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## Appendices

**Appendix one:** Quality Assessment and Data Extraction Form

| Quality Assessment and Data Extraction Form | |
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| **Extraction items** | |
| **Coder initials** | |
| **Citation** | |
| **Population described (Veterans, specific role within military)** | |
| **Country** | |
| **How many participants included in the study?** | |
| **Participants with current diagnosis?** | |
| **Age, ethnicity** | |
| **Recruitment strategy** | |
| **Objective of study** | |
| **Qualitative method** | |
| **Outcome measures** | |
| **Data collection** | |
| **Themes identified** | |
| **Most relevant findings** | |
| **Recommendations and implications** | |

## **Appendix Two:** Search Terms

| | **Terms** | **Journal articles** | **Excluded Duplicates** |
|---|---|---|---|
| 1 | exp mental health/ | 163351 | |
| 2 | exp Stigma/ | 11009 | |
| 3 | Military/ | 41262 | |
| 4 | Army/ | 17386 | |
| 5 | AF/ | 41262 | |
| 6 | 3 or 4 or 5 | 43304 | |
| 7 | 2 and 6 | 22 | 22 |
| 8 | Exp help-seeking/ | 7147 | |
| 9 | 6 and 8 | 6 | 6 |
| 10 | 1 and 6 | 926 | 874 |
| 11 | 1 and 2 and 6 | 6 | 6 |
| 12 | 8 and 11 | 1 | 1 |
| 13 | Barriers to care/ | 4 | |
| 14 | 1 and 6 and 13 | 0 | |
| 15 | 6 and 13 | 0 | |
| 16 | Public stigma/ | 3 | |
| 17 | 16 and 6 | 0 | |
| 18 | Mental illness stigma/ | 0 | |
| 19 | Attitudes towards mental illness/ | 0 | |
| 20 | Exp attitudes/ | 553090 | |
| 21 | 1 and 6 and 20 | 23 | 23 |
| 22 | Self-stigma/ | 27 | 27 |
| 23 | Internali?ed stigma | 0 | |
| 24 | Institutionali?ed stigma/ | 0 | |
| 25 | Exp discrimination/ | 60806 | |
| 26 | Exp prejudice/ | 30597 | |
| 27 | 22 or 23 or 24 or 25 or 26 | 90559 | |
| 28 | 6 and 27 | 138 | 137 |
| 29 | 1 and 28 | 5 | 5 |
| 30 | Structural stigma | 0 | |
| Total possible studies | | | 1101 |

**Appendix Three**: Qualitative quality Assessment tool: Critical Appraisal Skills Programme.

| Qualitative CASP Tool | Yes | No | comments |
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| **1. Was there a clear statement of aims of the research?**<br>***Consider:***<br>- **What the goal of the research was**<br>- **Why it is important**<br>- **Its relevance (this should be explicitly stated in the abstract or introduction).** | | | |
| **2. Is a qualitative methodology appropriate?**<br>- **Consider if the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants (because of the nature of the studies we are including**<br>- **It is very likely that the answer for this question will always "YES". Only in case of clear doubts we will answer "NO")** | | | |
| **3. Was the research design appropriate to address the aims of the research?** | | | |

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| ***Consider:***<br>- **If the researcher has justified the research design (e.g. have they discussed how they decided which methods to use?).**<br><br>***We will answer "YES" only in the case we can find in the text the justification of the research design.*** | | | |
| **4. Was the recruitment strategy appropriate to the aims of the research?**<br><br>- **Answer "YES" only in the case the researchers provide information enough to conclude that there is not selection bias.**<br>- **In case you identify a selection bias OR authors don't provide information about the recruitment strategy, we will answer "No".** | | | |
| **5. Was the data collected in a way that addressed the research issue?**<br><br>- **3 aspects need to be reported in order to answer "YES":**<br>- **If the researcher has discussed saturation of data AND**<br>- **If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, did they used a topic guide?) AND** | | | |

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| - **If the form of data is clear (e.g. tape recordings, video material, notes etc).** | | | |
| **6. Has the relationship between researcher and participants been adequately considered?**<br>**Consider whether it is clear:**<br>- **If the researcher critically examined their own role, potential bias and influence during:**<br>- **Formulation of research questions**<br>- **Data collection including sample recruitment and choice of locationHow the researcher responded to events during the study and whether they considered the implications of any changes in the research design** | | | |
| **7. Have ethical issues been taken into consideration?**<br>***Consider:***<br>- **If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained**<br>- **If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the** | | | |

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| **study on the participants during and after the study)**<br>- **if approval has been sought from the ethics committee** | | | |
| **8. Was the data analysis sufficiently rigorous?**<br>***Consider:***<br>- ***Sufficient data are presented to support the findings (i.e., authors include in the paper the quotes) AND***<br>- ***Report the type of analysis used (thematic analysis, grounded theory..)AND***<br>- ***There is agreement between primary data and secondary data (the results of the authors has to correspond with the information they extracted).***<br>- ***What extent are contradictory data taken into account***<br>- ***Whether the researcher critically examined their own role, potential bias and influence during the analysis and selection of data for presentation*** | | | |
| **9. Is there a clear statement of findings?**<br>***Consider:***<br>- **2 criteria need to be addressed in order to answer "YES"**<br>- **Summary of the results presented at the beginning of the discussion** | | | |

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| - **Adequate discussion of the evidence both for and against the researcher's arguments**<br>- **If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst**<br>- **If the findings are discussed in relation to the original research question** | | | |

Appendix Four: Examples of quotes from studies included in synthesis relating to themes.

| **Non-Disclosure** | |
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| Reaching a crisis point | The participants perceived having reached a ‘‘crisis point’’ which meant they could not ignore the mental health difficulties they were experiencing any longer (Murphy, 2013). |
| Culture of ‘carrying on’ or ‘sucking it up’ | Personally, I don’t want to talk to a therapist for help reasons--I just want the information, and try and fix it myself first. (Sayer, 2009). |
| Avoidance of diagnosis | I guess they stigmatize us as crazy, and that’s a liability because I’m not a liability. I’m not just going to go off on somebody without provocation or anything, but I don’t know. I don’t like being labelled. (Mittal, 2013) |
| Perceived symptom severity | I think it’s recognizing that you have problems. Secondly, it’s recognizing that there is help for those problems. Thirdly, I think it’s respecting the system that helps us and having faith that a psychologist can help me. Plus a great hope. (Sayer, 2009). |

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| | "P1: There was part of me that was relieved, but there's always part of me that, nobody's harder on me than I am and, but there was also huge relief. It was, I realised that finally we may be able to do something about this. (Murphy, 2013)." |
| Accessing services means I have a problem | "Many of the participants linked accessing mental health services to their feelings of shame because this meant they had a ''problem.'' (Murphy, 2013). |
| Lack of trust in leadership | "[Leaders] don't actually care about the soldier anymore, they don't communicate. They just watch them self-destruct and don't do anything for that soldier any more. And I see that a lot with leadership now. So, it starts even as low as us being uniformed, that we don't get the help from the people we're supposed to look up to" (Zinzo, 2013). |
| Lack on honesty on mental health assessments | "I encouraged soldiers not to say everything they needed to say [on the post-deployment health assessment], and they would say 'Boy, if you do this and you do that, it is going to come back and haunt you." (Stecker, 2007). |

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| Marital breakdown | My wife] pointed out [that I was always angry] and just said, "You know, maybe you should go see somebody." I didn't want it to affect my marriage, so before that happened, I'd rather go see somebody. (Zinzo, 2013). |
| Distressed individuals more negative views | "Furthermore we found that distressed personnel reported internal stigma two to three times more often than those who were not distressed" (Langston, 2010).- interpretative |
| **Individual beliefs about mental health** | |
| Underlying weakness | "It was my fault. It was my weakness, my fault" (Mittal, 2013).<br><br>"Why wasn't I strong enough to be able to turn these symptoms off? Why wasn't I strong enough to be able to say, look it was horrible, it was nasty, move on?" (Mittal, 2013). |
| Are a danger to others | "That's the label that, you know, society puts on us. I mean, we're crazies that know how to kill." (Mittal, 2013). |
| Are Malingering | "There is a tendency to perceive people who claim to be stressed out as malingerers (Langston, 2010)." |

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| You are crazy | "Well for years I've been avoiding the VAs and the hospitals because I didn't want to deal, I didn't want, I was scared of the hospitals. I didn't know what they were going to tell me, you know. Somebody thinks you're crazy, and they call you crazy. You're going to end up in a crazy house, right. That's the last thing I wanted to do . . "(Mittal, 2013). |
| You are not fit for this job | "They questioned whether such soldiers could be relied upon in combat, trusted with a weapon, or trusted to lead others. For NCOs entrusted with the lives of subordinates, the stakes are especially high. "I keep my behavioral health stuff wound so tight," reported one NCO, "I will not tell anybody about it, because what first sergeant is going to place their trust in me and trust their soldiers to me?" (Gibbs, 2011). |
| Part of the job | "Focus group participants report that mental health issues, particularly PTSD, are a fact of life within their environment, as a result of extensive deployment activity at each of the installations at |

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| | which these data were collected. One LE participant noted that "it's become a social norm to be in the Army with people who have mental health issues," and some participants reported that "everyone" had issues following deployment. Others pointed out that recent attention to the incidence of suicides had resulted in increased awareness of mental health issues among soldiers." (Gibbs, 2011). |
| Somatic difficulties | "So lots of things came together at that time. My body was clearly screaming at me, I mean there were lots, all through the years actually I had lots and lots of not fully explained medical problems, which we now think were directly related to PTSD." (Murphy, 2013). |
| Gender | "Although the females described some perceived barriers to accessing mental health services, they were more receptive than their male counterparts to seeking treatment" (Visco, 2009). |
| PTSD less stigmatising than other mental health difficulties | "Schizophrenia and you know bipolar disorder are generally more viewed as more biological disorders, things that are, you know, |

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| | hereditary, where PTSD can be caused by a host of things. They are outside influences, you know, which could be sexual assault or you know a really bad car accident or you know losing several loved ones all at the same time so as far as compared with those two, PTSD is—I'd rather be diagnosed with PTSD than bipolar disorder because at least with PTSD I know I have a chance of improving." (Mittal, 2013). |
| **Anticipated Stigma/personal experience of** | |
| Judgement from professionals | "Don't trust/connect with providers ","Dissatisfied with past treatment "(Zinzo, 2013) |
| Labelling | "Everywhere you look, they put the image of . . . soldiers . . . just being strong, heroes, warriors, protectors of America . . . They put you in such a positive light so if they need to seek help, they just feel weak and not living up to that image of a strong soldier" (Zinzo, 2013). |
| Perceived risk | "I think they view us as more of a threat and more of a danger, in control, but can snap at any minute and do some harm because we |

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| | were actually at one end of a gun and pulled a trigger, you know, and took somebody's life" (Mittal, 2013). |
| Lack of understanding | "I think the majority of them just don't understand it so it frightens them, and they don't want to deal with it. They don't know if you're reliable. They don't know if you're going to snap and hurt somebody. They don't know—I mean a lot of them have probably grown up with the exaggerated versions we used to see on T.V. of the Vietnam vet guys, the exaggerated versions, see what they always have. But I think that's kind of the impression they have." (Mittal, 2013). |
| Shame/blame/fault | "Strangers, they blame you. It's your own fault for having PTSD" (Mittal, 2013). |
| Lack of confidentiality | "If I was the soldier, to me, the privacy would be a big issue . . . I'd want to go knowing that I could just keep it between me and the person and not have to get my whole chain of command involved. |

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| | So I think [confidentiality is] probably a big one for a lot of people." (Zinzo, 2013). |
| Losing respect from peers | "Take the mickey, especially some of the younger lads." (Langston, 2010). |
| **Career concerns** | |
| Leadership unsupportive | "[Leaders] don't actually care about the soldier anymore, they don't communicate. They just watch them self-destruct and don't do anything for that soldier any more. And I see that a lot with leadership now. So, it starts even as low as us being uniformed, that we don't get the help from the people we're supposed to look up to" (Zinzo, 2013). |
| Disruption of career progression | "I know people who have been going to mental health, and then they have issues in their professional area because that comes back and some of them lose their career . . . and got moved to other areas." (Zinzo, 2013). |

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| Time for treatment will interfere with my job duties | "In the context of constant pressures to perform, soldiers with mental health issues may be unable to fulfill their duties as a result of mental health issues. Consequently, these soldiers are frequently described (and describe themselves) as "broken," "unreliable," or "useless." (Gibbs, 2011). |
| Medication may interfere with my job duties | After a while soldiers just get frustrated and they're like "Well obviously they can't fix it, they're just going to continuously medicate me on whatever it is, I continuously have . . . side effects. So I'm just going to deal with it [on my own]" (Zinzo, 2013). |
| **Influence stigma** | |
| Importance of leadership | "Think one of the things that really helps is when a senior leader, who has been through it and got help, is willing to give a testimony to the larger group . . . somebody . . . who is successful . . . saying, "Look, I had a moment there when I wasn't doing well, I reached out and got help and it helped me." (Zinzo, 2013). |
| Value in shared experiences (peers) | "But it's just looking into it, because when you look into it you realise, hang on, they're talking about people going through this, |

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| | this, this and this, but that's the same as me, so you start thinking, well I'm not the only person here." (Murphy, 2014). |
| Overcoming self-stigma through treatment | "Interviewer: So it sounds like you maybe had some of those fears about stigma but they weren't realised. P1: But actually they didn't, they weren't real, they didn't, it's not manifested itself. I think people are much more aware now of it. I think the problem was with me rather than with everybody else, it was the anticipation of stigma, maybe that says more about me than other people" (Murphy, 2013). |
| Framing problems in a similar manner to physical illness | "It is just like if you have a toothache, you go to the dentist" (Stecker, 2007) |
| Spousal support | Yeah, it wasn't really me. I didn't make the choice. I mean, I suppose I did by actually going in, but it was really for my wife and daughter because I've been dealing with other problems as well throughout my life and I just kind of<br>looked at it all like, "Suck it up. Drive on. I've dealt with this other crap, I can deal with this." But with them keeping on saying, "Go |

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| | get help," that's what made me do it. (Sayer, 2009) |
| Appropriately timing assessments post-deployment | "When we came back from our deployment, we had to go through all these little classes, and some of those were mental health classes. Without a doubt, we knew that everybody was there to help us. The last thing on our mind was wanting that help. We wanted to go home." (Stecker, 2007).<br>[Reintegration] is really the worst time to ask me [assessment questions]. They're not going to tell you. I could tell you all this stuff that's wrong with me, or I could go unwind for 30 days. I think I'll just unwind for 30 days, and then if I still feel anything, I might tell you. Because you're just sitting there like 'no, no, no' [to all the questions]. Nothing's wrong with me. (Zinzo, 2013). |
| Contacts for mental health embedded in the team | Having a behavioral health rep down at the brigade helps [facilitate access to care], and then having that person always out, always circulating with the units. That way you may not want to be like, "I have to go schedule something with that person at that person's office where someone may, you know, see me," as some may be worried. But, that [rep] is always out and you can just [have] a short |

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| | discussion with that person [who is] just moving through a unit area. (Zinzo, 2013). |
| Professionals offering treatment familiar with military culture | "In going into a clinical environment, where you are going to talk about things that hurt your heart and that cause you great grief and distress, not only do you not know the counsellor that you are going to talk to, but you are walking into a sterile environment that is foreign to you" (Stecker, 2007). |
| Education | "I know that I have this problem [PTSD]. How do I get treated for it? How do I get appropriately diagnosed?...Can I go to any VA? Do I have to go to the VA? (Sayer, 2009) |