## **MYTH BUSTERS**

## MENTAL HEALTH EDITION

There are a lot of myths about mental health within the military that only amplify the stigma. In effort to normalize seeking help before it is too late, we want to share some facts:

MYTH: "I will lose my security clearance if I seek mental health treatment."

**FACT:** The DoD Counterintelligence and Security Agency reports that a study from 2012-2023 found that only **178 out of over 7.7 million** denial/revocation decisions were for mental health issues alone, and <u>none</u> of these were denied or revoked just for seeking care.

MYTH: "A mental health profile is a FLAG."

FACT: A Suspension of
Favorable Personnel Actions
(FLAG) is initiated when a
Soldier is being investigated for
possible misconduct or is
otherwise not in good standing
with the Command. Having
mental health symptoms,
taking medications, or seeking
treatment does NOT initiate a
FLAG. Ever. (AR 600-8-2)



MYTH: "I will be put on a profile if I report mental health concerns on my PHA."

FACT: Out of 4,366 PHA's reviewed from the 2024 Annual Medical Readiness Events (AMRE), only 18 resulted in a new temporary behavioral health profile. That's only 0.4%. So, everyone else who reported symptoms, diagnoses, therapy, and/or medications were all simply commended for seeking help without any other action taken.

MYTH: "Therapy is just talking about my feelings."

**FACT:** Therapy is more about thoughts and behaviors than it is feelings. Evidence-Based Psychotherapies (EBPs) are treatment approaches specifically designed to **TREAT** certain symptoms and diagnoses by changing troubling thoughts and behaviors. EBPs are short-term and are proven to be effective in reducing symptom severity and frequency.

MYTH: "A behavioral health (BH) profile is a career ender." or "A BH profile is worse than others."

**FACT:** Temporary BH profiles are initiated when a service member's symptoms are serious enough to negatively impact their ability to deploy. BH profiles are treated the same as physical health profiles. They are an opportunity to seek treatment with the goal of returning to full duty. For those who participate fully in the process, *over 75%* of service members on profile **return to duty without limitations**.

MYTH: "Asking for help with my mental health means I am weak."

**FACT:** Getting help is a *courageous* and *responsible* choice.

If you need more support or have any questions, please reach out to the MOARNG Psychological Health Team!

Chelsea Sherley, MSW, LCSW
Psychological Health Coordinator
573-638-9500 x37275
573-658-0535 cell
chelsea.r.sherley.civ@army.mil

Kristi Stephens, MSW, LCSW
Psychological Health Coordinator
573-449-6246 x11615
573-658-0534 cell
kristine.a.stephens3.civ@army.mil

Emma Wangelin, MSW, LCSW
Psychological Health Coordinator
314-416-6600 x36675
314-580-5089 cell
emma.n.wangelin.civ@army.mil

Director of Psychological Health 573-638-9500 x 37083 office 573-694-8651 cell