

PERCEIVED BARRIERS TO SEEKING MENTAL HEALTH CARE IN MILITARY SERVICE MEMBERS WITH AND WITHOUT POST-TRAUMATIC STRESS DISORDER

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Introduction

- Social, cultural, personal, and structural factors impede or facilitate one's access to mental health care^{1,2}
- Military and veteran healthcare systems and military culture provide a unique context for care-seeking^{1,2}
- The Department of Defense has not consistently met access to mental health care standards for active duty Service members (SMs) and their families²
- Post-traumatic stress disorder (PTSD) is a trauma-related mental health disorder frequently found in SMs returning from combat deployment³
- This study examined the perceived barriers to seeking mental health care in SMs with and without post-traumatic stress disorder (PTSD)

Methods

Participants

- Current and former SMs ($N = 183$) were recruited from a military medical center. These data are part of a larger study of PTSD symptoms
- Participants were age 19-78 ($M = 40.9$, $SD = 13.9$), primarily male (61.2%), and Caucasian (64.5%). There were no demographic differences between those with and without PTSD

Measures

- **Probable PTSD:** assessed with the 20-item PCL-5.⁴ Endorsement of PTSD required at least one qualifying traumatic event, meeting DSM-5 criteria B-E,⁵ and a symptom severity score ≥ 38 . Of $n = 179$ with complete measures, $n = 86$ had PTSD and $n = 93$ did not have PTSD
- **Perceived barriers to mental health care:** assessed with 13 items developed for use with a military population.³ Response choices: 0 (*strongly disagree*) to 4 (*strongly agree*)

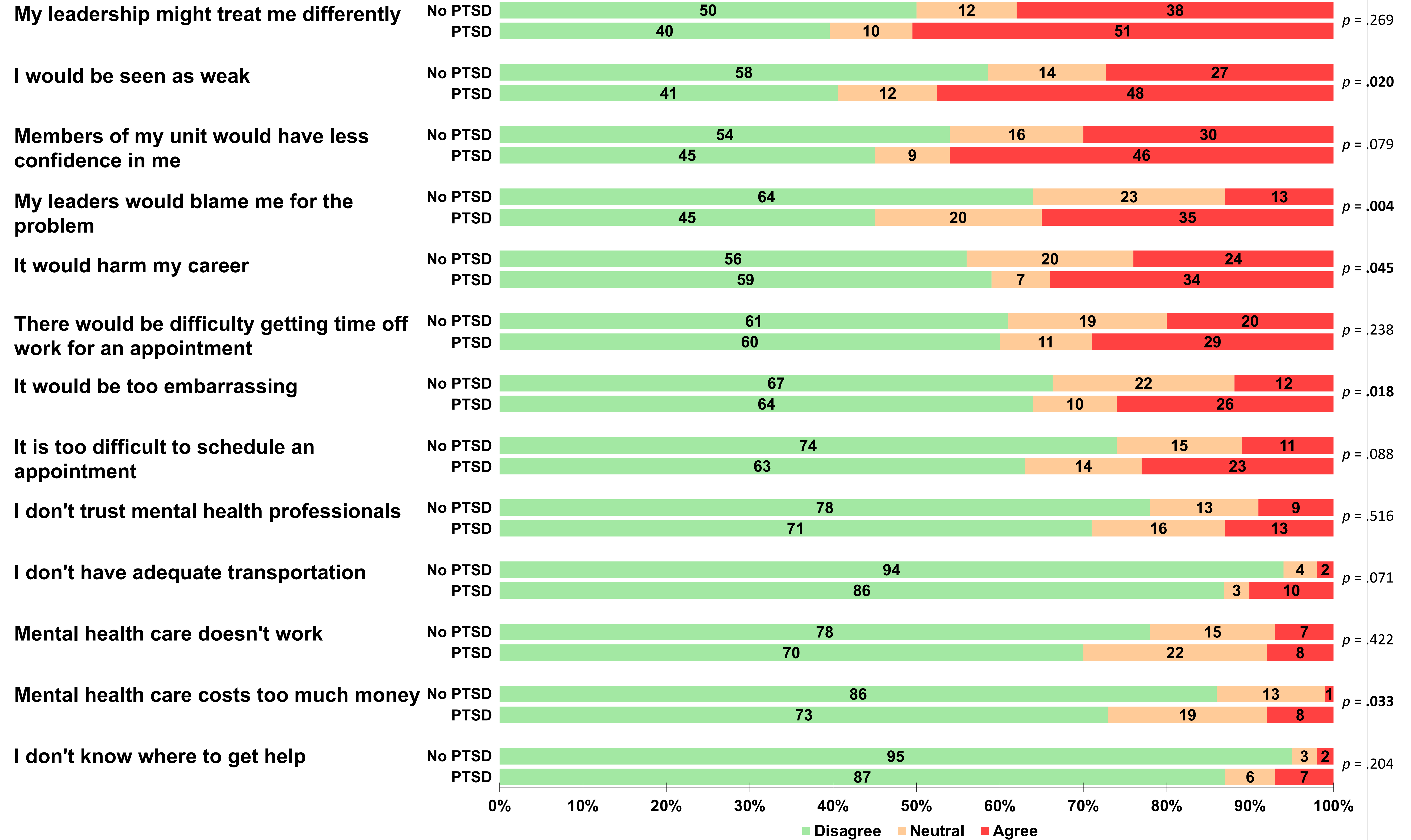
Analyses

- Means were computed and an ANOVA was conducted to compare barriers to care in the PTSD and no PTSD groups adjusting for demographic covariates. For chi square categorical comparisons, we collapsed *strongly disagree* with *disagree* and *agree* with *strongly agree*

Results

- The barriers to care most frequently endorsed by SMs with and without PTSD were: *My leadership might treat me differently*, *I would be seen as weak*, and *Members of my unit would have less confidence in me*
- The mean level of barriers to mental health care was significantly different between those with PTSD ($M = 1.28$) and without PTSD ($M = 1.00$) after adjusting for gender, age, and education level ($\beta = 0.30$, $t = 2.46$, $p = .015$)
- SMs with PTSD were significantly more likely than those without PTSD to agree with the statements: *I would be seen as weak*, *My leaders would blame me for the problem*, *It would harm my career*, *It would be too embarrassing*, and *Mental health care costs too much money*

Results (Continued)



Conclusions

- Barriers to seeking mental health care are reported by SMs with and without PTSD and the barriers most commonly endorsed are similar
- SMs with PTSD perceive more barriers to care than those without PTSD and they are particularly concerned about being embarrassed, seen as weak, blamed for the problem, harm to career, and the cost of care
- The findings are consistent with other studies³ – barriers to care are highest among those most in need of mental health care services
- Efforts to reduce stigma and improve access to and utilization of mental health care in military populations are needed⁶

References & Disclaimers

- ¹ *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery.* (2008). Santa Monica, CA: RAND Corporation.
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 - ³ Hoge et al. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England journal of medicine*, 351(1), 13-22.
 - ⁴ Weathers et al. (2013). The PTSD Checklist for DSM-5 (PCL-5). Available at www.ptsd.va.gov.
 - ⁵ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
 - ⁶ Fikretoglu et al. (2022). Pathways to mental health care in active military populations across the Five-Eyes nations: An integrated perspective. *Clinical Psychology Review*, 91. <https://doi.org/10.1016/j.cpr.2021.102100>
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