



UNDER SECRETARY OF DEFENSE
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WASHINGTON, D.C. 20301-4000

SEP 15 2014

PERSONNEL AND
READINESS

MEMORANDUM FOR ASSISTANT SECRETARIES OF THE MILITARY
SERVICES FOR MANPOWER AND RESERVE AFFAIRS
DIRECTOR OF THE JOINT STAFF

SUBJECT: Personnel Security Clearance Awareness Campaign

In response to recommendations contained in the Department of Defense (DoD) Task Force Report on the Prevention of Suicide by Members of the Armed Forces, DoD agreed to take measures to reduce stigma related to seeking and receiving behavioral health care. This memorandum reinforces this agreement and directs the implementation of measures to reduce the negative stereotypes often associated with behavioral health issues as well as the adoption of practices that encourage Service members and their families to seek the assistance they need, when needed, without the fear of negative consequence.

One of the most critical aspects of preventing suicide is eliminating thoughts and behaviors that may prevent Service members and their family members from seeking help when they have behavioral health problems. The Task Force indicated that “the roots of stigma¹ are anchored in stereotypes—generalizations that are perceived to be accepted by the population at large—such as ‘people with mental health problems are crazy’ and ‘Service members who seek behavioral healthcare are weak.’ These stereotypes do their damage when individuals begin to agree with them and develop prejudicial views to a Service member.” Such attitudes in the military culture seriously undermine suicide prevention efforts.

Standard Form 86 (SF-86), the Questionnaire for National Security Positions, is used by the United States government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. Within the SF-86, question 21 deals with the applicant’s emotional and mental health. The directions for responding to this question clearly state that mental health counseling, in and of itself, is not a reason to revoke or deny eligibility for receiving a clearance. Additionally, the question directs the Service member to answer “No” with regard to counseling if it was for sexual assault or strictly for marital, family, or grief issues not related to violence by the Service member or related to adjustments from service in a military combat environment. The Task Force stated that these behavioral health exclusions may have the potential of reducing these stereotypes and encourage individuals to seek proactive management of behavioral health conditions for wellness and recovery. However, the Task

¹ The Department of Defense is trying to minimize use of the term “stigma” when discussing the promotion of help-seeking behaviors; it is included here to accurately reflect the Task Force report.


Force also warned that the majority of Service members were either unaware of these exclusions or had no faith in the protection they afforded.

The Awareness Campaign will provide the means to increase awareness and understanding of the exclusions in the SF-86 so that applicants will seek help for their behavioral health problems without concern of negative impact to their careers. It will raise awareness among Service members that the percentage of all security clearance denials and revocations for those who have psychological concerns is less than 1 percent. It will also reduce the perceptions that prevent some Service members from seeking behavioral health or other services. Furthermore, the plan spearheads an array of activities and events to reach the maximum number of Service members and dependents, military healthcare providers, and personnel involved in the security clearance process, in an effort to prevent suicide and improve behavioral health through education and awareness of SF-86, question 21 policies and guidance on its application.

I appreciate adoption of the attached plan tailored to the specific needs of your component. The attachments for implementation include the SF-86 Campaign Plan and SF-86 Facts and Figures. The Department views seeking help as a sign of strength and protections against negative consequences are provided for individuals responsibly seeking behavioral health counseling. The Department must continue to take steps to promote awareness of the benefits of seeking behavioral healthcare and to improve Service member confidence in the protections that current policies afford.

As always, I ask that you continue to underscore that Service members and their families who are in crisis should call 911, go to the nearest emergency room, or contact the Military Crisis Line: 1-800-273-8255 (Press 1), www.militarycrisisline.net to ensure all suicide prevention measures are implemented.

My point of contact for this campaign is the Director of the Defense Suicide Prevention Office, Ms. Jacqueline Garrick. She can be contacted at Jacqueline.n.garrick.civ@mail.mil or at (703) 614-8840 for any assistance you may need.


Jessica L. Wright

Attachments:
As stated

cc:
Under Secretary of Defense for Intelligence
Chief of the National Guard Bureau



SEEKING HELP IS A SIGN OF STRENGTH

**CAMPAIGN PLAN FOR PROMOTING AWARENESS OF THE
BENEFITS OF HELP-SEEKING AND UNDERSTANDING**

QUESTION 21 OF STANDARD FORM 86

(QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS)

STANDARD FORM-86, QUESTION 21 CAMPAIGN PLAN

Executive Summary

The Suicide Prevention General Officer Steering Committee (SPGOSC) directed the development of a Standard Form-86 (SF-86) Question 21 (Q21) strategic communications campaign plan. This plan includes the following sections:

- Goal
- Background
- Objectives
- Overarching Theme
- Key Messaging and Talking Points
- Targeted Audiences
- Communications Strategy
- Campaign Events
- Campaign Metrics
- Milestones

Goal

In coordination with the Military Services, the Department of Defense (DoD) will develop and implement an effective communications campaign that ensures ALL Service members, dependents, caregivers, and security professionals are aware of and understand the Department's policies on seeking behavioral health services, specifically as they apply to obtaining and maintaining personal security clearances, and are confident that leadership at all levels will ensure and enforce the protections these policies were designed to afford.

The SF-86 Q21 strategic communications plan was presented to the SPGOSC on May 22, 2013. The plan was approved for formal coordination.

Background

The DoD remains concerned with the number of suicides in the military. The suicide rate among the U.S. Armed Forces consistently rose between the years 2001 and 2009, from 10.3 to 18.3 suicides per 100,000 Service members. While rates were level in 2010 and 2011, rates in 2012 again increased.

One of the most critical aspects of preventing suicide is eliminating thoughts and behaviors that may prevent Service members from seeking help when they have behavioral health

Standard Form-86, Question 21 Campaign Plan

problems. The DoD Task Force on the Prevention of Suicide by Members of the Armed Forces indicated that “the roots of stigma¹ are anchored in stereotypes—generalizations that are perceived to be accepted by the population at large—such as, ‘people with mental health problems are crazy’ and ‘Service members who seek behavioral healthcare are weak.’ These stereotypes do their damage when individuals begin to agree with them and develop prejudicial views toward a Service member.” Such attitudes in the military culture seriously undermine suicide prevention efforts.

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736	QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS	Form approved: OMB No. 3206 0005
Section 21 - Psychological and Emotional Health		
Mental health counseling in and of itself is not a reason to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.		
<p>21.1 In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court-ordered:</p> <ul style="list-style-type: none"> - strictly marital, family, grief not related to violence by you; or - strictly related to adjustments from service in a military combat environment <p>Please respond to this question with the following additional instruction: Victims of sexual assault who have consulted with the health care professional regarding an emotional or mental health condition during this period strictly in relation to the sexual assault are instructed to answer No.</p>		
Complete the following if you responded ' Yes ' to having consulted with a health care professional regarding a mental or emotional health condition or were hospitalized for such a condition.		
Entry #1		
Provide the dates of counseling or treatment.		
From Date (Month/Year)	To Date (Month/Year)	Provide the name of the health care professional.
<input type="checkbox"/> Present <input type="checkbox"/> Est.	<input type="checkbox"/> Present <input type="checkbox"/> Est.	<input type="checkbox"/> International or DSN phone number Telephone number
		<input type="checkbox"/> Day <input type="checkbox"/> Night Extension

SF-86, the Questionnaire for National Security Positions, is used by the U.S. government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in title 5, Code of Federal Regulations, section 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968, “Access to Classified Information.” Within the SF-86, Q21 deals with the applicant’s psychological and emotional health. The directions for responding to this question clearly state that mental health counseling, in and of itself, is not a reason to revoke or deny eligibility for receiving a clearance. Additionally, the question directs the Service member to answer “No” with regard to mental health treatment if the counseling was for sexual assault or strictly for marital, family, or grief issues not related to violence by the Service member or related to adjustments from service in a military combat environment.

The Department views seeking help as a sign of strength, and protections against negative consequences are provided for individuals responsibly seeking behavioral health counseling. The percentage of all security clearance denials and revocations for cases involving mental health is less than one percent.² The Department must continue to take steps to promote

¹ The Department of Defense is trying to minimize use of the term “stigma” when discussing the promotion of help-seeking behaviors; it is included here to accurately reflect the Task Force report.

² Defense Personnel Security Research Center, February 28, 2013.

awareness of the benefits of seeking behavioral healthcare and to improve Service member confidence in the protections that current policies afford. Recent actions include:

- In April 2012, the Under Secretary of Defense for Personnel and Readiness (USD (P&R)) and the Deputy Secretary of the Department of Veterans Affairs agreed to establish a Joint Executive Council (JEC) Tiger Team to further discuss and develop agency positions on Q21.
- In June 2012, the Armed Forces Network aired two public service announcements (PSA) directly related to the department's supportive position on seeking behavioral healthcare.
- In June 2012, the JEC Tiger Team presented its recommended Q21 revisions to the Security Executive Agency Interagency Question 21 Working Group.
- In September 2012, the Secretary of Defense (SecDef) reinforced Executive Order 12968, "Access to Classified Information," by releasing a memorandum reiterating that mental health counseling alone cannot form the basis for a denial of a security clearance.
- In October 2012, the Office of the Under Secretary of Defense for Personnel and Readiness (OUSD (P&R)) coordinated a department-wide response on an amended Q21, which supports the department's supportive position on behavioral health counseling.
- In January 2013, the SecDef concurred with the Office of the Director of National Intelligence's interim guidance, which instructs all individuals who are victims of sexual assault who have received mental health counseling to answer "no" to Q21.
- In February 2013, the SPGOSC directed the development of a SF-86 Q21 strategic communications campaign plan. This plan was presented at the May 2013 SPGOSC.
- In June 2013, the department issued the DoD Directive 6490.14, the "Defense Suicide Prevention Program," which requires the Military Services to foster a command climate that encourages personnel to seek help and build resilience, increases awareness about behavioral health, and reduces stigma for personnel who seek behavioral healthcare.

The Task Force concluded that the exclusions in SF-86, specifically concerning behavioral healthcare, have the potential of decreasing the negative perceptions of seeking mental health treatment. However, two significant hurdles remain: the Task Force found that Service members often were not aware of the exclusions, and those who were aware of them had no confidence that the department's policies would afford protection. This campaign is a direct result of these Task Force findings and recommendations.

Task Force Recommendation 19: “Target a specific component of the communications campaign to ensure that Service members who hold security clearances and the mental health providers who see them are aware of policies that exclude reporting certain instances of mental healthcare on the SF-86.”

—DoD Task Force on the Prevention of Suicide by Members of the Armed Forces (2010)

Objectives

- Increase awareness and understanding of the exclusions in the SF-86 Q21, so that applicants will be encouraged to seek help for their behavioral health problems without unwarranted concern of negative impact to their careers.
- Raise awareness among Service members that an overwhelming majority of those who have had psychological concerns and have sought help have obtained/retained their security clearance eligibility.
- Reduce the perceptions that prevent some Service members from seeking mental health or other services.
- Spearhead an array of activities and events to reach, in a timely fashion, the maximum number of Service members and dependents, military healthcare providers, and personnel involved in the security clearance process.
- Establish an enduring partnership among the Defense Suicide Prevention Office (DSPO), the Military Services, and the Office of the Under Secretary of Defense for Intelligence to prevent suicide and improve mental health by educating Service members and their families, healthcare providers, and security clearance professionals on SF-86 Q21 policies and guidance on its application.

Overarching Theme

- **“Seeking Help is a Sign of Strength”** – Speaks to the need for leadership at all levels to understand and embrace the Department’s stance on seeking behavioral healthcare; the need for consistent and enduring application of these policies; and the need for an overarching education and training program that not only explains the policies, but includes the supporting methodologies (research, statistics, etc.) that underscore the protections they afford.

Key Messages and Talking Points

- The DoD takes suicide prevention very seriously and considers any measure that saves a life as one worth taking. It is fully committed to bolstering the resilience, cohesiveness, sense of purpose, and belonging for at-risk individuals, while creating a supportive, stable environment in which they can seek help and heal.
- Suicide prevention is the responsibility of every soldier, sailor, airman, and marine. Furthermore, leadership at all levels must embrace this issue and take measures to

create a command climate that encourages Service members to seek the help they need, when needed, without the fear of negative consequence.

- Effective suicide prevention strategies support leaders at every level, provide Service members the best available resources, and foster a culture of total force fitness.
- A Service member's decision to seek mental healthcare should not, in and of itself, adversely impact that person's ability to obtain or maintain a national security position. In fact, seeking personal wellness and recovery may favorably impact a person's eligibility for a national security position.
- Mental health counseling alone cannot form the basis for a denial of an interim security clearance and officials such as security managers, commanders, and supervisors are prohibited from asking SF-86 applicants for additional information regarding listed mental health counseling.
- The percentage of all security clearance denials and revocations for cases involving mental health is less than one percent.

Primary and Secondary Audiences

- **Primary:**
 - Service members, federal civilians, contractors
 - Military families
 - Commanders, leaders, and supervisors
 - Healthcare providers, chaplains, family readiness groups
 - All personnel involved with personnel security investigations
- **Secondary:**
 - Congress
 - Media/public affairs

Communication Strategy

DSPO will implement the following communication strategy:

1. Social Media

- a) Post SF-86 Q21 informational materials on www.suicideoutreach.org, Military Service, and other websites for download. This includes brochures, fact sheets, posters, and logos, so that partners in the field can easily print or reproduce materials.
- b) Work with DoD Public Affairs on methods to promote SF-86 Q21 policies online.

2. Outreach Events

- a) Feature SF-86 Q21 materials and messages at behavioral health and suicide prevention events, including the annual DoD/Veterans Affairs suicide prevention conference.
- b) Work with the Office of the Deputy Assistant Secretary for Military Community and Family Policy to participate in events frequented by military families.

3. External Media Outreach

- a) Set up interviews with the Military Times and other military-focused publications to increase awareness of SF-86 Q21 policies.

4. Internal Media Outreach

- a) Promote SF-86 policies and the importance of help-seeking through mediums such as the Pentagon News Channel, American Forces Press Service, Armed Forces Network, etc.

5. Materials Development

- a) Produce an expanding array of products that provide information about SF-86 exclusions as they relate to behavioral healthcare. This includes:
 - 1. Fact sheets
 - 2. Information papers
 - 3. Posters and flyers
 - 4. PowerPoint slides for training/briefing purposes

6. Materials Distribution

- a) Work with the Services' national and local Suicide Prevention Program Managers to distribute SF-86 materials for local military installations.

7. Trainings/Educational Sessions

- a) Include discussion of SF-86 Q21 in suicide prevention, health promotion, risk reduction, and other training and educational sessions to increase awareness. This includes training the following personnel about this issue:
 - 1. Public affairs officers at the Defense Information School
 - 2. Military commanders, leaders, and supervisors at all levels
 - 3. Mental health providers/directors of psychological health
 - 4. Sexual Assault Prevention and Response Office personnel
 - 5. Chaplains
 - 6. Military family members

8. PSAs and Videos

- a) Develop PSAs and videos with partners, including Defense Media Activity, that profile stories of Service members who have sought help for behavioral health problems, indicated this on their SF-86 form, and seen their personal health and careers positively impacted as a result.³

³ Legal and privacy concerns will be considered to ensure that the campaign complies with the Health Insurance Portability and Accountability Act of 1996, the system of records notification for the SF-86, and the rights and privacy of the individuals participating in the campaign.

- b) Circulate the PSAs and videos via DoD websites, YouTube, Facebook, and other sites.

9. Messaging

- a) Circulate SecDef memo and SF-86-related guidance that underscore the importance of help-seeking and creating a command climate that encourages this behavior.
- b) Develop messages to be transmitted by OUSD (P&R) on the value of help-seeking.

10. Graphics

- a) Develop SF-86-themed graphics/images for reproduction by suicide prevention and mental health organizations for use on their websites and at events.

Campaign Events

DSPO will provide SF-86 informational materials for events for Service members and their families, federal civilians, and contractors to include:

- Military service health fairs
- Pentagon educational sessions
- Military service stand downs
- Military service crisis support events
- Military service training and education
- Media engagements

Campaign Metrics

DSPO will determine the effectiveness of this campaign through the administration of command-initiated surveys establishing a baseline reference level to be compared to subsequent periodic measurements. Surveys shall be used to assist in determining:

- Scope of command involvement
- Span of campaign's influence
- Levels of awareness, comprehension, and confidence of SF-86 exclusions, department policy, and departmental support

Milestones

The SF-86 campaign will be launched in the fall of 2014. SF-86 awareness materials will be disseminated throughout the year, and they will be incorporated into pre-existing campaigns, such as DoD's Military Crisis Line campaign.

Significant milestones include:

- **August 2014**
 - SPGOSC–approved SF-86 Awareness Campaign Plan through final coordination.
- **September 2014**
 - Approved by USD (P&R).
- **November 2014**
 - Military Services initiate inclusion of SF-86 policy questions within command climate surveys to determine foundational levels of SF-86 policy awareness.
 - Military Services begin to include/update SF-86 guidance within suicide prevention training programs.
 - Initiate development of SF-86 themed materials (graphics, pamphlets, posters, fact sheets, PSA, training templates, etc.) for distribution.
 - Begin to include SF-86 “talking points” in public affairs guidance on suicide prevention messaging.
- **January 2015**
 - Military Services promote SF-86 awareness through formal guidance.
- **March 2015**
 - DoD includes SF-86 guidance within suicide prevention training strategy.