Soldiering On:

Psychosocial Barriers to Mental Health Treatment Among Military Personnel

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December 5, 2016

The majority of military personnel who are diagnosed with mental health problems do not seek treatment. This project will research psychosocial explanations for why this occurs, and further research will be explored about potential ways to reduce these barriers to care.

Developing a mental disorder in response to trauma or other stressors can occur in a wide range of people, from many different backgrounds, and is not confined to any particular demographic. However, certain careers are marked by higher risk. InQ

An oft-cited study in later research on this topic is a 2004 study done by Hoge, Castro, Messer, McGurk, Cotting, and Koffman (Hoge et al., 2004). In order to evaluate mental health his study examined US Army and Marine Corps soldiers, who would serve or had served in Iraq and Afghanistan. The institutional review board of the

samples included 2530 Army soldiers before deployment; 1962 Army soldiers after deployment; 894 Army soldiers after deployment; and 815 Marines after deployment. Participants were collected through recruitment by the researchers. The soldiers were briefed about the details of the study and guaranteed anonymity, and the researchers obtained written consent from each soldier who agreed to participate. The researchers also compared their participants to all of the Army and Marine soldiers involved in the same deployments, in order to ensure that their sample represented the population they wished to study.

The method used to gather data was an anonymous survey. A participant was deemed to Ninety-eight percent of the entire group of participants met the criteria for a response. In order to measure mental health among the participants, the researchers used screening questionnaires and an official symptom checklist in the survey to diagnose PTSD, GAD, major depressive disorder, and substance abuse. The survey also asked questions about the soldie if they were experiencing any life-affecting problems, whether they wished to receive help for those problems, if they had used mental health care in the past, and what their thoughts were on perceived barriers to care and stigma.

The gathered data was scanned and analyzed using logistic regression to control for demographic differences. The subsequent results showed that a significant portion of the participants had been in serious combat, and a positive correlation emerged between rates of mental disorders and the amount of combat experience. Among the participants who met the criteria for a mental disorder, only 38-40% reported that they would be interested in getting treatment and only 23-40% reported receiving treatment in the past. Also, these participants were twice as likely as those who did not meet criteria for a mental disorder to report concerns about stigma and other barriers to care. The three barriers that were most highly rated by respondents to the survey were (1) their unit losing trust in them, (2) their leaders viewing them differently, and (3) being perceived as weak, with this last barrier receiving the highest endorsement.

There were several limitations to this study. The researchers used a cross-sectional design involving several groups of Marines and Army personnel, which may not yield as accurate results as a longitudinal design. The participants were also selected from an active-duty work site, so the study was not able to examine responses among wounded or discharged personnel. Also, because the study used a survey, there was an inherent risk of misreport among The researchers took care to make their sample as representative as possible and adhered to proper

treatment. In addition to gathering data on beliefs about mental health care, this study also revealed that only 25% of the soldiers who met criteria for a mental disorder had received treatment.

indicated the highest amount of trust in military physicians and mental health personnel from within their unit, with the least amount of trust in military physicians not within their unit and civilian providers. In the section on barriers to care, 45% of the participants generally disagreed with the listed barriers, while 26% agreed with them. The three largest barriers identified in the 2004 study by Hoge et al. being seen as weak, being treated differently by leadership, and having their unit lose trust in them were all reduced showing the greatest reduction in agreement responses. However, although the other two barriers were reduced, they remained two

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effective (38%), and various issues concerning the relationship with the mental health professional (2/3 of all soldiers).

The study was limited by its dependence on self-reported data and data obtained from an administration, and the survey did not screen for other mental disorders besides PTSD. However, the sample sizes for both the cohort and the survey were large, and results and demographics were fairly consistent between both groups, which reinforce the reliability of the

Heal (2014) provided a valuable look at PTSD prevalence, low treatment-seeking, and drop-out rates among the military population. This study also gathered

developing interventions to improve treatment-seeking rates and the effectiveness of care.

A study conducted in 2015 by Kulesza, Pedersen, Corrigan, and Marshall examined public and perceived public treatment-seeking stigma in young adult veterans and its relationship to mental health care utilization (Kulesza, Pedersen, Corrigan, & Marshall, 2015). The researchers differentiated between public stigma (viewing others in a negative way) and perceived public stigma (applying those negative views to yourself). They hypothesized that veterans who reported higher levels of either kind of stigma would be less likely to seek treatment. The researchers controlled for other factors that might influence treatment seeking such as age, gender, race, and symptom severity and the study was approved by an institutional review board.

Participants were obtained through social-media recruitment, and their eligibility was determined by a series of questions and analysis. Candidates were required to be between 18 and 34 years of age and to not be in active or reserve duty. Eight hundred twelve veterans were included in the study. All participants took an online survey, which assessed mental health, stigma concerns, and treatment receipt. The section on mental health used validated measures to screen for PTSD, depression, anxiety, alcohol use disorder, and cannabis use disorder. In the section on stigma, participants were asked to rate 6 statements representing perceived public stigma (how would this affect your decision to seek treatment) and 6 statements representing public stigma (how would you view another person considering seeking treatment).

The data was analyzed using regression models, in order to control for other factors that might influence treatment-seeking and to evaluate both public and pl healt(re)7(port)-8(e)4JETQ0.000005t4.2 Tf

differently. The majority of veterans did not anticipate negative responses from others if they were to seek treatment (e.g., 56% did not think they would be seen as weak), but a large portion of them did endorse this belief (44%).

This study was limited in that it was a cross-sectional design, and that it utilized an online survey, which prevented the researchers from being able to conclusively determine identity and eligibility, and the participants may not have answered honestly. The definitTf12 0 612 7924(nt)4(k tre)-4(a)4(t

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