



Barriers to Mental Health Care and Challenges to Veterans' Transition from Military to Civilian Life

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*Disclosures: The presenters and contributors are Visiting Nurses of the Navy-Marine Corps Relief Society


Outline

- I. "Invisible Wounds of War"
(2008 RAND Study)
- II. Other studies #1, #2 and #3
- III. Vignettes collected from Combat Casualty
Assistance (CCA) Visiting Nurses





I. 2008 RAND Study

- "Invisible Wounds of War"
• Terry L. Schell and Grant N. Marshall, {Eds.}
- Barriers to Care Among Those with a Possible Need for
Services (n=752)
- Divided types of barrier into three:
 1. Logistical
 2. Institutional and cultural
 3. Beliefs and preferences for treatment




Logistical




Barriers	Weighted Percentage	95% CI LL	95% CI UL
It would be difficult to get childcare or time off of work	29.3	23.0	35.6
Mental Health care would cost too much money	23.1	16.7	29.5
It would be difficult to schedule an appointment	15.9	11.8	20.1
I would not know where to get help or whom to see	15.9	10.6	21.2
It would be difficult to arrange transportation to treatment	6.6	10.6	21.2

Source: Schell and Marshall (2008)




Institutional and Cultural




Barriers	Weighted Percentage	95% CI LL	95% CI UL
It could harm my career	43.6	37.0	50.0
I could be denied a security clearance in the future	43.6	37.0	50.2
My coworkers would have less confidence in me if they found out	38.4	32.2	44.7
I do not think my treatment would be kept confidential	29.0	23.1	34.9
My commander or supervisor might respect me less	23.0	17.4	28.5
My friends and family would respect me less	11.5	7.6	15.5
I could lose contact or custody of my children	9.3	5.7	12.9
My commander or supervisor has asked us not to get treatment	7.8	3.4	12.2
My spouse or partner would not want me to get treatment	2.9	1.0	4.9

Source: Schell and Marshall (2008)



Beliefs and Preferences for Treatment



Barriers	Weighted Percentage	95% CI LL	95% CI UL
The medications that might help have too many side effects	45.1	38.1	52.2
My family or friends would be more helpful than a mental health professional	39.4	32.7	46.1
I would think less of myself if I could not handle it on my own	29.1	23.3	35.0
Religious counseling would be more helpful than mental health treatments	28.8	22.9	34.7
Even good mental health care is not very effective	25.2	18.7	31.7
The mental health treatments available to me are not very good	24.6	18.3	30.8
I have received treatment before and it did not work	18.0	13.5	22.6

Source: Schell and Marshall (2008)



II. Other Studies



1. Elnitsky et. al. (2013) (n=359)

- Nearly two thirds of veterans reported one or more barriers to their exclusive use of VA healthcare services
- Experiencing any barriers “double the odds” of not using VA exclusively
- Geographic distance to VA barrier resulted in “7-fold increase” in returnees odds of not using VA
- A wait time barrier “doubled the odds” of returnees not using the VA



Other Studies



2. Garcia et. al. (2014) (n=434)

- Compared to Vietnam and Gulf War veterans, OEF/OIF veterans significantly more likely to endorse negative treatment attitudes as possible barriers to care
- OEF/OIF veterans more likely than Vietnam veterans to endorse conflicting work demands as a potential barrier
- Older OIF/OEF veterans were more likely than younger ones to endorse barriers related to cost and time commitments




Other Studies




3. Crawford et al (2015) (n=279) U.S. veterans


- Surveyed about PTSD symptomatology and MH utilization
- Comparisons between treated (n=160) and untreated (n=119)
- Corroborated prior research findings
 - Negative beliefs about treatment and stigma strongly endorsed by both treated and untreated veterans
 - Veterans did not want to take meds or talk about war
 - Other barriers include practical concerns like cost
 - Treatment-seeking veterans have fewer privacy concerns




III. Vignettes




1. Logistical
2. Institutional and Cultural
3. Beliefs and Preferences for Treatment




Logistical




- Difficult to arrange transportation to treatment
 - Semper Fi Fund assisted with car repairs
 - Disabled American Veterans provides shuttle service
- Do not know where to get help or whom to see
 - Transition patient advocates (WWR District Injured Support Coordinators and the VA's OEF/OIF/OND Program)
 - Non-Profit Organizations like the Navy-Marine Corps Relief Society, FOCUS Marines Foundation, and others




Logistical




- Mental health care would cost too much money
 - Vet Centers
 - Give an Hour
 - The Soldiers' Project
 - VA fee basis authorization or Choice Card program




Institutional and Cultural




- Concerns about career, security clearance and stigma
- Military One Source – provides 12 sessions of non-medical counseling
- Vet Centers – do not diagnose. Keeps separate records from VHA. Can see active-duty Service Members
- Changes in Question #21 of SF-86: may answer NO to the mental health question if treatment is for sexual assault or trauma




Institutional and Cultural



- Character of discharge could pose an institutional barrier to medical and mental health care (see next slide)
- Non-profit organizations or DISC can assist with appeal to upgrade a military discharge
- Discharges like “Other than Honorable” could have resulted from:
 - Self-medication with alcohol or drugs
 - Anger which manifested in conduct disrespectful toward senior NCOs or Officers




Discharges & Benefits




Type	Description	Benefits eligibility		Number discharged fiscal 2000-13
		VA (health/pension)	GI Bill (education)	
Honorable	Service member met the standards of acceptable conduct and performance.	yes	yes	1,983,893
General	Service record is satisfactory but not sufficiently meritorious to warrant an honorable discharge.	yes	no	172,125
Uncharacterized	Applies to those who leave the military within 180 days.	yes	no	288,568
Other-than-honorable conditions	Service record shows a string of minor offenses, such as drug and alcohol incidents.	no	no	125,204
Bad conduct	Equivalent to a low-level civilian criminal conviction. Requires conviction by court-martial.	no	no	19,054
Dishonorable	Often compared to committing a felony, includes rape or murder. Requires conviction by court-martial.	no	no	1,467

Source: Defense Department


Source: Carney (2014)




Beliefs and Preferences for Treatment




- Medications that might help have too many side effects
- CCA Visiting Nurses provide education about medications and side effects
- Family or friends would be more helpful than mental health professional
- Transition classes & retreats like Semper Fi Odyssey and FOCUS Marines Foundation encourage veterans to seek help
- Primary care clinic staff play a role in reducing stigma




Questions?






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