



DEPUTY SECRETARY OF DEFENSE  
1010 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1010

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MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP  
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Review of Policies to Eliminate Stigmatizing Language Related to Mental Health

Over the last 20 years, the Department has shown resilience while facing the challenges of terrorism, armed conflict, protecting our citizens from natural disasters, and deterring aggression from our adversaries. Now, more than ever, our Service members, DoD civilian employees, and their families face stressors as they strive to serve our country. We should do everything in our power to encourage their help-seeking behaviors to ensure we have a fit and fighting force. This should include identifying and eliminating stigmatizing language related to mental health in Departmental policies that may serve as unintentional barriers to mental health help-seeking.

The language in our policies and guidance documents matters, as policies set the tone for an organization. If language that stigmatizes mental health issues and/or help-seeking is in our policies, then our leadership, Service members, and DoD civilian employees at all levels may inadvertently use stigmatizing language in everyday interactions. Such language may also cause misinterpretation regarding how to appropriately apply policies or procedures. Policy change represents a necessary action to drive culture change throughout the DoD — to change the way we speak about mental health and help-seeking behaviors.

To that end, I direct the heads of the DoD Components to eliminate inaccurate, outdated, or inappropriate language that may contribute to mental health stigma in policy and guidance documents through the following actions:

- Within **135 days**, provide to the Assistant Secretary of Defense for Health Affairs (ASD(HA)):
  - A list of all policies and guidance reviewed for existing stigmatizing language and identifying which of these policies currently contain stigmatizing language;
  - A list of remaining policies that require the use of stigmatizing language by law and identifying the law requiring the use of the stigmatizing language; and
  - A plan for prioritizing necessary language changes across the identified policies.
- Within **270 days**, provide to the ASD(HA):
  - A status update of completed policy or guidance changes;
  - A list of remaining policies that require updating; and
  - A list of new policies that were published within the previous 270 days with an accounting for absence/presence of stigmatizing language within the new policies.

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- Within **540 days**, provide to the ASD(HA):
  - Confirmation that stigmatizing language in policies or other guidance has been eliminated; and
  - A list of any new policies or guidance published within the previous 270 days with an accounting for absence/presence of stigmatizing language within the new policies.
- Within **730 days**, the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) will provide a review of Departmental policies and guidance to the Deputy Secretary of Defense that assesses the Department's success in removing stigmatizing language related to mental health.
- Heads of DoD Components will ensure existing publication review processes require an evaluation of all documents for potentially stigmatizing language prior to publishing.
- The USD(P&R) will biennially conduct a review and re-issue guidance reflective of any advancements in understanding stigmatizing language, as needed.

The attachments include additional information to assist with this process. Attachment 1 provides examples of stigmatizing language, guidance on how to correct stigmatizing language if found, and relevant references. Attachment 2 provides a summary of previous policy reviews, lists of policies issued prior to 2016 identified in those reviews needing modification, and policies identified by an environment scan directed to identify policy requirements related to suicidal ideations and behaviors in 2022. These lists are intended to serve as a viable starting point but are not exhaustive of all current policies. Any subsequent policy issuance must be reviewed to ensure against provisions that may contain language that contributes to mental/behavioral health stigma, create barriers to care, or impede help-seeking behavior.

Subject to the authority, direction, and control of the USD(P&R), the ASD(HA) will oversee this effort on behalf of the Department in collaboration with the Defense Suicide Prevention Office. For questions or assistance, please contact Captain Ken Richter, Director of Mental Health Policy and Oversight, Office of the Assistant Secretary of Defense for Health Affairs; or Dr. Ramya Sundararaman, Acting Deputy Director, Defense Suicide Prevention Office.

//Signed//

Attachments:  
As stated

cc:  
Commandant of the Coast Guard

## ATTACHMENT 1

### **Examples of Language that Contributes to Mental/Behavioral Health Stigma and Barriers to Care and References**

The following principles, considerations and examples recognize the Department's continued commitment to update policies to remove negative language or language that reinforces stereotypes. This document serves as a summary of the current evidence informed best practices as they pertain to stigmatizing language related to mental health.

#### **Overarching Principles and Considerations<sup>1</sup>**

A policy could contribute to mental/behavioral health stigma if any of these are true:

- The policy uses terminology that is outside the range of current clinical or diagnostic practices, clinical practice guidelines, the current Diagnostic and Statistical Manual of Mental Disorders (DSM), or the current International Statistical Classification of Diseases (ICD);
- The policy negatively portrays persons with mental/behavioral health disorders (e.g., “bizarre,” “defective,” “temper tantrum,” “childish outbursts”);
- The policy implies incompetence in persons with mental/behavioral health disorders;
- The policy prohibits certain actions of persons with mental/behavioral health disorders (e.g., use of firearms, promotion) solely on the presence of a mental/behavioral health disorder diagnosis;
- The policy mandates or implies a lack of privacy or confidentiality of one's mental/behavioral health information;
- The policy involves non-mental health professionals in determining mental fitness or interpreting the implications of mental/behavioral health symptoms or disorders; or
- The policy separates those who are at risk for mental/behavioral health disorders from those who are not or creates, explicitly or implicitly, negative career impacts for those who seek mental health care (e.g., mandates mental/behavioral health screening for specific groups).

Policies should be precise in language in order to maximize clarity and minimize confusion. In general, broad or umbrella terms, such as “mental,” should be used consistently across policies to avoid confusion or misunderstandings around the word's meaning.

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<sup>1</sup>Acosta, J.D., Becker, A., Cerully, J.L., Fisher, M.P., Martin, L.T., Vardavas, R., Slaughter, M.E., and Schell, T.L. (2014). *Mental Health Stigma in the Military*. [https://www.rand.org/pubs/research\\_reports/RR426.html](https://www.rand.org/pubs/research_reports/RR426.html).

Aim for parity between physical and mental/behavioral health. Avoid using different language to describe physical and mental/behavioral health services or behaviors related to seeking care. As physical health challenges are less stigmatized than mental/behavioral health challenges, likening the two can help destigmatize mental disorders and mental/behavioral health treatment.

### Examples of Stigmatizing Language<sup>2</sup>

The following serves as examples of language identified as stigmatizing, outdated, disparaging, or no longer accurate per current clinical or legal definitions. Some language is stigmatizing when applied by individuals who are not qualified to use terminology appropriately or when only warranted from a legal or clinical standpoint. This list is not inclusive, but should serve to outline examples of stigmatizing language, preferred language for substitution, and the rationale for the change.

 Stigmatizing Language	 Preferred Language
A schizophrenic A psychotic	"Person with schizophrenia" "Person exhibiting psychotic symptoms"
<p style="text-align: center;"><b>Rationale for the Change</b></p> <ul style="list-style-type: none"> <li>• Use person-first language when describing anyone with any kind of health condition or disability</li> <li>• Clarifies that the person has a condition that can be evaluated, managed, or treated</li> <li>• Avoids using negative terminology or language that may introduce bias</li> </ul>	
 Stigmatizing Language	 Preferred Language
Mentally defective Mentally incompetent	Use full legal or policy-specific definition rather than using a stigmatizing term Use current diagnostic terminology (from DSM or ICD) unless required to use a full legal definition "Determined by a court to lack decision-making capacity or pose a threat to self or others"
<p style="text-align: center;"><b>Rationale for the Change</b></p> <ul style="list-style-type: none"> <li>• Calling someone "defective" or "incompetent" implies a global judgment about the person's ability and worth, that a person is in some way "damaged" or "broken," and cannot be fixed</li> <li>• This language reduces the person to a label, and gives the impression of permanent damage with no hope of treatment or recovery</li> <li>• Avoid labeling a person due to a physical or mental health disorder</li> <li>• Mentally incompetent is not clear language as it refers to someone who is mentally inept or has a mental inability</li> <li>• Using these terms could lead to confusion with an intended legal reference, which has very specific implications</li> </ul>	

<sup>2</sup> Campbell, M., Auchterlonie, J., Andris, Z., Cooper, D., Hoyt, T. (2021) Mental Health Stigma in Department of Defense Policies: Analysis, Recommendations, and Outcomes. *Military Medicine*. <https://doi.org/10.1093/milmed/usab471>

 Stigmatizing Language	 Preferred Language
Dangerous Service member or DoD civilian	"Service member who may pose an imminent threat to self or others" "Service member who has been determined to pose an imminent threat to self or others by a competent medical authority"
<p style="text-align: center;"><b>Rationale for the Change</b></p> <ul style="list-style-type: none"> <li>Do not use wording that reinforces stereotypes that persons with mental disorders are unpredictable and dangerous</li> <li>Do not apply a label to a person, reducing them to one symptom or characteristic related to their mental health condition</li> <li>Use language that captures safety concerns related to mental health symptoms without labeling a person as dangerous</li> </ul>	

 Stigmatizing Language	 Preferred Language
Mentally disabled Suffering from	"Disabled due to a mental disorder" Shift language to focus on "disability rating" rather than disability "Diagnosed with..." "Has..." "Having..."
<p style="text-align: center;"><b>Rationale for the Change</b></p> <ul style="list-style-type: none"> <li>The phrase "mentally disabled" is not consistent with current diagnostic terminology from the DSM or ICD</li> <li>Avoid language that is potentially stigmatizing to the degree that it describes mental disorders as completely and permanently disabling</li> <li>Capture the nature and magnitude of the disability without applying a global label to a person or implying permanence</li> <li>Commenting that an individual "suffers from" a mental disorder frames it as an affliction, which contributes to stigma</li> <li>Do not make judgements or assumptions about a person's inner experience of their symptoms and relationship with their diagnosis</li> </ul>	

 Stigmatizing Language	 Preferred Language
Commit suicide Completed suicide Successful suicide	"Die by suicide"
<p style="text-align: center;"><b>vs</b></p> <p style="text-align: center;"><b>Rationale for the Change</b></p> <ul style="list-style-type: none"> <li>• "Commit" frames suicide as a criminal act</li> <li>• It is objectionable when suicide appears in a list of criminal offenses</li> <li>• Use language that refers to death or dying by suicide</li> <li>• Do not use language that places blame or judgement on the deceased</li> <li>• Avoid language that criminalizes a person with mental disorders</li> </ul>	

 Stigmatizing Language	 Preferred Language
Treatment failure Rehabilitation failure	Avoid using a separation program designator (SPD) code to refer to a person as a "failure"  Use a definition rather than the SPD code (e.g., "does not demonstrate the expected level of recovery")
<p style="text-align: center;"><b>vs</b></p> <p style="text-align: center;"><b>Rationale for the Change</b></p> <ul style="list-style-type: none"> <li>• Avoid applying a stigmatizing label to the person that may compound negative judgments about their inability to complete treatment</li> <li>• Writing out a definition rather than using the term "failure" preserves the meaning of the sentence while avoiding the application of a negative label to the person</li> </ul>	

 Stigmatizing Language	 Preferred Language
Self-mutilation	"Non-suicidal self-harm" "Non-suicidal self-directed violence"
<p style="text-align: center;"><b>vs</b></p> <p style="text-align: center;"><b>Rationale for the Change</b></p> <ul style="list-style-type: none"> <li>• Do not use extreme and graphic language that misrepresents the typical nature and objectives of non-suicidal self-harm</li> <li>• Use current terminology related to self-harm without suicidal intent</li> </ul>	

 Stigmatizing Language	VS	 Preferred Language
Suicide threats Suicide gestures Failed suicide attempt Nonfatal suicide Parasuicide Manipulative suicidal act		"Suicidal statements or behaviors" "Statements reflecting intent to self-harm" "Suicide attempt" "Self-directed violence"
<p style="text-align: center;"><b>Rationale for the Change</b></p> <ul style="list-style-type: none"> <li>• Describing a suicidal statement or behavior as a "threat" or "gesture" implies the person does not intend to follow through and has some other motivation</li> <li>• This language is stigmatizing and may lead others to dismiss suicidal statements as empty threats or attempts at manipulation</li> <li>• Use neutral language</li> <li>• Avoid making any negative assumptions about a person's intentions</li> </ul>		

 Stigmatizing Language	VS	 Preferred Language
Mental disease Psychiatric disease Mental defect Mental disability "Mental or emotional disorder" (combined phrase) "Mental or emotional condition" (combined phrase)		"Mental disorder" "Psychiatric disorder" Use precise, current diagnostic terminology (e.g., "mental disorder" or "cognitive impairment") "Disability related to a mental health condition" or shift language to focus on the disability rating Use precise language to distinguish between emotional and cognitive disorders
<p style="text-align: center;"><b>Rationale for the Change</b></p> <ul style="list-style-type: none"> <li>• Use current diagnostic terminology to clarify mental disorder or neurological conditions</li> <li>• Avoid language that may evoke thoughts of infection or a person's inability to recover from an illness</li> <li>• Do not use language that could be framed as a disease state that could be transmitted to others</li> <li>• Because the terms "mental" and "mental disorder" capture all functions and conditions involving the mind, phrases like "emotional or mental condition" are confusing and imprecise</li> <li>• Avoid negative or inaccurate terminology</li> <li>• Avoid language that confuses neurological conditions and mental disorders</li> <li>• Do not use language that perpetuates stigma around mental disorders as completely and permanently disabling</li> <li>• "Mental" captures both emotional and cognitive functioning, and is preferable to language that makes an artificial distinction between the two</li> </ul>		

 Stigmatizing Language	<b>VS</b>	 Preferred Language
Mental institution		"Psychiatric treatment facility"
<b>Rationale for the Change</b>		
<ul style="list-style-type: none"> <li>• "Institution" evokes a previous era when persons with mental disorders were permanently marginalized by commitment to institutions</li> <li>• Use wording that is descriptive and reflects current terminology used by mental health professionals</li> </ul>		

 Stigmatizing Language	<b>VS</b>	 Preferred Language
Mental instability Emotional instability Mentally unstable Emotionally unstable		Use precise language to describe behavior in descriptive terms  Use current clinical or diagnostic terminology  Consider: "affective lability," "emotional dysregulation," "irritability," "impulsivity," "aggression," "agitation," "suicidal statements or behaviors," "non-suicidal self-injury," "psychosis," and "neurocognitive dysfunction"
<b>Rationale for the Change</b>		
<ul style="list-style-type: none"> <li>• "Instability" and "unstable" are subjective terms that may be inconsistently interpreted and applied</li> <li>• Avoid language that creates the perception that persons with mental disorders are unpredictable or weak</li> <li>• Avoid language that applies labels to a person</li> <li>• Be precise and objective to avoid inconsistent application of policy guidance related to mental health</li> </ul>		

 Stigmatizing Language	<b>VS</b>	 Preferred Language
Irrational behavior		Use current clinical or diagnostic terminology  Consider: "unusual," "uncharacteristic," "impulsive," "unsafe"
<b>Rationale for the Change</b>		
<ul style="list-style-type: none"> <li>• Given the influence of cognitive biases, emotion, and intuition in human thought processes, everyone is prone to behavior that is not entirely rational</li> <li>• Emphasizing rationality so heavily has the potential to discourage the expression or experience of emotions, which contributes to mental health stigma and discourages help-seeking behavior</li> <li>• Avoid language that views normal experiences as psychologically abnormal or unhealthy</li> </ul>		

 Stigmatizing Language	 Preferred Language
Substance abuse / abusing (generic usage) "Substance abuse or misuse" (combined phrase) "Substance abusing or misusing" (combined phrase)	"Misuse," or in the case of illegal substances, "use" Use misuse to avoid using the word abuse "Alcohol and drug misuse" "Substance use disorders"
<p style="text-align: center;"><b>Rationale for the Change</b></p> <ul style="list-style-type: none"> <li>• The term "misuse" is roughly equivalent to "abuse" – do not combine the two words</li> <li>• The term "abuse" implies a negative judgement and suggests willful misconduct</li> <li>• Avoid language that places the blame with the individual</li> <li>• Use current diagnostic terminology if text will refer to clinically significant misuse</li> <li>• Misuse is used for prescription medications used other than prescribed</li> </ul>	

 Stigmatizing Language	 Preferred Language
User Abuser Addict Alcoholic	"Person engaging in substance misuse" Reword the sentence to name the behavior rather than the person ("person engaging in substance misuse")
<p style="text-align: center;"><b>Rationale for the Change</b></p> <ul style="list-style-type: none"> <li>• Referring to someone as an "abuser" to indicate alcohol or drug misuse applies a stigmatizing label, reducing the person to one behavior</li> </ul>	

 Stigmatizing Language	 Preferred Language
Alcoholism (generic usage) Alcohol abuse or dependence Substance abuse or dependence	"Substance use disorder" "Alcohol use disorder" Use appropriate continuum of "mild," "moderate," or "severe"
<p style="text-align: center;"><b>Rationale for the Change</b></p> <ul style="list-style-type: none"> <li>• Avoid using outdated terminology</li> <li>• The term "dependence" implies a negative judgement that could be seen to be blaming/judging the person for the disorder</li> <li>• The terms "alcohol abuse" and "alcohol dependence" or "substance abuse" and "substance dependence" are no longer distinct diagnostic categories; instead, the degree of severity is indicated with mild, moderate, or severe</li> </ul>	

## Reference List of Relevant Studies and Reports

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.)

Andris, Z.E., Pinder, E., Collins, C.E., & Auchterlonie, J.L. (2019, December). *Service member perceptions about seeking mental health care: What do the policies say?* [Poster presentation]. AMSUS, United States. [https://www.pdhealth.mil/sites/default/files/images/19-080\\_SM%20Perceptions\\_AMSUS%202019%20Poster\\_Andris\\_06NOV19\\_508\\_0.pdf](https://www.pdhealth.mil/sites/default/files/images/19-080_SM%20Perceptions_AMSUS%202019%20Poster_Andris_06NOV19_508_0.pdf)

Crosby, A., Ortega, L., Melanson, C. (2011). *Self-directed violence surveillance; uniform definitions and recommended data elements*. <https://stacks.cdc.gov/view/cdc/11997>

Kennedy, C. (2017). *How often do people lose security clearances because of mental health reasons?* <http://pdhealth.mil/news/blog/how-often-do-people-lose-security-clearancesbecause-mental-health-reasons>

National Institute on Drug Abuse. (2021). *Words Matter – Terms to Use and Avoid When Talking About Addiction*. <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

RAND Corporation. (2016). *Assessing the Department of Defense's approach to reducing mental health stigma*. RAND Corporation. <https://apps.dtic.mil/sti/pdfs/AD1002052.pdf>

United States Government Accountability Office. (2016). *Human capital: Additional actions needed to enhance DOD's efforts to address mental health care stigma* (GAO-16-404). <https://www.gao.gov/products/gao-16-404>

World Health Organization (2019). *International Statistical Classification of Diseases and Related Health Problems* (11th ed.)

## ATTACHMENT 2

### **Implementation of Recommended Policy Changes Related to Mental Health Stigma: 2020 Psychological Health Center of Excellence Review Findings**

**Background:** In response to the Government Accountability Office (GAO) Report No. 16-404 on Mental Health Stigma, the Psychological Health Center of Excellence (PHCoE) within the Defense Health Agency was tasked to identify DoD and Military Service policies that required updating to remove stigmatizing language provisions. This review encompassed policies that had been issued up until November 2016. The review was completed through briefings to the Military Services in June 2018. In November 2019, PHCoE began a systematic re-evaluation of these policies to verify whether or not these policies had been reissued and incorporated the recommended changes.

**Overall Findings:** Of the 169 policies reviewed by PHCoE for which stigma-reducing language changes were recommended in 2018, 87 (51 percent) had been re-issued. Out of those 87 re-issued policies, 28 (32 percent) had incorporated *all* recommended changes and 18 (21 percent) had incorporated *some* recommended changes. Overall, while stigmatizing language had been *reduced* in 53 percent of the re-issued policies (46 out of 87), this addressed only 27 percent (46 out of 169) of all policies for which PHCoE made recommendations for change. Specific findings by Military Service/National Guard Bureau/DoD are summarized in Appendices A-G. Please note, these policy numbers and titles are reflective of publication as of November 2019; updates since then are not accounted for and have not been reviewed.

Please note that not all recommended changes may be able to be incorporated due to specific legal content, prescribed language, or similar reasons. The lack of change in some policies should not be construed as unwillingness on the part of the Military Departments/Services or DoD to change the wording of specific provisions in the interest of decreasing mental health stigma.

**Additional Policies:** The appendices also provide lists of policies identified in an environmental scan of policy requirements related to suicidal ideations or behaviors that may contain stigmatizing language or procedures conducted in May to July 2022.

**Attachments:**

- Appendix A: Army Policies
- Appendix B: Marine Corps Policies
- Appendix C: Navy Policies
- Appendix D: Air Force Policies
- Appendix E: Coast Guard Policies
- Appendix F: National Guard Bureau Policies
- Appendix G: DoD Policies

## Appendix A: Army Policies

- Of the 33 Army policies identified in the initial GAO policy review, 20 policies have been re-issued and were reviewed by PHCoE.
- Of the 20 re-issued policies:
  - Ten policies incorporated all recommended changes;
  - Two policies were partially changed, incorporating some recommended changes; and
  - Eight policies incorporated none of the recommended changes.

Document Number	Policy Title	Incorporated All Changes	Incorporated Some Changes	Incorporated No Changes
AR 40-8	Temporary Flying Restrictions Due to Exogenous Factors Affecting Aircrew Efficiency			X
AR 40-66	Medical Record Administration and Health Care Documentation	X		
AR 40-501	Standards of Medical Fitness		X	
AR 50-5	Nuclear Surety		X	
AR 190-11	Physical Security of Arms, Ammunition and Explosives			X
AR 190-17	Biological Select Agents and Toxins Security Program	X		
AR 190-58	Designation and Protection of High Risk Personnel	X		
AR 195-3	The Criminal Investigation Command Special Agent Program	X		
AR 215-1	Military Morale, Welfare, and Recreation Activities and Nonappropriated Fund Instrumentalities			X
AR 614-30	Overseas Service			X
AR 614-200	Enlisted Assignment and Utilization Management			X
AR 623-3	Evaluation Reporting System			X
AR 633-30	Military Sentences to Confinement	X		
AR 635-200	Active Duty Enlisted Administrative Separations			X
ATP 3-21.8	Infantry Platoon and Squad	X		
ATP 4-02.3	Army Health System Support to Maneuver Forces	X		
ATP 6-22.5	A Leader's Guide to Soldier Health and Fitness			X
FM 3-50	Army Personnel Recovery	X		
TC 3-39.30	Military Police Leader's Handbook	X		
TC 4-02.1	First Aid	X		
<b>TOTAL</b>		<b>10</b>	<b>2</b>	<b>8</b>
<b>% OF UPDATED POLICIES</b>		<b>50%</b>	<b>10%</b>	<b>40%</b>

- The following additional policies were identified in an environmental scan of policy requirements related to suicidal ideations or behaviors that may contain stigmatizing language or procedures.

<b>Document Number</b>	<b>Policy Title</b>
AR 40-58	Army Recovery Care Program
AR 50-6	Chemical Surety
AR 190-17	Biological Select Agents and Toxins Security Program
AR 190-45	Law Enforcement Reporting
AR 380-5	Army Information Security Program
AR 380-67	Personnel Security Program
AR 381-12	Threat Awareness and Reporting Program
AR 600-63	Army Health Promotion
AR 601-1	Assignment of Enlisted Personnel to the U.S. Army Recruiting Command
AR 600-8-4	Line of Duty Policy, Procedures, and Investigation
AR 635-200	Active Duty Enlisted Administrative Separations
AR DIR 2018-16	Suitability Criteria for Military Personnel in Specified Positions
DA PAM 381-20	Counterintelligence Investigative Procedures
DA PAM 600-24	Health Promotion, Risk Reduction, and Suicide Prevention
DA PAM 601-6	Warrant Officer Procurement Program
OTSG/MEDCOM Policy Memo 21-011	Behavioral Health At Risk Management Policy
OTSG/MEDCOM Policy Memo 22-018	Transferring Behavioral Health, Substance Use Disorder and Family Advocacy Program Care for Transitioning Soldiers
OTSG/MEDCOM Policy 22-020	Command Directed Behavioral Health Evaluations
USAR REG 380-5	Information Security

## Appendix B: Marine Corps Policies

- Of the 26 Marine Corps policies identified in the initial GAO policy review, 13 policies have been re-issued and were reviewed by PHCoE.
- Of the 13 re-issued policies:
  - Three policies incorporated all recommended changes, such that the policies no longer contain the stigmatizing language previously identified;
  - Three policies were partially changed, incorporating some recommended changes; and
  - Seven policies incorporated none of the recommended changes.

Document Number	Policy Title	Incorporated All Changes	Incorporated Some Changes	Incorporated No Changes
MCBQO 5530.16B	Security Augmentation Force (SAF)			X
MCO 1001R.1L, Ch. 1	Marine Corps Reserve Administration Management Manual (MCRAMM)			X
MCO 1200.17E	Military Occupational Specialties Manual (MOS Manual)			X
MCO 1306.16F	Conscientious Objectors			X
MCO 1326.6	Selecting, Screening, and Preparing Enlisted Marines for Screenable Billets and Independent Duty Assignments (SCREENMAN)		X	
MCO 1326.7F	Selection and Screening Criteria for Marines Desiring Assignment to Marine Helicopter Squadron One	X		
MCO 1500.61	Marine Leader Development	X		
MCO 3120.11A	Marine Corps Parachuting Policy and Program Administration			X
MCO 5300.17A	Marine Corps Substance Abuse Program	X		
MCO 5580.2B, Ch. 2	Law Enforcement Manual		X	
MCO P1400.32D	Marine Corps Promotion Manual, Volume 2, Enlisted Promotions		X	
MCO P3550.10	Policies And Procedures For Range And Training Area Management			X
NAVMC 3500.18C, Ch. 1-3	Entry-Level Training (ELT) Training and Readiness (T&R) Manual			X
<b>TOTAL</b>		<b>3</b>	<b>3</b>	<b>7</b>
<b>% OF UPDATED POLICIES</b>		<b>23%</b>	<b>23%</b>	<b>54%</b>

- The following additional policies were identified in an environmental scan of policy requirements related to suicidal ideations or behaviors that may contain stigmatizing language or procedures.

Document Number	Policy Title
MARADMIN 461/15	Update to Marine Corps Intercept Program (MIP)
MCO 1720.2A	Marine Corps Suicide Prevention System (MCSPS)
MCO 1754.9B	Unit, Personal, and Family Readiness Program (UPFRP)
MCO 3504.2A	Operations Event/Incident Report (OPREP-3) Reporting
NAVMC 1720.1	Marine Corps Suicide Prevention System Procedures

## Appendix C: Navy Policies

- Of the 20 Navy policies identified in the initial GAO policy review, 8 policies have been re-issued and were reviewed by PHCoE.
- Of the eight re-issued policies:
  - Four policies have incorporated all recommended changes, such that the policies no longer contain the stigmatizing language previously identified;
  - Two policies have been partially changed, incorporating some recommended changes; and
  - Two policies incorporated none of the recommended changes.

Document Number	Policy Title	Incorporated All Changes	Incorporated Some Changes	Incorporated No Changes
BUMEDINST 5041.6A	Navy Medicine Hotline Program	X		
OPNAVINST 1220.1E	Changing or Removing Navy Enlisted Classification Code for Nuclear Propulsion Plant Personnel			X
OPNAVINST 3710.7V	Naval Air Training and Operating Procedures Standardized Program	X		
OPNAVINST 5510.60N	Security Regulations for Offices Under the Cognizance of the Chief of Naval Operations	X		
OPNAVINST 6420.1B	Physical Requirements for Non-Submarine Personnel Embarked on Submarines			X
SECNAVINS T 1850.4F	Department of the Navy Disability Evaluation Manual		X	
SECNAVINS T 1920.6D	Administrative Separation of Officers	X		
SECNAVINS T 5510.35D	Department of the Navy Nuclear Weapon Personnel Reliability Program		X	
<b>TOTAL</b>		<b>4</b>	<b>2</b>	<b>2</b>
<b>% OF UPDATED POLICIES</b>		<b>50%</b>	<b>25%</b>	<b>25%</b>

- The following policies have been identified by the Navy for future review.

Document Number	Policy Title
BUMEDINST 5353.4B	Standards for Provision of Substance Related Disorder Treatment Services
OPNAVINST 5350.4ED	Navy Alcohol and Drug Misuse Prevention and Control
SECNAVINST 5300.28F	Military Substance Abuse Prevention and Control

- The following additional policies were identified in an environmental scan of policy requirements related to suicidal ideations or behaviors that may contain stigmatizing language or procedures.

<b>Document Number</b>	<b>Policy Title</b>
BUDMEDINST 6520.2	Evaluation and Disposition of Patients Presenting with Suicidal Ideation or Behavior
BUMEDINST 5510.11	Personnel Security Program
BUPERINST 5510.61D, Ch 1	Bureau of Naval Personnel Command Security Program
MILPERSMAN 1306-964	Recruiting Duty
MILPERSMAN 1306-989	Assignment to Navy Information Operations Center (NIOC) Maryland
MILPERSMAN 1306-990	Defense Courier Duty
MILPERSMAN 1306-1001	Navy Wounded Warrior – Safe Harbor Duty
NAVVED P-117	Manual of the Medical Department Chapter 15 – Medical Examinations
OPNAV F3100.6K	Special Incident Reporting Procedures
OPNAVINST 1220.1F	Changing or Removing Navy Enlisted Classification Codes for Nuclear Propulsion Plant Personnel
US Navy Medicine Guide	U.S. Navy Aeromedical Reference and Waiver Guide

## Appendix D: Air Force Policies

- Of the 34 Air Force policies identified in the initial GAO policy review, 20 policies have been re-issued and were reviewed by PHCoE.
- Of the 20 re-issued policies:
  - Four policies incorporated all recommended changes;
  - Eight policies were partially changed, incorporating some recommended changes; and
  - Eight policies incorporated none of the recommended changes.

Document Number	Policy Title	Incorporated All Changes	Incorporated Some Changes	Incorporated No Changes
5AFI 35-102	Personnel Administration of Master Labor Contract (MLC) and Indirect Hire Agreement (IHA) Employees (PA)	X		
AFI 31-105_35FWSU P	Air Force Corrections System			X
AFI 31-116	Air Force Motor Vehicle Traffic Supervision	X		
AFI 31-117	Arming and Use of Force by Air Force Personnel			X
AFI 31-204v3_AFGM2019-01	Air Force Guidance Memorandum to AFI 13-204V3, Airfield Operations Procedures and Programs			X
AFMAN 32-3001	Explosive Ordinance Disposal (EOD) Program	X		
AFI 36-704	Discipline and Adverse Actions of Civilian Employees		X	
AFI 36-2110	Total Force Assignments		X	
AFI 36-3206	Air Force Guidance Memorandum to AFI 36-3206, Administrative Discharge Procedures for Commissioned Officers			X
AFI 36-3208	Air Force Guidance Memorandum to AFI 36-3208, Administrative Separation of Airmen			X
AFI 36-3212	Physical Evaluation for Retention, Retirement, and Separation		X	
AFI 40-301_USAFASUP_I	Family Advocacy Program			X
AFI 41-210	TRICARE Operations and Patient Administration Functions		X	
AFI 44-172	Mental Health			X
AFI 48-123	Medical Examinations and Standards			X
AFI 48-307	En Route Critical Care	X		

AFI 51-201_ AFGM2019-02	Air Force Guidance Memorandum to AFI 51-201, Administration of Military Justice		X	
AFI 90 6001_ AFGM2019-01	Air Force Guidance Memorandum to Air Force Instruction (AFI) 90-6001, Sexual Assault Prevention and Response (SAPR) Program		X	
AFMAN 48-146	Occupational and Environmental Health Program Management		X	
CFETP 4C0X1	Mental Health Service Specialty		X	
<b>TOTAL</b>		<b>4</b>	<b>8</b>	<b>8</b>
<b>% OF UPDATED POLICIES</b>		<b>20%</b>	<b>40%</b>	<b>40%</b>

- The following additional policies were identified in an environmental scan of policy requirements related to suicidal ideations or behaviors that may contain stigmatizing language or procedures.

Document Number	Policy Title
AFI 44-102	Medical Care Management
AFI 44-119	Medical Quality Operations
AFI 48-113	Duty Limiting Conditions
AFMAN 13-501	Nuclear Weapons Personnel Reliability Program (PRP)
	Air Force Enlisted Classification Directory [3P]
	Air Force Officer Classification Directory [31PX]

## Appendix E: Coast Guard Policies

- Of the 19 Coast Guard policies identified in the initial GAO policy review, 10 policies have been re-issued and were reviewed by PHCoE.
- Of the 10 re-issued policies:
  - Three policies incorporated all recommended changes;
  - Three policies were partially changed, incorporating some recommended changes; and
  - Four policies incorporated none of the recommended changes.

Document Number	Policy Title	Incorporated All Changes	Incorporated Some Changes	Incorporated No Changes
COMDTINST M1000.3A	Officer Accessions, Evaluations, and Promotions		X	
COMDTINST M1000.4	Military Separations		X	
COMDTINST M1000.8A	Military Assignments And Authorized Absences			X
COMDTINST M1700.1	Military Civil And Dependent Affairs			X
COMDTINST 1752.1	Coast Guard Family Advocacy Program	X		
COMDTINST M1754.10E	Sexual Assault Prevention And Response (SAPR) Program	X		
COMDTINST M3150.D	Coast Guard Diving Policies And Procedures Manual	X		
COMDTINST M3710.1H	Coast Guard Operations Manual			X
COMDTINST M5100.47C	Safety And Environmental Health Manual		X	
COMDTINST M6000.1F	Coast Guard Medical Manual			X
<b>TOTAL</b>		<b>3</b>	<b>3</b>	<b>4</b>
<b>% OF UPDATED POLICIES</b>		<b>30%</b>	<b>30%</b>	<b>40%</b>

**Appendix F: National Guard Bureau Policies**

- Of the eight National Guard Bureau policies identified in the initial GAO policy review, two policies have been re-issued and were reviewed by PHCoE.
- Of the two re-issued policies:
  - One policy incorporated all recommended changes, such that the policy no longer contains the stigmatizing language previously identified; and
  - One policy incorporated none of the recommended changes.

Document Number	Policy Title	Incorporated All Changes	Incorporated Some Changes	Incorporated No Changes
AFI 36-3203	Service Retirements	X		
ANGI 36-2001	Management of Training and Operational Support Within the Air National Guard			X
<b>TOTAL</b>		<b>1</b>	<b>0</b>	<b>1</b>
<b>% OF UPDATED POLICIES</b>		<b>50%</b>	<b>--</b>	<b>50%</b>

- The following additional policies were identified in an environmental scan of policy requirements related to suicidal ideations or behaviors that may contain stigmatizing language or procedures.

Document Number	Policy Title
NGR 601-1	ARNG Strength Maintenance Program
PPOM #20-033	Behavioral Health Systems for Providing Behavioral Health Services to Army National Guard (ARNG) Members

## Appendix G: DoD Policies

- Of the 29 DoD policies identified in the initial GAO policy review, 14 policies have been re-issued and were reviewed by PHCoE.
- Of the 14 re-issued policies:
  - Three policies incorporated all recommended changes; and
  - Eleven policies incorporated none of the recommended changes.

Document Number	Policy Title	Incorporated All Changes	Incorporated Some Changes	Incorporated No Changes
DoD 6025.18-R	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs			X
DoD 6055.05-M	Occupational Medical Examinations and Surveillance Manual			X
DoD AI 8	Disciplinary and Adverse Actions	X		
DoDI 1325.07	Administration of Military Correctional Facilities and Clemency and Parole Authority			X
DoDI 3020.41	Operational Contract Support (OCS)			X
DoDI 3025.19	Procedures for Sharing Information with and Providing Support to the U.S. Secret Service (USSS), Department of Homeland Security			X
DoDI 5210.65	Security Standards for Safeguarding Chemical Agents			X
DoDI 5525.14	DoD Law Enforcement Officers (LEOs) Flying Armed			X
DoDI 6130.03-V1	Medical Standards for Military Service: Appointment, Enlistment, or Induction	X		
DoDI 6490.06	Counseling Services for DoD Military, Guard and Reserve, Certain Affiliated Personnel, and Their Family Members			X
DoDM 5105.21-V3	Sensitive Compartmented Information (SCI) Administrative Security Manual: Administration of Personnel Security, Industrial Security, and Special Activities			X
DoDM 5200.02	Procedures for the DoD Personnel Security Program (PSP)	X		
DoDM 5210.42-R	Nuclear Weapons Personnel Reliability Program			X
DoDM 7730.47-M-V1	Defense Incident-Based Reporting System (DIBRS): Data Segments and Elements			X
<b>TOTAL</b>		<b>3</b>	<b>0</b>	<b>11</b>
<b>% OF UPDATED POLICIES</b>		<b>21%</b>	<b>--</b>	<b>79%</b>

- The following additional policies were identified in an environmental scan of policy requirements related to suicidal ideations or behaviors that may contain stigmatizing language or procedures.

<b>Document Number</b>	<b>Policy Title</b>
DoDI 6490.07	Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees