies in the ability to distinguish the addiction from the addict. One is our enemy, and the other is not. Stigma's potency lies in its deceptive ability to confuse the two. For some reason, many think that struggling with substance misuse or mental health issues makes them the enemy, so they avoid confronting that possibility at all costs. Distinguishing alcoholism from the alcoholic does not absolve individual responsibility, but rather moves the coordinates toward the real target. Blue on blue is a dreadful scenario—the horror of same-side parties attacking each other. The stigma of help-seeking in the Navy represents a friendly-fire scenario to many, whether real or perceived.

Cumulatively, individuals' enemies become our corporate foes, the same way allies fight to protect each other. The question becomes, how do we assist our Navy personnel by showing them we are their ally, not their enemy? How do we convey that we are not against you for your struggles, but for you against your struggles? Even more difficult, how do we legitimately do this while not jeopardizing the safety and security of each other and our greater mission? These are the things that keep good people up at night. If they do not, Borderline-type events will continue.

Enemies today operate with stealth. We do not see them until they fly planes into buildings or push buttons on explosive vests in malls. Saddam Hussein hid in a hole and Osama Bin Laden camouflaged himself in a residential neighborhood. Like those enemies, substance misuse and mental health issues go undetected, shrouded by a modicum of productivity and social skills. Make no mistake, these too are terrorists. The enemies, addiction and instability, hide in our midst until someday showing up as a DUI, breakdown, suicide, or shooting. Just as we turn our best minds and technology toward combating foreign foes, we must continue to transfer that same excellence toward defeating the forces sabotaging us from within. While different, they do similar damage.

A month after the Borderline shooting, the FBI took down its investigation tent. Cars sported bumper stickers and people wore t-shirts stating, "TO Strong" (Thousand Oaks). The convoluted cornucopia of candles, flowers, and pictures on the street corner disappeared as the city constructed a permanent memorial in a city park; anniversary events followed, each year's attendance dwindling from the previous. In the meantime, what have we done to combat the real enemy behind the Borderline massacre? Hopefully, projects like this will starve the stigma that prevents people from doing battle with these foes that affect us all.

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APPENDIX A

MFT Counselor Recommended Educational Videos

The following TED Talks were recommended as useful sources of information for people who may need help for drugs or alcohol:

The Stigma of Addiction w/ Tony Hoffman https://www.youtube.com/watch?v=FuooVrSpffk

The Game Has Changed by Chris Herren https://www.youtube.com/watch?v=gAZ9aL30qOI

Everything You Think You Know About Addiction is Wrong by Johann Hari https://www.youtube.com/watch?v=PY9DcIMGxMs

The Power of Addiction and the Addiction of Power by Gabor Mate https://www.youtube.com/watch?v=66cYcSak6nE

Recover Out Loud by Tara Conner https://www.youtube.com/watch?v=iAO5cBDvLlc

Lessons from the Mental Hospital by Glennon Dyle Melton https://www.youtube.com/watch?v=NHHPNMIK-fY

Why the Workforce Needs Recovering Addicts by Tory Utley https://www.youtube.com/watch?v=GX1kwT7bspI

APPENDIX B

Framing Effects on Stigma and Help-Seeking Related to Drug and Alcohol Use and Mental Health Issues in the Navy

Focus Groups Script, Survey, and Discussion Guide

I. **Focus group script**

Thank you for joining this focus group about how we can increase help-seeking for problems with alcohol, drugs, or mental health issues. Research has shown that the way we present messages about getting support can affect a person's choice. Therefore, we want to identify effective communication approaches. The background page that you find on the table [in the chat] explains the research, and it provides contact information in case you have questions later.

Do you have any questions about the study? [answer questions] Does everyone feel comfortable participating in our focus group? Is it ok to record the discussion?

Before we begin, I'd like you to complete a short survey. Don't write your name, as we'll give you a number, so your comments will not be associated to you.

(Hand out hardcopies of surveys, pens and random numbers printed on index cards; the latter is also for use during the recorded interviews, to match surveys with responders on the interview recordings)

Please don't include your name, so we can keep your comments anonymous. Instead, please write the number from your card on the survey. When you finish, please hold onto the survey so you can reference it during our discussion. We will collect the surveys at the end of the meeting. During our discussions, please identify yourself using your number, not your name.

II. **Survey before interviews** (see next page, to visualize a 4-page questionnaire handout; estimated 10 minutes for initial completion, concluding with a #4 follow-up)

Designing Messages to Encourage Sailors to Get Help for Problems with Alcohol, Drugs, or Mental Health Issues

Participant Number (write # from card) _____

Instructions: *Thank you for participating in this meeting. We want to increase Sailors' willingness to get help for alcohol, drug, or mental health issues. We seek your assistance in understanding attitudes and communication strategies that might affect people's decisions in pursuing support.*

We desire open, honest, and if necessary, raw input. To enable this, nothing you say will be connected to your name. Simply identify yourself using the number assigned to you. Your survey responses will be mapped to your comments and advice using that number. When you speak, please identify yourself using the number rather than your name, so you can remain anonymous in all recordings, datafiles, and reports. We will consider your input when we make our recommendations to the Navy.

1. To what extent should the Navy be concerned about the following? Circle the number on a 1 to 5 scale, where 1 means not at all and 5 means extremely concerned.

Alcohol misuse	1 2 3 4 5
Drug use	1 2 3 4 5
Mental health issues	1 2 3 4 5

2. Many people have difficulty recognizing a problem with alcohol, drugs, or mental health issues in general. Still others who suspect something's wrong may feel uncomfortable asking for help. The following statements represent approaches to encourage people to seek support. Use a 1 to 5 scale to indicate how effective each approach would likely be to encourage people in your work unit to pursue help (1 means ineffective and 5 means very effective).

A. Here's how you can take control over your health. (empowering)	1 2 3 4 5
B. Let us assist you in getting even stronger. (caretaking)	1 2 3 4 5
C. Do you have more drinks per week than this: men - 14, women - 7?* Get help to drink less. (defining/benefits)	1 2 3 4 5
D. Do you have more drinks per week than this: men- 14, women - 7?* If so, you're putting your career at risk! (defining/fear)	1 2 3 4 5
E. Protect YOUR career by getting help before it's too late! (individual)	1 2 3 4 5
F. Your team needs you. Stay strong, inside and out! Get help. (local)	1 2 3 4 5
G. Keep the Navy strong by staying healthy, inside and out. Get help. (universal)	1 2 3 4 5

H.	XX% of self-referrals for drug or alcohol problems obtain help with no disciplinary action	1 2 3 4 5
I.	Avoid an incident report or command referral by seeking help from a self-referral agent (DAPA, chaplain, etc.)	1 2 3 4 5
J.	Are you using alcohol to celebrate or to get through a bad day or week? These people can help: DAPA, chaplain, etc.	1 2 3 4 5
K.	Are you mindful about using alcohol? Is it having a negative effect on your health or relationships or pocketbook?	1 2 3 4 5

*NIH standard for heavy alcohol use https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

3. visuals with focus on career success

Not at your best? Figure out what's going on inside so you can end up	
 here…	 not here…
(1=Ineffective) 1 2 3 4 5 (5=very effective)	

4. visuals with focus on family

Something amiss? Let us help you figure out what's going on inside, so you can end up	
 here…	 not here…
(1=Ineffective) 1 2 3 4 5 (5=very effective)	

5. How might these themes work as approaches to encourage help-seeking?

Removing barriers to performance	1 2 3 4 5

Obtaining the next level of success	1 2 3 4 5
How to grow through emotional barriers	1 2 3 4 5
When alcohol reduces your potential	1 2 3 4 5
When drug use dulls your edge	1 2 3 4 5
Ten lies we tell ourselves about alcohol and drug abuse… Mental health…	1 2 3 4 5

6. How well has the Navy informed people about getting help for alcohol, drugs, and mental health issues? Please use a 1-5 scale (1=not at all and 5=excellent information):

How well have you been informed about recognizing when someone has an alcohol use problem?	1 2 3 4 5
How well have you been informed about recognizing when someone has a drug use problem?	1 2 3 4 5
How well have you been informed about recognizing when someone has a mental health issue?	1 2 3 4 5
How much useful information have you received from the Navy about available help for someone with alcohol or drug issues?	1 2 3 4 5
How much useful information have you received from the Navy about available help for someone with mental health issues?	1 2 3 4 5

Rank responses below from 1-5 (**1=most appropriate to 5= least appropriate**; each line receives a different number)

7. Martin is your fellow team member. You get a sense that he's hitting the booze a bit hard lately, as you saw him buzzed at a bar recently and he seems hazy and disengaged at work. What should you do?

____ Say nothing; it's his life
____ Mention it to your supervisor
____ Get a couple of your team members together to talk about his behavior
____ Suggest that he seems to be drinking a lot lately and ask what's going on
____ Give him contact info for a counselor (personally or anonymously)

8. Jill, your fellow team member, missed a few days of work. She doesn't respond to your text messages. You go to her apartment and see the shades closed. You knock on the door; no answer. You see movement via a side window so you keep knocking and call for her. Eventually she lets you inside. The place seems a mess. You ask how she's doing and she admits she's just feeling down. What do you do?

____ Encourage her and invite her to call you whenever she wants to talk
____ Follow up your conversation with information about how to reach a counselor
____ Mention it to your supervisor
____ Offer to take her to a counselor
____ Stay with her until she agrees to come with you to see a counselor

9. How do members of your work unit feel about getting help for issues with alcohol, drugs, or mental health?

10. A variety of sources exist for people to find help for alcohol or drug misuse and mental health support. Please place check marks beside the three best resources from this list:

- *Military mental/behavioral health professional*
- *Military chaplain*
- *Navy DAPA (Drug and Alcohol Program Advisor)*
- *Community religious leader*
- *Fleet and Family support center counsellor*
- *Recovery organization such as Alcoholics Anonymous or Smart Recovery*
- *Trained peer counselor*

Private psychologist or psychiatrist (the latter has an MD and can prescribe medications)

- *Close friend or family member*

With which (military) community do you most identify?

Write three or four words that describe important characteristics of people with whom you work:

What is your rank or job title?

Number of deployments during your military career?

Type of job/profession?

Percentage of staff in the work unit that are military?

Gender:

Race or ethnic identity:

Age:

Religious/spiritual affiliation, if any? _____

	1-5 scale, where 1 = not at all and 5 = extremely
How important is your faith/spirituality to you?	1 2 3 4 5 N/A (not applicable)
How connected are you to your spiritual/faith community?	1 2 3 4 5 N/A (not applicable)

NOTE: Please WAIT until the end of the interview to respond to these additional questions.

Please share any additional insights that you wanted to share but did not have the opportunity:

Have you known someone who needed help with drugs, alcohol, or mental health? Do you have insights based on their experience?

Have you experienced any mental health issues? Please provide any insights that you are comfortable sharing.

Have you sought help for drugs, alcohol, or mental health issues? How did that go? Any advice to help the Navy encourage people to seek help?

Any additional thoughts?

III. **Discussion guide** (note that the items from the initial questionnaire are copied below for the facilitator's reference. Facilitator reads the italicized text.)

As you read in the survey, we desire open, honest, and if necessary, raw input. To enable this, nothing you say will be connected to your name. When you speak, please identify yourself using the number assigned to you rather than your name, so you can remain anonymous in all recordings, datafiles, and reports.

Do your best to say your number at the start of your verbal response. This helps the transcriber to note the person. For example, you'd say, "This is number 15, I think that…." If you forget, I'll do my best to remind you, but any of you can feel free to jump in and say, "What's your number?" Please make sure to speak up, so that we can record your comments. Since some people may feel more comfortable sharing than others, make sure you self-monitor the amount of your participation, so you make room for quiet people, to ensure we get to hear their thoughts.

Okay, any questions before we begin our conversation? (pause / respond as needed)

[Moderator adjusts the pace on the following questions as seems to fit the context. Some questions may require more time than others]

1. To what extent should the Navy be concerned about the following? Circle the number on a 1 to 5 scale, where 1 means not at all and 5 means extremely concerned.

Alcohol misuse	1 2 3 4 5
Drug use	1 2 3 4 5
Mental health issues	1 2 3 4 5

Raise your hand if you circled a 1 or 2 on question #1. Why did you select that response?

Raise your hand if you circled a 4 or 5 on question #1. Why did you select that response?

2. Many people have difficulty recognizing a problem with alcohol, drugs, or mental health issues in general. Still others who suspect something's wrong may feel uncomfortable asking for help. The following statements represent approaches to encourage people to seek support. Use a 1 to 5 scale to indicate how effective each approach would likely be to encourage people in your work unit to pursue help (1 means ineffective and 5 means very effective).

A. Here's how you can take control over your health. (empowering)	1 2 3 4 5
B. Let us assist you in getting even stronger. (caretaking)	1 2 3 4 5
C. Do you have more drinks per week than this: men - 14, women - 7?* Let us show you the benefits of drinking less. (defining/benefits)	1 2 3 4 5
D. Do you have more drinks per week than this: men- 14, women - 7?* If so, you're putting your career at risk! (defining/fear)	1 2 3 4 5
E. Protect YOUR career by getting help before it's too late! (individual)	1 2 3 4 5
F. Your team needs you. Stay strong, inside and out! Get help. (local)	1 2 3 4 5
G. Keep the Navy strong by staying healthy, inside and out. Get help. (universal)	1 2 3 4 5

*NIH standard for heavy alcohol use https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

Questions 2A and 2B: *Raise your hands if you circled the 1 or 2 on 2A? Why do you think this?*

Raise your hands f you circled a 4 or 5 on 2A? Why did you like this one?

Raise your hands if you circled the 1 or 2 on 2B? Why do you think this?

Raise your hands f you circled a 4 or 5 on 2B? Why did you like this one?

Questions 2C and 2D: *Raise your hands if you circled the 1 or 2 on 2C? Why do you think this?*

Raise your hands f you circled a 4 or 5 on 2C? Why did you like this one?

Raise your hands if you circled the 1 or 2 on 2D? Why do you think this?

Raise your hands f you circled a 4 or 5 on 2AD? Why did you like this one?

Questions 2E, F & G: *Raise your hands if you circled the 1 or 2 on 2E? Why do you think this?*

Raise your hands f you circled a 4 or 5 on 2E? Why did you like this one?

Raise your hands if you circled the 1 or 2 on 2F? Why do you think this?

Raise your hands f you circled a 4 or 5 on 2AF? Why did you like this one?

Raise your hands if you circled the 1 or 2 on 2G? Why do you think this?

Raise your hands f you circled a 4 or 5 on 2AG? Why did you like this one?


Here... not here...

1 2 3 4 5

Question 3: *Raise your hands if you circled the 1 or 2 on #3? Why do you think this?*

Raise your hands f you circled a 4 or 5 on #3? Why did you like this one?

4. Something amiss? Let us help you figure out what's going on inside, so you can end up


here… not here…

1 2 3 4 5

Question 4: *Raise your hands if you circled the 1 or 2 on #4? Why do you think this?*

Raise your hands f you circled a 4 or 5 on #4? Why did you like this one?

What framing themes from Block 5 made the most sense to you? Why?
Removing barriers to performance
Obtaining the next level of success
How to grow through emotional barriers
When alcohol reduces your potential
When drug use dulls your edge
Ten lies we tell ourselves about alcohol and drug abuse… Mental health…

Did anyone dislike some of these themes? Could you please explain why?

Thinking about item 6, what kind of additional information should the Navy provide about getting help for alcohol, drugs, and mental health issues?

Let's look at item 7, where Martin is your fellow team member. What was the order of your ranking on this question? (Ask for volunteers to share) How many of you agreed with this order? Who of you had something else? Explain your reasons for your ranking.

And item 8, where Jill is your fellow team member:
What was the order of your ranking on this question? (Ask for volunteers to share) How many of you agreed with this order? Who of you had something else? Explain your reasons for your ranking.

Finally, item 9: How do members of your work unit feel about getting help for issues with alcohol, drugs, or mental health? Please explain or expand on how you answered.

Regarding sources of help:

Preventive help runs along a continuum that ranges from peer or family support to working with mental health professionals. We would appreciate your thoughts about different sources of help that people might feel more or less comfortable with.

Item 10 in your questionnaire lists variety of sources for people to find help for alcohol or drug misuse and mental health support. Other sources of help may also be available.

- Military mental/behavioral health professional
- Military chaplain
- Navy DAPA (Drug and Alcohol Program Advisor)
- Community religious leader
- Fleet and Family support center counsellor
- Recovery organization such as Alcoholics Anonymous or Smart Recovery
- Trained peer counselor

Private psychologist or psychiatrist (the latter has an MD and can prescribe medications)

- Close friend or family member

1. *Which source of help would be best for someone who thinks they need help? Why?*
2. *How socially acceptable* is it to seek assistance from any of these sources?*
3. *How likely would each be able to provide useful assistance?*
4. *What concerns or risks may come to mind when thinking about seeking assistance from each of these?*

5. *How normal is it to seek each of these? Do any stand out as more or less normal?*
6. *What could happen to someone's career if they sought help from each of these sources?*

*Socially acceptable: Mental health stigma can be divided into two components: public stigma and self-stigma. Public stigma is the concern that mental health problems will be viewed unfavorably by others, while self-stigma is one's own detrimental personal beliefs about people with mental illness, including oneself. By "socially acceptable," we refer to public stigma, the influence created by how we think others are perceiving us.

Can you think of any words, strategies or approaches that would make it easier for people to seek help for mental health or substance misuse challenges?

What questions have we not asked on this topic that you were thinking or hoping we would?

Optional questions, as appropriate for the discussion

If someone in your work group had a drug or alcohol use problem, how bad would it need to get before they sought help? (At what point would they recognize the need to seek help?)

Under what circumstances might someone in your work group ask a friend or colleague if they needed to get help for their alcohol or drug use?

How would you define or describe a person with a drug or alcohol problem? How do you determine when professional help is appropriate?

How do you define or describe a mental health problem?

What might be the pros and cons of seeking help for an alcohol or drug problem in your work group?

What might be the pros and cons of seeking help for a mental health challenge?

How confident are you that you would get help for alcohol or drug issues in a timely fashion if you asked for it?

How do you know when you've had too much to drink? How do you know when someone else has had too much to drink?

When does a mental health issue seem like a sign of weakness? How could treatment be a sign of strength?

When does the use of alcohol seem like a weakness? When does using alcohol seem like a strength?

If you had a friend or colleague who seemed to need help with alcohol or drug misuse, what could you do? How do you think this person would respond to you?

What other stories or issues might you raise that we didn't ask about?

NOTE: The focus group facilitator will follow up with clarifying questions about participants' statements. These are examples of possible follow-up questions.
General follow-up examples:
Could you please explain what you are thinking about this?
How might this affect the choices that people make?
Can you say more about that?
It sounds like x is important in your work group. Could you tell us how that plays out?
We seem to have different perspectives on this approach/theme/source. Can anybody suggest why it might be helpful in some situations but not others?
You have raised several issues. How do you think they might be related to each other?

Regarding different terms that could be associated with seeking assistance (for example: information, guidance, coaching, support, help, treatment):

- *Do these terms have similar or different meanings from each other? In what ways?*
- *Are there other terms that come to mind?*

Ending the session

Please share any additional thoughts on the final page of your survey, and then pass it over to me. If you would like more information about ways to get help for drugs or alcohol, please take one of these handouts. [one-page summary of Navy help options]
Thanks so much for your help.

APPENDIX C

Code Book

Hierarchical Name	Aggregate?
Codes\\1 - General	Yes
Codes\\1 - General\1.1 - General items	Yes
Codes\\1 - General\1.1 - General items\1.1.1 - Mental illness driving substance abuse	No
Codes\\1 - General\1.1 - General items\1.1.2 - COVID contributing to issues	No
Codes\\1 - General\1.1 - General items\1.1.3 - Other general comments	No
Codes\\1 - General\1.1 - General items\1.1.4 - Seeking help has become more normalized	No
Codes\\2 - Help-seeking deterrents or helps	Yes
Codes\\2 - Help-seeking deterrents or helps\2.1 - Provider or system issues	Yes
Codes\\2 - Help-seeking deterrents or helps\2.1 - Provider or system issues\2.1.1 - No appointments	No
Codes\\2 - Help-seeking deterrents or helps\2.1 - Provider or system issues\2.1.2 - Long waits	No
Codes\\2 - Help-seeking deterrents or helps\2.1 - Provider or system issues\2.1.3 - Many steps to get help	No
Codes\\2 - Help-seeking deterrents or helps\2.1 - Provider or system issues\2.1.4 - Told they're fine	No
Codes\\2 - Help-seeking deterrents or helps\2.1 - Provider or system issues\2.1.5 - Other provider or system comments	No
Codes\\2 - Help-seeking deterrents or helps\2.1 - Provider or system issues\2.1.6 - Help generally difficult to get	No
Codes\\2 - Help-seeking deterrents or helps\2.2 - Fear of consequences of seeking help	Yes
Codes\\2 - Help-seeking deterrents or helps\2.2 - Fear of consequences of seeking help\2.2.1 - Fear of losing security clearance	No
Codes\\2 - Help-seeking deterrents or helps\2.2 - Fear of consequences of seeking help\2.2.2 - Fear of other career consequences	No
Codes\\2 - Help-seeking deterrents or helps\2.2 - Fear of consequences of seeking help\2.2.3 - Fear of being ostracized	No
Codes\\2 - Help-seeking deterrents or helps\2.2 - Fear of consequences of seeking help\2.2.4 - Fear of stigma	No
Codes\\2 - Help-seeking deterrents or helps\2.2 - Fear of consequences of seeking help\2.2.5 - Fear of losing friends or family	No

Codes\\2 - Help-seeking deterrents or helps\2.2 - Fear of consequences of seeking help\2.2.6 - Fear of lock-up	No
Codes\\2 - Help-seeking deterrents or helps\2.2 - Fear of consequences of seeking help\2.2.7 - Other fear-based deterrents	No
Codes\\2 - Help-seeking deterrents or helps\2.2 - Fear of consequences of seeking help\2.2.8 - Fear of loss of pay	No
Codes\\2 - Help-seeking deterrents or helps\2.2 - Fear of consequences of seeking help\2.2.9 - Fear of being removed from job	No
Codes\\2 - Help-seeking deterrents or helps\2.3 - Increasing help-seeking	Yes
Codes\\2 - Help-seeking deterrents or helps\2.3 - Increasing help-seeking\2.3.1 - Personal encouragement to seek help	No
Codes\\2 - Help-seeking deterrents or helps\2.3 - Increasing help-seeking\2.3.2 - Need to normalize getting help	No
Codes\\2 - Help-seeking deterrents or helps\2.3 - Increasing help-seeking\2.3.3 - Supportive command climate overall, commanding officer	No
Codes\\2 - Help-seeking deterrents or helps\2.3 - Increasing help-seeking\2.3.4 - Shared success stories motivating	No
Codes\\2 - Help-seeking deterrents or helps\2.3 - Increasing help-seeking\2.3.5 - Other increasing help-seeking comments	No
Codes\\2 - Help-seeking deterrents or helps\2.3 - Increasing help-seeking\2.3.6 - Leaders build trust, engage with sailors, show concern	No
Codes\\2 - Help-seeking deterrents or helps\2.3 - Increasing help-seeking\2.3.7 - Ideas for increasing help-seeking	No
Codes\\2 - Help-seeking deterrents or helps\2.4 - Other help-seeking deterrents	Yes
Codes\\2 - Help-seeking deterrents or helps\2.4 - Other help-seeking deterrents\2.4.1 - Unsure where to safely get help	No
Codes\\2 - Help-seeking deterrents or helps\2.4 - Other help-seeking deterrents\2.4.2 - Not enough time to get help	No
Codes\\2 - Help-seeking deterrents or helps\2.4 - Other help-seeking deterrents\2.4.3 - Negative commanding officer attitudes deter	No
Codes\\2 - Help-seeking deterrents or helps\2.4 - Other help-seeking deterrents\2.4.4 - Other help-seeking deterrent comments	No
Codes\\2 - Help-seeking deterrents or helps\2.4 - Other help-seeking deterrents\2.4.5 - Difficult to seek help in operational, results-oriented environment	No
Codes\\3 - Issues in Navy	Yes
Codes\\3 - Issues in Navy\3.1 - Minimal alcohol	Yes
Codes\\3 - Issues in Navy\3.1 - Minimal alcohol\3.1.1 - Functional alcohol use okay	No
Codes\\3 - Issues in Navy\3.1 - Minimal alcohol\3.1.2 - Minimal Navy alcohol issues	No
Codes\\3 - Issues in Navy\3.1 - Minimal alcohol\3.1.3 - Other minimal alcohol comments	No
Codes\\3 - Issues in Navy\3.2 - Minimal drugs	Yes

Codes\\3 - Issues in Navy\3.2 - Minimal drugs\3.2.1 - Zero-tolerance testing minimizes drug use	No
Codes\\3 - Issues in Navy\3.2 - Minimal drugs\3.2.2 - Very few people using drugs	No
Codes\\3 - Issues in Navy\3.2 - Minimal drugs\3.2.3 - Other minimal drug use comments	No
Codes\\3 - Issues in Navy\3.3 - Significant alcohol issues	Yes
Codes\\3 - Issues in Navy\3.3 - Significant alcohol issues\3.3.1 - Alcohol misuse is a big problem	No
Codes\\3 - Issues in Navy\3.3 - Significant alcohol issues\3.3.2 - Navy culture encourages drinking	No
Codes\\3 - Issues in Navy\3.3 - Significant alcohol issues\3.3.3 - Other significant alcohol comments	No
Codes\\3 - Issues in Navy\3.3 - Significant alcohol issues\3.3.4 - Alcohol being used to cope with stress	No
Codes\\3 - Issues in Navy\3.3 - Significant alcohol issues\3.3.5 - Can get away with alcohol abuse and not get caught	No
Codes\\3 - Issues in Navy\3.3 - Significant alcohol issues\3.3.6 - Alcohol is legal and socially acceptable	No
Codes\\3 - Issues in Navy\3.4 - Significant drug issues	Yes
Codes\\3 - Issues in Navy\3.4 - Significant drug issues\3.4.1 - Drug abuse is occurring	No
Codes\\3 - Issues in Navy\3.4 - Significant drug issues\3.4.2 - Other significant drug issue comments	No
Codes\\3 - Issues in Navy\3.4 - Significant drug issues\3.4.3 - Some drugs aren't tested for that people use	No
Codes\\3 - Issues in Navy\3.4 - Significant drug issues\3.4.4 - Drug use has become more socially acceptable or legal	No
Codes\\3 - Issues in Navy\3.4 - Significant drug issues\3.4.5 - Drugs being used to cope with stress	No
Codes\\3 - Issues in Navy\3.4 - Significant drug issues\3.4.6 - Accidental drug use happens	No
Codes\\3 - Issues in Navy\3.5 - Minimal mental health issues	Yes
Codes\\3 - Issues in Navy\3.5 - Minimal mental health issues\3.5.1 - Mental health not a problem	No
Codes\\3 - Issues in Navy\3.5 - Minimal mental health issues\3.5.2 - Don't know anyone with mental health issues	No
Codes\\3 - Issues in Navy\3.5 - Minimal mental health issues\3.5.3 - Other minimal mental health issues comments	No
Codes\\3 - Issues in Navy\3.6 - Significant mental health issues	Yes
Codes\\3 - Issues in Navy\3.6 - Significant mental health issues\3.6.1 - Navy contributing mental health issues	No
Codes\\3 - Issues in Navy\3.6 - Significant mental health issues\3.6.2 - Mentally strong culture	No

Codes\\3 - Issues in Navy\3.6 - Significant mental health issues\3.6.3 - Suicide is a big issue	No
Codes\\3 - Issues in Navy\3.6 - Significant mental health issues\3.6.4 - Other significant mental health issue comments	No
Codes\\3 - Issues in Navy\3.6 - Significant mental health issues\3.6.5 - Sailors are having mental health issues	No
Codes\\3 - Issues in Navy\3.7 - Other concerns for Navy	Yes
Codes\\3 - Issues in Navy\3.7 - Other concerns for Navy\3.7.1 - Other Issues in Navy comments	No
Codes\\3 - Issues in Navy\3.7 - Other concerns for Navy\3.7.2 - Navy is improving on mental health issues	No
Codes\\3 - Issues in Navy\3.7 - Other concerns for Navy\3.7.3 - All three issues equally high concern	No
Codes\\4 - Messaging	Yes
Codes\\4 - Messaging\4.1 - Effective- positive message	Yes
Codes\\4 - Messaging\4.1 - Effective- positive message\4.1.1 - Emotional growth desired	No
Codes\\4 - Messaging\4.1 - Effective- positive message\4.1.2 - Family motivational	No
Codes\\4 - Messaging\4.1 - Effective- positive message\4.1.3 - Focus on helping team is motivating	No
Codes\\4 - Messaging\4.1 - Effective- positive message\4.1.4 - Career success is motivating	No
Codes\\4 - Messaging\4.1 - Effective- positive message\4.1.5 - Empowerment is motivating	No
Codes\\4 - Messaging\4.1 - Effective- positive message\4.1.6 - Messaging focused on individual is good	No
Codes\\4 - Messaging\4.1 - Effective- positive message\4.1.7 - Other effective positive messaging	No
Codes\\4 - Messaging\4.1 - Effective- positive message\4.1.8 - Removing barriers is desirable	No
Codes\\4 - Messaging\4.1 - Effective- positive message\4.1.9 - Any positive approach is good	No
Codes\\4 - Messaging\4.2 - Effective - negative message	Yes
Codes\\4 - Messaging\4.2 - Effective - negative message\4.2.1 - Don't want to die	No
Codes\\4 - Messaging\4.2 - Effective - negative message\4.2.2 - Want to avoid jail	No
Codes\\4 - Messaging\4.2 - Effective - negative message\4.2.3 - Other effective negative messaging	No
Codes\\4 - Messaging\4.3 - Effective - neutral message	Yes
Codes\\4 - Messaging\4.3 - Effective - neutral message\4.3.1 - Objective information helpful	No

Codes\\4 - Messaging\4.3 - Effective - neutral message\4.3.2 - Showing good vs. bad outcomes effective	No
Codes\\4 - Messaging\4.3 - Effective - neutral message\4.3.3 - Other effective neutral messaging	No
Codes\\4 - Messaging\4.3 - Effective - neutral message\4.3.4 - Can get help without career consequences	No
Codes\\4 - Messaging\4.4 - Other effective message comments	Yes
Codes\\4 - Messaging\4.4 - Other effective message comments\4.4.1 - Other effective messaging comments	No
Codes\\4 - Messaging\4.5 - Not effective - positive message	Yes
Codes\\4 - Messaging\4.5 - Not effective - positive message\4.5.1 - Focus on helping Navy is not motivating	No
Codes\\4 - Messaging\4.5 - Not effective - positive message\4.5.2 - Award too minor to motivate	No
Codes\\4 - Messaging\4.5 - Not effective - positive message\4.5.3 - Many families aren't happy	No
Codes\\4 - Messaging\4.5 - Not effective - positive message\4.5.4 - Other not effective positive messaging	No
Codes\\4 - Messaging\4.6 - Not effective - negative message	Yes
Codes\\4 - Messaging\4.6 - Not effective - negative message\4.6.1 - Don't care about jail or death	No
Codes\\4 - Messaging\4.6 - Not effective - negative message\4.6.2 - Consequences unrealistic	No
Codes\\4 - Messaging\4.6 - Not effective - negative message\4.6.3 - Other not effective negative messaging	No
Codes\\4 - Messaging\4.6 - Not effective - negative message\4.6.4 - Don't care about their career	No
Codes\\4 - Messaging\4.6 - Not effective - negative message\4.6.5 - Don't care about consequences to others or Navy	No
Codes\\4 - Messaging\4.6 - Not effective - negative message\4.6.6 - Negative approach is generally off-putting	No
Codes\\4 - Messaging\4.7 - Not effective - neutral message	Yes
Codes\\4 - Messaging\4.7 - Not effective - neutral message\4.7.1 - Objective information not helpful	No
Codes\\4 - Messaging\4.7 - Not effective - neutral message\4.7.2 - Showing good vs. bad outcomes too extreme	No
Codes\\4 - Messaging\4.7 - Not effective - neutral message\4.7.3 - Other not effective neutral messaging	No
Codes\\4 - Messaging\4.8 - Other not effective message comments	Yes
Codes\\4 - Messaging\4.8 - Other not effective message comments\4.8.1 - Other not effective messaging comments	No
Codes\\4 - Messaging\4.8 - Other not effective message comments\4.8.2 - Messages seem insincere (faky, cheesy, propaganda)	No

Codes\\4 - Messaging\4.9 - Messaging other	Yes
Codes\\4 - Messaging\4.9 - Messaging other\4.9.1 - Not every sailor the same	No
Codes\\4 - Messaging\4.9 - Messaging other\4.9.2 - Messaging ideas	No
Codes\\4 - Messaging\4.9 - Messaging other\4.9.3 - Other messaging comments	No
Codes\\4 - Messaging\4.9 - Messaging other\4.9.4 - Situations differ so variety needed	No
Codes\\5 - Training, approach to others	Yes
Codes\\5 - Training, approach to others\5.1 - Not effective training	Yes
Codes\\5 - Training, approach to others\5.1 - Not effective training\5.1.1 - Training doesn't include how to respond or intervene	No
Codes\\5 - Training, approach to others\5.1 - Not effective training\5.1.2 - Training doesn't include where to go, and which resources for which issues	No
Codes\\5 - Training, approach to others\5.1 - Not effective training\5.1.3 - Training missing other needed information	No
Codes\\5 - Training, approach to others\5.1 - Not effective training\5.1.4 - Training not realistic enough	No
Codes\\5 - Training, approach to others\5.1 - Not effective training\5.1.5 - Training not memorable	No
Codes\\5 - Training, approach to others\5.1 - Not effective training\5.1.6 - Other not effective training comments	No
Codes\\5 - Training, approach to others\5.1 - Not effective training\5.1.7 - Not enough on recognizing issues	No
Codes\\5 - Training, approach to others\5.1 - Not effective training\5.1.8 - Not enough on mental health issues specifically	No
Codes\\5 - Training, approach to others\5.2 - Effective training	Yes
Codes\\5 - Training, approach to others\5.2 - Effective training\5.2.1 - Problem-identification well taught	No
Codes\\5 - Training, approach to others\5.2 - Effective training\5.2.2 - Other effective training comments	No
Codes\\5 - Training, approach to others\5.2 - Effective training\5.2.3 - Resources information is being provided	No
Codes\\5 - Training, approach to others\5.3 - Training - other	Yes
Codes\\5 - Training, approach to others\5.3 - Training - other\5.3.1 - Interactive group training needed	No
Codes\\5 - Training, approach to others\5.3 - Training - other\5.3.2 - Training ideas	No
Codes\\5 - Training, approach to others\5.3 - Training - other\5.3.3 - Other general training comments	No
Codes\\5 - Training, approach to others\5.3 - Training - other\5.3.4 - Trainings are taking place, information is getting out	No

Codes\\5 - Training, approach to others\5.3 - Training - other\5.3.5 - More people need training more like DAPAs get	No
Codes\\5 - Training, approach to others\5.3 - Training - other\5.3.6 - More people in leadership roles need training on helping those under them	No
Codes\\5 - Training, approach to others\5.3 - Training - other\5.3.7 - Scenario-based training needed, realistic situations	No
Codes\\5 - Training, approach to others\5.3 - Training - other\5.3.8 - Not a training issue, people just don't take action	No
Codes\\5 - Training, approach to others\5.4 - Approaching others	Yes
Codes\\5 - Training, approach to others\5.4 - Approaching others\5.4.1 - Can't see problems people hide	No
Codes\\5 - Training, approach to others\5.4 - Approaching others\5.4.2 - Don't want to get involved	No
Codes\\5 - Training, approach to others\5.4 - Approaching others\5.4.3 - Approach is situation-dependent	No
Codes\\5 - Training, approach to others\5.4 - Approaching others\5.4.4 - Approach person before supervisor	No
Codes\\5 - Training, approach to others\5.4 - Approaching others\5.4.5 - More on approaching others	No
Codes\\6 - Sources of help	Yes
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)	Yes
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)\6.1.1 - Chaplains good due to confidentiality	No
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)\6.1.2 - Chaplains available, and not just for religious	No
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)\6.1.3 - Fleet and family expertise to meet need	No
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)\6.1.4 - Fleet and family good due to confidentiality	No
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)\6.1.5 - Better interactions with peer counselors	No
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)\6.1.6 - Family and friends trustworthy, available	No
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)\6.1.7 - Non-military separate from career	No
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)\6.1.8 - Private providers confidential	No
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)\6.1.9 - Professional providers qualified experts	No
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)\6.1.a10 - Other positive help source comments	No
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)\6.1.a11 - Private providers have more availability	No
Codes\\6 - Sources of help\6.1 - Helpful source (positive reasons)\6.1.a12 - DAPAs, available, confidential, trained	No

Codes\\6 - Sources of help\6.2 - Not helpful source (negative reasons)	Yes
Codes\\6 - Sources of help\6.2 - Not helpful source (negative reasons)\6.2.1 - Military mental health dismissive	No
Codes\\6 - Sources of help\6.2 - Not helpful source (negative reasons)\6.2.2 - Military help sources could affect job	No
Codes\\6 - Sources of help\6.2 - Not helpful source (negative reasons)\6.2.3 - Chaplin is too religious	No
Codes\\6 - Sources of help\6.2 - Not helpful source (negative reasons)\6.2.4 - Long waits at fleet and family	No
Codes\\6 - Sources of help\6.2 - Not helpful source (negative reasons)\6.2.5 - No appointments at fleet and family	No
Codes\\6 - Sources of help\6.2 - Not helpful source (negative reasons)\6.2.6 - Fleet and family not for chronic issues	No
Codes\\6 - Sources of help\6.2 - Not helpful source (negative reasons)\6.2.7 - Other negative help source comments	No
Codes\\6 - Sources of help\6.2 - Not helpful source (negative reasons)\6.2.8 - Long waits for military mental health	No
Codes\\6 - Sources of help\6.2 - Not helpful source (negative reasons)\6.2.9 - Non-military sources don't understand military issues and constraints	No
Codes\\6 - Sources of help\6.3 - Help sources - other comments	Yes
Codes\\6 - Sources of help\6.3 - Help sources - other comments\6.3.1 - Other general help sources comments	No
Codes\\Gender	Yes
Codes\\Gender\Female	No
Codes\\Gender\Male	No
Codes\\Rank	Yes
Codes\\Rank\Enlisted	No
Codes\\Rank\Officer	No