

DO MILITARY UNIFORM AND RANK IMPACT ON THE THERAPEUTIC RELATIONSHIP BETWEEN MILITARY MENTAL HEALTH CLIENTS AND CLINICIANS?

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Abstract

Objective - to measure the perceptions of military staff of the impact of wearing military uniform on the therapeutic relationship with mental health clients.

Method – a brief questionnaire was distributed to all military clinicians in Departments of Community Mental Health to measure their attitudes.

Results – there was a 67.9% (n=70) response rate regarding the impact of uniform on the therapeutic relationship. 20% of responses were positive, 31% negative, 37% mixed and 12% gave no answer.

Conclusion – there was no clear pre-existing literature on this issue. Overall, the wearing of uniform appeared to be perceived positively. There is a need to assess clients' points of view in future studies.

Introduction

Before the closure of the Duchess of Kent's Psychiatric Hospital, in Catterick Garrison, North Yorkshire, and the setting up of enhanced Departments of Community Mental Health, all mental health personnel, with few exceptions, wore military uniform. This has now changed dramatically with many Department of Community Mental Health staff now wearing civilian clothing. While on Operational postings all staff wear military uniform. The issue has raised comments from clients and other medical professionals that military uniform may have an impact on interactions with soldiers and may subsequently affect the therapeutic relationship. Unlike ward-based staff, there is no coverage of Community Mental Health staff dress in Army Trade Dress Regulations (1).

Military healthcare personnel are trained first and foremost with specialist clinical qualifications, and additionally provide the specialist knowledge and skills to work in a challenging, different and often difficult environment of the armed services. Much of the work is through therapeutic intervention and it is of utmost importance that the therapeutic relationship between the mental health professional and the client is built on trust, understanding and excellent communication. There are many barriers to a constructive therapeutic relationship: frequent moves between locations, stigma, and difference in rank between client and practitioner and, *potentially*, the perception of the significance of

uniform in a clinical environment.

This study was designed to investigate the attitudes of military mental health staff regarding the impact of the wearing of military uniform and rank upon the therapeutic relationship. It is hoped that this paper will stimulate discussion on the subject, possibly leading to further research and identification of best practice. This survey encompassed all Departments of Community Mental Health but did not include staff on Operational tours other than posting to Headquarters Northern Ireland.

Method

A simple questionnaire was compiled based on the guidelines by Hill et al (2) and faxed to all Departments of Community Mental Health within the UK and BFG requesting completion by all mental health staff and return within 30 days. Responses were collated and tabulated and the mean values calculated for each response.

Results

Completed questionnaires were received from 70 of the 97 (72%) Departments of Community Mental Health staff. Four

Circumstances	Number	(%)
Always wears Uniform in Work	12	(16)
Only Wear Uniform for Admin or Presentations	12	(16)
Only Wear Uniforms in Clinic	3	(4)
Do Not Wear Uniform for Travel or Externally	10	(13)
Make choice depending on Client Issues	11	(14)
Do Not Wear Uniform	3	(4)
No Reply to the Question	25	(33)

Table 1: The circumstances in which mental health staff wear uniform

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departments did not return the form in time, three did not respond at all and four departments in Germany were staffed entirely by civilians and were therefore excluded from the study. The survey showed that approximately half of the Mental Health staff who responded wore military uniform for client interactions (Table 1).

When asked whether they felt that military uniform influenced client interactions, 50 (71%) agreed, 12 (17%) disagreed and 8 (12%) replied both yes and no. When this was questioned further 17% (n=12) of respondents replied that wearing uniform had a positive impact on their practice, while 26% (n=18) considered uniform to have a negative impact and 31% (n=22) said uniform did not affect their practice. Eighteen staff did not reply to this section.

Responses to the survey also indicated that 33% (n=23) of staff did not consider rank to be a barrier to client treatment, 23% (n=16) of respondents did consider rank to be a barrier while 16% (n=11) reported rank as being both a barrier and a support to treatment. Twenty staff did not reply to this section.

Respondents were also able to offer free text comments on the issue of uniforms interacting with the client relationship and some of these are shown in Box 1.

Positive Comments	Negative Comments	Equivocal Comments
Promote Service identity	Can be perceived as a power issue	Should be left to discretion of the clinician
Gives vision of professionalism	Sometimes difficult for higher ranks to identify with lower ranks and vice versa	Skills of practitioner more important than what he/she wears

Box 1: Additional comments supplied as free text on questionnaire responses

Discussion

There remains stigma associated with going to see a mental health professional, not only in the Armed Forces but also in the civilian population. This remains a real problem. Burke states that this is a societal issue, although it is much more pronounced in the military (3). The impact of military reality on individual mental health is compounded further by the perception of stigma associated with mental illness within military communities. Service personnel often voice their fear of losing the opportunity for career development as the stigma of having mental health problems negatively impacts on career advancement and subsequently acts as motivation for military personnel to hide their problems from colleagues, friends and family. Hoge et al carried out a study based on data from over 6000 army and marine combat personnel deployed to Iraq and Afghanistan in 2003 which showed that only 38% soldiers meeting the criteria for mental disorder were interested in attending a mental health professional: many reported that this was due to the associated stigma (4). A civilian study of 1737 patients concluded that negative opinions contributed to increased isolation, difficulties in employment and prejudice against the mental health victim (5).

We have found limited research investigating the relationship

between military uniform and its impact on the therapeutic relationship with mental health clients. Thom & Ford carried out a study on staff dress on acute psychiatric wards with 36% of clients indicating that formal dress made staff less approachable (6) Ten years later McLean et al carried out a study in a military orthopaedic fracture clinic (7). There were two clinicians, one in military dress and the other in civilian clothing. The hypothesis was that military uniform might alter the clients' perception of the clinician therefore affecting the therapeutic relationship. The results showed that the attire of the clinicians did not adversely influence the clients' perceptions of either clinician.

Reducing the perception of stigma and barriers to care among military personnel should be a priority for clinicians and policy makers alike. From the results of the study it is clear that most staff believe military that uniform does influence the therapeutic relationship between the practitioner and the client, but there is no definitive answer as to whether uniform positively or negatively affects the interaction. This is a subject that is complex, difficult to measure and inconsistent and suggests that more research is required on this important issue.

We intend to supplement this study with a study of clients' perceptions on the impact of uniform on the therapeutic relationship in Departments of Community Mental Health. There are also other research opportunities to look at similar issues of the impact of military uniform amongst other military medical specialities, such as genitourinary medicine. Finally we wonder whether that the excellent response rate may reflect the perceived importance of this issue amongst military mental health staff

Conclusion

The conclusion of this study is that there is no clear conclusion! It can be argued that the mental health professionals' attire and behaviour play an instrumental role in the communication with clients. There are also people who may claim that the mental health professionals' abilities are more important than what they are wearing.

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