Tables and figures

Table 1: Stigma types and definitions

|  |  |
| --- | --- |
| **Stigma type** | **Definition** |
| Public stigma | Members of the general population endorse prejudice and discrimination against individuals with mental health difficulties (Wright et al, 2009) |
| Internalised-stigma | May occur on its own or when Individuals who experience mental health difficulties internalize the negative stereotypes and prejudices held by the general public (Vogt, 2011) |
| Structural discrimination | Rules, regulations or supports with a society either intentionally or unintentionally disadvantage individuals with mental illness (Rusch & Thornicroft, 2014) |

*Table 2: Characteristics of the studies*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Study | Year | Quality rating | Sample | Mental health diagnosis | Country | Method of data collection | Analysis method |
| Gibbs et al | 2011 | Fair/poor | N=270 (Army soldiers) | In treatment – Mental health/alcohol misuse | USA | Focus groups | Content Analysis (CA) |
| Langston et al | 2010 | Good | N=374 (Naval personnel) | Probable mental health | UK | Interviews | Thematic analysis (TA) |
| Mittal et al | 2013 | Good | N=16 (veterans) | In treatment, diagnosis of PTSD | USA | Focus groups | Thematic analysis (TA) |
| Murphy et al | 2014 | Good | N=8 (individual interviews) | In treatment, diagnosis of PTSD | UK | Individual interviews | Interpretative phenomenological analysis (IPA) |
| Sayer et al | 2009 | Fair | N=44 (veterans) | In treatment for PTSD | USA | Individual interviews | Thematic analysis |
| Stecker et al | 2007 | Fair/poor | N=20 (national guard veterans) | Probable mental health | USA | Semi-structured Interviews | Thematic analysis (CA) |
| Visco et al | 2009 | Fair | N= 170 (post-deployment Air Force Personnel) | Probable mental health | USA | Individual telephone interviews | Content analysis (CA) |
| Zinzow et al | 2013 | Good | N=110 (78 soldiers in focus 12 groups and 32 individual interviews) | Focus groups: in treatment and not in treatment mix.  Interviews: In treatment | USA | Focus groups and Interviews | Content analysis (CA) |

*Table 3: Characteristics of study methodologies and quality assessed with the CASP quality tool (*CASP, 2014)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Semi-structured interviews Focus groups** | | | | | | | | | |
|  | | Langston et al (2010)+  Gibbs et al (2011) | Murphy et al (2014) | Sayer et al (2009) | Stecker et al (2007) | Visco et al (2009)+ | Zinzo et al (2013)\* | Gibbs et al (2011)\* | Mittal et al (2013) |
| Was there a clear statement of aims of the research? | x | | x | x | x | x | x | x | x |
| Is a qualitative methodology appropriate? | x | | x | x | x | x | x | x | x |
| Was the research design appropriate to address the aims of the research? | x | | x | x | - | x | x | - | x |
| Was the recruitment strategy appropriate to the aims of the research | x | | x | x | x | x | x | - | x |
| Was the data collected in a way that addressed the research issue? | x | | x | - | x | x | x | - | x |
| Has the relationship between the researcher and participants been adequately considered? | - | | - | - | - | - | - | - | - |
| Have ethical issues been taken into consideration? | x | | x | - | x | x | x | x | x |
| Was the data analysis sufficiently rigorous? | x | | x | x | - | - | x | - | x |
| Is there a clear statement of findings? | x | | x | x | - | - | x | x | x |
| How valuable is the research? | x | | x | x | x | x | x | x | x |

*\*This study used both semi-structured interviews and focus group methods*

*+Mixed methods study*

*Full details of the criteria to meet each item on the CASP can be viewed in appendix.*

*Table 4. Themes across research studies*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Semi-structured interviews Focus Groups** | | | | | | | | |
|  | Murphy et al (2014) | Langston et al (2010)+ | Stecker et al (2007) | Visco et al (2009)+ | Sayer et al (2009) | Zinzo et al (2013)\* | Gibbs et al (2011)\* | Mittal et al (2013) |
| Sample size n= | 8 | 374 | 20 | 170 | 44 | 110 | 270 | 16 |
| **Non-Disclosure** |  |  |  |  |  |  |  |  |
| Reaching a crisis point | x |  |  | x |  | x | x |  |
| Culture of ‘carrying on’ or ‘sucking it up’ | x | x | x | x | x | x | x | x |
| Avoidance of diagnosis | x |  | x | x |  | x | x | x |
| Recognising I have a difficulty | x |  |  |  | x |  | x | x |
| Somatic difficulties | x |  |  |  |  |  |  | x |
| Lack of trust in leadership |  | x | x | x |  | x | x |  |
| Lack on honesty on mental health assessments |  | x | x | x |  | x |  |  |
| **Individual beliefs about mental health** |  |  |  |  |  |  |  |  |
| Underlying weakness |  | x |  | x | x | x | x | x |
| Are a danger to others |  | x | x | x | x | x | x | x |
| Are malingering |  | x |  | x |  | x | x |  |
| You are crazy | x |  | x | x |  | x |  | x |
| You are not fit for this job |  | x | x | x | x | x | x | x |
| **Anticipated and personal experiences of Stigma** |  |  |  |  |  |  |  |  |
| Judgement from professionals | x | x | x | x | x | x |  | x |
| Labelling |  |  |  | x |  | x |  | x |
| Perceived risk | x |  |  | x |  | x | x |  |
| Lack of understanding | x | x |  |  |  |  | x |  |
| Shame/blame/fault |  | x |  | x |  | x | x |  |
| Lack of confidentiality | x | x |  | x |  | x |  |  |
| Losing respect from peers |  | x |  | x |  | x | x |  |
| **Career concerns** |  |  |  |  |  |  |  |  |
| Leadership unsupportive |  | x |  | x |  | x | x |  |
| Disruption of career progression |  | x | x | x |  | x | x |  |
| Time for treatment will interfere with my job duties |  | x | x | x |  | x | x |  |
| Medication may interfere with my job duties |  |  |  | x |  | x | x |  |
| **Factors Influencing stigma** |  |  |  |  |  |  |  |  |
| Importance of leadership | x |  |  | x | x | x | x |  |
| Value in shared experiences (peers) | x |  |  | x | x | x | x | x |
| Overcoming self-stigma through treatment | x |  |  | x | x | x |  | x |
| Framing problems in a similar manner to physical illness | x |  | x | x |  | x |  | x |
| Spousal support | x |  | x | x | x | x |  |  |
| Appropriately timing assessments post-deployment |  |  |  | x | x | x |  |  |
| Contacts for mental health embedded in the team | x |  | x | x | x | x |  |  |
| Professionals offering treatment familiar with military culture |  |  | x | x | x | x |  |  |
| Education | x |  |  | x | x | x |  |  |