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2022

Framing Effects on Stigma and Help-Seeking

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Monterey, California: Naval Postgraduate School

https://hdl.handle.net/10945/71853

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Project Overview

This study examined message framing related to stigma and other factors that influence help-seeking for alcohol misuse, drug use, and mental health issues 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. Project work included a literature review, expert interviews, focus group pre-survey and discussion, and a follow-up survey.

Research Questions

1. How does stigma, and stigmatizing language, affect willingness to seek help?
2. What kinds of messages are likely to be effective in convincing people to seek help?
3. How do attitudes toward help-seeking differ between men and women, enlisted personnel and officers?
4. How do Navy personnel perceive different types of available help such as peer support, chaplains, life counselors, and mental health services?
5. How do organizational factors affect help-seeking?

Messaging Themes and Frames

Participants rated the effectiveness of six message themes and eleven message frames on a 1 to 5 scale (very ineffective to very effective). Figure 1 shows themes and frames rated more effective than ineffective (>3.0) by at least one rank or gender subgroup. The message frame rated most effective overall was "Ten lies we tell ourselves…"; both ranks found this equally effective, and males a bit more than females. Several participants felt this frame prompted helpful self reflection.

Figure 1: Message Themes and Frames Rated > 3.0 by At Least One Rank or Gender Subgroup
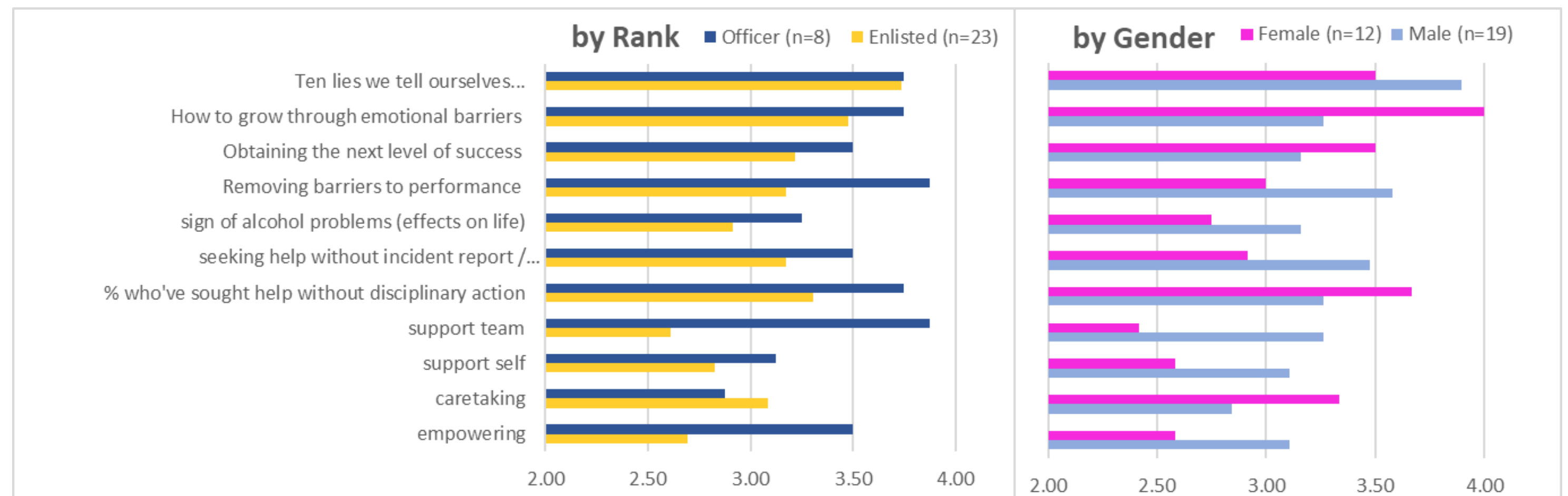
Some interesting differences were found across ranks and genders. Most notably, officers rated the frame of being able to better 'support their team' as even more effective than the 'ten lies' frame, but this frame was seen as much less effective by enlisted participants and even less by females. The frame of being able to better 'support the Navy' was ranked as least effective overall, and more ineffective than effective by all subgroups (<3.0). Several participants commented that when someone is struggling they need messaging indicating that they will benefit from seeking help not that others will benefit. Participants indicated that this frame could actually make a struggling person feel worse. One important general concept was raised several times by participants, that there are often individual differences in people's perceptions of message themes, frames, and content that can influence the effectiveness of the messaging for different people.

Deterrents to Help-Seeking

During the focus group discussions, participants mentioned a number of deterrents to seeking help for alcohol, drug, or mental health issues. The most (frequently) mentioned deterrents consisted of fears of potential negative consequences and provider/system issues. Not surprisingly (given that stigma was explicitly a topic in the study), stigma was mentioned most often; however, none of the other deterrents they mentioned were explicitly prompted by the study design. Fear of different potential career consequences was very prevalent, with fear of losing security clearance and fear of being removed from their job specifically mentioned (10 times each), and other career consequences mentioned 13 times. No appointments being available and long waits for appointments topped the list of provider/system issues (7 mentions each). Several females also mentioned being 'told they're fine', i.e. having their concerns minimized by providers, as a deterrent (5 mentions), but no men mentioned this. Several male officers indicated that it was difficult to take time out to seek help in an operation, or results-oriented, environment (5 mentions). Negative commanding officer attitudes were also explicitly mentioned as a deterrent (5 mentions).

Best Sources of Help

Participants were asked on the pre-survey to select the best three sources of help for alcohol, drug, and mental health issues. Figure 2 shows the percentage of participants who selected each option. While the results show differing preferences among the participants (with the most-selected being chosen by just 58%), several key themes emerged during the discussion of participant selections:
- they preferred providers with more expertise
- they preferred providers who were perceived as confidential and trustworthy
- perceived availability or unavailability of the provider was influential in their selection
- whether the provider had an understanding of military life was important

Figure 2: Selection of Best Sources of Help	Overall Avg (n=31)	Enlisted (n=23)	Officer (n=8)	Male (n=19)	Female (n=12)
Private psychologist or psychiatrist	58.1%	56.5%	62.5%	42.1%	83.3%
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%
Fleet and Family support center counsellor	45.2%	47.8%	37.5%	52.6%	33.3%
Close friend or family member	38.7%	39.1%	37.5%	42.1%	33.3%
Navy DAPA (Drug and Alcohol Program Advisor)	29.0%	26.1%	37.5%	31.6%	25.0%
Trained peer counselor	22.6%	21.7%	25.0%	21.1%	25.0%

Stigmatizing Language

In the follow-up survey with different participants, specific phrases from OPNAVINST 5350.4D, "Navy Alcohol and Drug Abuse Prevention and Control" were explored by asking 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". 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. 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. 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.

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