

III. Vignettes collected from Combat Casualty Assistance (CCA) Visiting Nurses

# I. 2008 RAND Study



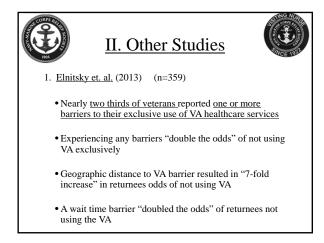
- "Invisible Wounds of War"
  Terry L. Schell and Grant N. Marshall, {Eds.}
- Barriers to Care Among Those with a Possible Need for Services (n=752)
- Divided types of barrier into three:
  - 1. Logistical
  - 2. Institutional and cultural
  - 3. Beliefs and preferences for treatment

Ð	Logistical			A CE		
	Barriers	Weighted Percentage	95% CI LL	95 % CI UL		
It would be diffi	cult to get childcare or time off of work	29.3	23.0	35.6		
Mental Health c	are would cost too much money	23.1	16.7	29.5		
It would be diffi	cult to schedule an appointment	15.9	11.8	20.1		
I would not know	w where to get help or whom to see	15.9	10.6	21.2		
It would be diffi	cult to arrange transportation to treatment	6.6	10.6	21.2		
Source: Schell ar	nd Marshall (2008)					

🕼 Institutional and C	Cultura	al 🕻	181
901	_		WCE
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

Beliefs and Preferences for Treatment				
Barriers		Weighted Percentage	95% CI LL	95% CI UL
The medications that might help have	re too many side effects	45.1	38.1	52.2
My family or friends would be more health professional	helpful than a mental	39.4	32.7	46.1
I would think less of myself if I courown	ld not handle it on my	29.1	23.3	35.0
Religious counseling would be more health treatments	helpful than mental	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
		18.0	13.5	22.6







### Other Studies



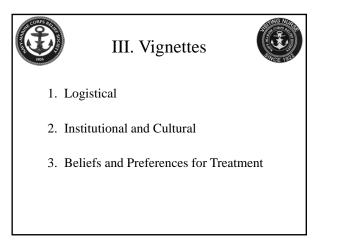
- 2. <u>Garcia et. al.</u> (2014) (n=434)
  - Compared to Vietnam and Gulf War veterans, <u>OEF/OIF</u> veterans significantly more likely to endorse negative treatment attitudes as possible barriers to care
  - <u>OEF/OIF veterans more likely</u> than Vietnam veterans to endorse conflicting work demands 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
    - <u>Negative beliefs</u> about treatment and stigma <u>strongly</u> <u>endorsed by both treated and untreated veterans</u>
       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





## Logistical



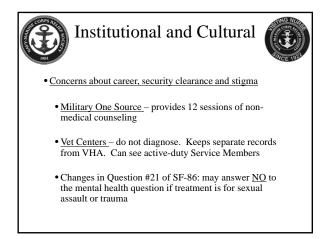
- Difficult to arrange transportation to treatment
- Semper Fi Fund assisted with car repairs
- Disabled American Veterans provides shuttle service
- Do not know where to get help or whom to see
  - Transition patient advocates (WWR District Injured Support Coordinators and the VA's OEF/OIF/OND Program)
  - 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

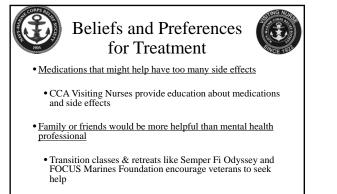




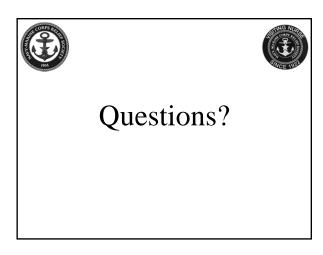
- Non-profit organizations or DISC can assist with appeal to upgrade a military discharge
- Discharges like "Other than Honorable" could have resulted from:
  - Self-medication with alcohol or drugs
  - Anger which manifested in conduct disrespectful toward senior NCOs or Officers

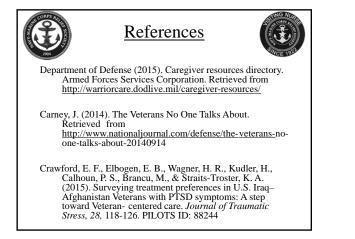
	Discharges & I	Benef	fits	
Military Dis	charges by Type	Benefits e VA	Benefits eligibility VA GI Bill	
Туре	Description	(health/pension)	(education)	fiscal 2000-13
Honorable	Service member met the standards of acceptable conduct and performance.	yes	yes	1,983,893
General	Service record is satisfactory 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
	by courtemarcia.		Source: D	Defense Departmen

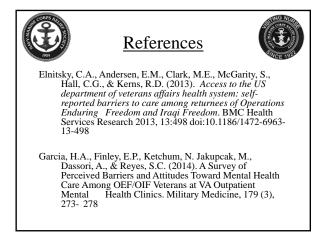




• Primary care clinic staff play a role in reducing stigma









References



Schell, T.L., & Marshall, G.N. (2008). Survey of Individuals Previously Deployed for OEF/OIF. In T. Tanielian & L.H. Jaycox [Eds.], Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery (pp. 87-115). Santa Monica, California: RAND Corporation