FAMILY DEVELOPMENT

Military Families Learning Network

Staying Strong by Seeking Help: Barriers and Facilitators to Military Mental Health Treatment-Seeking

Thanks for joining us! We will get started soon.
While you're waiting you can get handouts etc. by following the link below.

https://learn.extension.org/events/3344

U.S. Department of Defense

eXtension
Issues • Innovation • Impact
A Part of the Cooperative Extension System

USDA

This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Military Family Readiness Policy, U.S. Department of Defense under Award Number 2015-48770-24368.

FAMILY DEVELOPMENT

Military Families Learning Network

Staying Strong by Seeking Help: Barriers and Facilitators to Military Mental Health Treatment-Seeking

https://learn.extension.org/events/3344

U.S. Department of Defense

eXtension
Issues • Innovation • Impact
A Part of the Cooperative Extension System

USDA

This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Military Family Readiness Policy, U.S. Department of Defense under Award Number 2015-48770-24368.

MILITARY FAMILIES LEARNING NETWORK

Connecting military family service providers
and Cooperative Extension professionals to research
and to each other through engaging online learning opportunities

militaryfamilies.extension.org

Sign up for webinar email notifications at *militaryfamilies.extension.org/webinars*

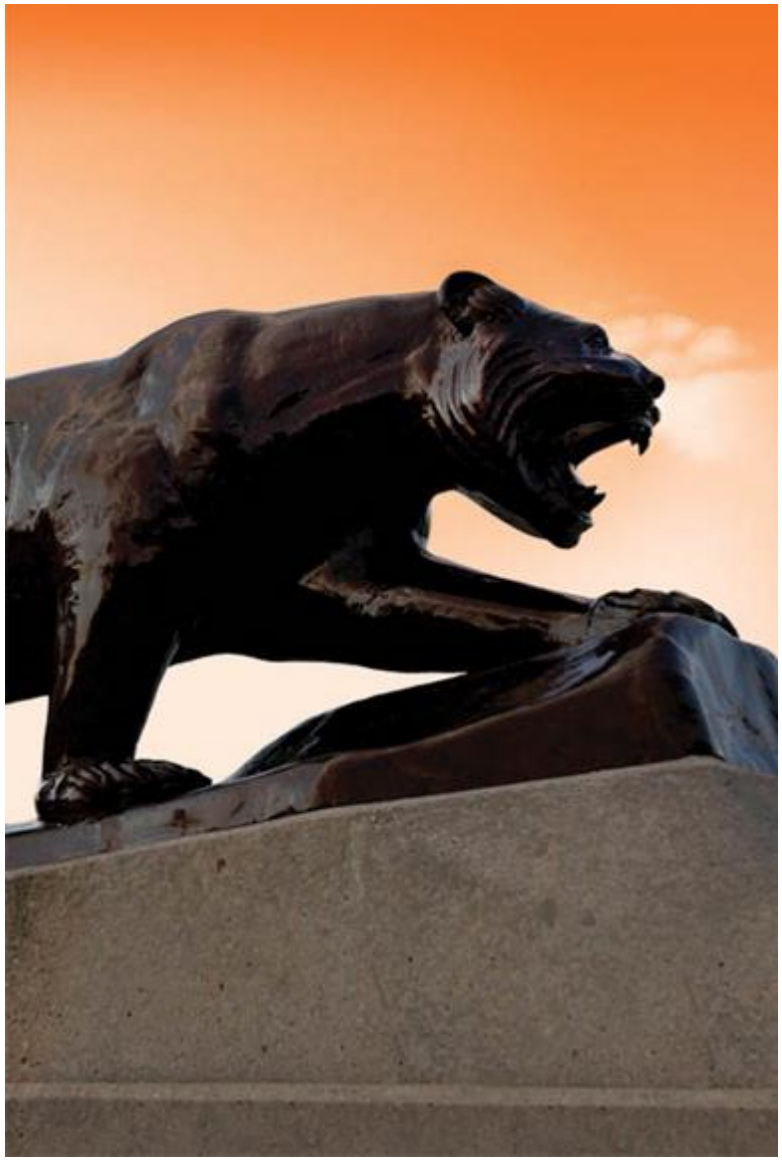
Today's Presenters

Thomas Britt, PhD

•Trevillian Distinguished Professor of Psychology at Clemson University

•Served in the U.S. Army as a research psychologist from 1994-1999

•Research interests include determinants of employee resilience and thriving and mental health treatment-seeking among employees in high stress occupations

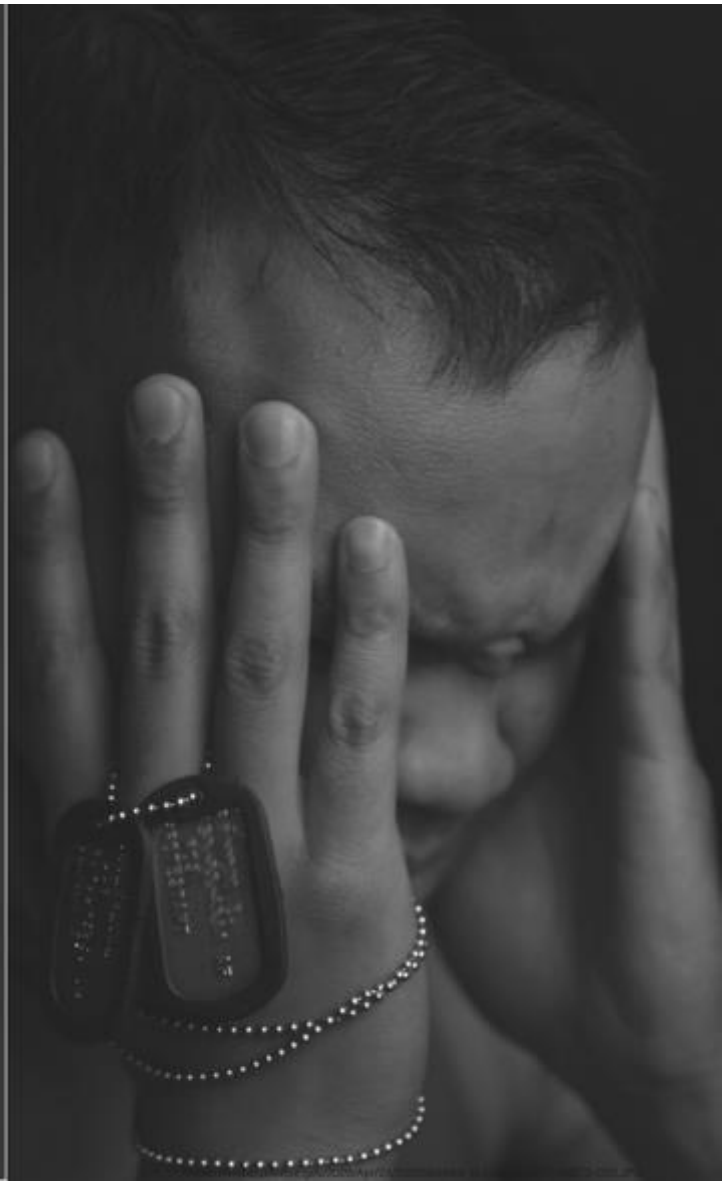


The views expressed in this presentation are those of the author and do not necessarily represent the official policy or position
of the U.S. Army Medical Command or the Department of Defense. Questions and comments to **twbritt@Clemson.edu**.

The studies described in the present webinar were supported by a grant from the Department of Defense (#W81XWH-11-2-0010) administered by the U.S. Army Medical Research Acquisition Activity.

The Issue

- Exposure to stressors and traumatic events create mental health problems in military personnel.
- Effective mental health treatments are available, but the majority of service members do not get treatment or drop out of treatment before completion.
- The failure to get help creates additional problems for service members and their families.



The Evidence

- Overall, up to 30% of service members returning from combat have some mental health problem (Hoge, et al. 2004).
- This number goes up to 40% for soldiers who spend > 40 hours a week outside of base camp (Castro & Adler, 2011)
- Rate is 41% for Reserve Component forces (Milliken, et al. 2007)
- Objective work stressors linked to problems: combat exposure, length of deployment, multiple deployments

https://pixabay.com/en/bible-heart-christianity-jesus-2615221/

Service Members Getting Help

- Among those with a problem, estimates of those getting treatment vary between 13% and 40% (Hoge, et al. 2004; Kim, et al. 2010)

- Britt, et al (2011) broke down by perceived severity of the mental health problem
    - Mild problem: 24% reported treatment
    - Moderate problem: 49% reported treatment
    - Severe problem: 70% reported treatment

Why don't service members seek help?

Why don't service members seek help?

- STIGMA of admitting problem/seeking treatment
  - ***Public Stigma*:** negative reactions of the general public to people with mental health problems (Corrigan & Penn, 1999)
  - ***Self Stigma*:** internationalization of negative public attitude; belief you are less of a person if you admit problem/seek treatment (Vogel, et al. 2006)
  - ***Label Avoidance*:** avoid label of having problem by not getting treatment (Corrigan & Penn, 1999)

Why don't service members seek help?

- Britt (2000) study of Bosnia Screening
  - Majority endorsed belief admitting problem would harm career and cause embarrassment
  - Greater discomfort in discussing psychological problems (especially when with unit), less likelihood of following referral
- Hoge, et al. (2004) Stigma Study
  - Veterans of wars in Iraq and Afghanistan endorsed items related to stigma of seeking treatment
  - Reports of stigma were twice as high among those with a mental health problem; finding replicated by others

Why don't service members seek help?

- Organizational Barriers to Treatment Seeking (Britt et al., 2008; Hoge et al., 2004)
  - High workload, OPTEMPO
  - Unclear guidelines for where to get help
  - May be especially important for veterans in rural areas (Bennett, et al. 2012)

  - Negative Attitudes & Self-Reliance (Adler et al. 2014; Kim et al. 2011)

  - Negative attitudes toward treatment and a preference for self-reliance distinguish those who get treatment

- Prior investigations have not thoroughly addressed the role of organizational culture in treatment seeking

Importance of Organizational Culture

- Need to consider characteristics of employees in high risk occupations like the military (Britt & Mcfadden, 2012)
  - Premium on being physically and psychologically robust; resilience emphasized
  - Embedded in highly cohesive units
  - Highly responsive to unit leaders
  - Work a central part of identity
  - Have a strong in-group identity; mental health professionals may not be part of in-group
  - Treatment may not be adapted to organizational culture (e.g. lengthy sessions, long-term treatment)

Resilience and Mental Health Treatment

- Early receipt of mental health treatment can prevent larger problems
- Culture of resilience in high stress occupations deters treatment seeking (Britt & McFadden, 2012)
  - Stigma associated with treatment
  - Treatment seen as last resort
  - Self-reliance may involve maladaptive coping
- Need to highlight mental health treatment as a contributor to resilience, not a failure of resilience
- Proactive receipt of treatment in high stress occupations a leader/organization responsibility

The STIGMA trial

PHASE I

Interviews & Focus Groups

Study 1

Conducted **interviews** with Soldiers (#32) who had sought mental health treatment to examine how they overcame stigma and barriers to getting needed treatment and to identify facilitating factors that led them to treatment.

32

Study 2

Conducted **focus groups** with Soldiers of different ranks (12 groups of 4-8) to understand factors that inhibit versus facilitate getting treatment

78

PHASE II

Longitudinal Study

Study 3

Longitudinal Study of factors that influence seeking treatment for mental health problems"

A BCT is assessed 4-8 months after returning from a combat deployment and again 6 months later

Conduct a longitudinal study to determine factors at Time 1 that predict treatment seeking at Time 2

What factors were predictive of treatment seeking?

PHASE III

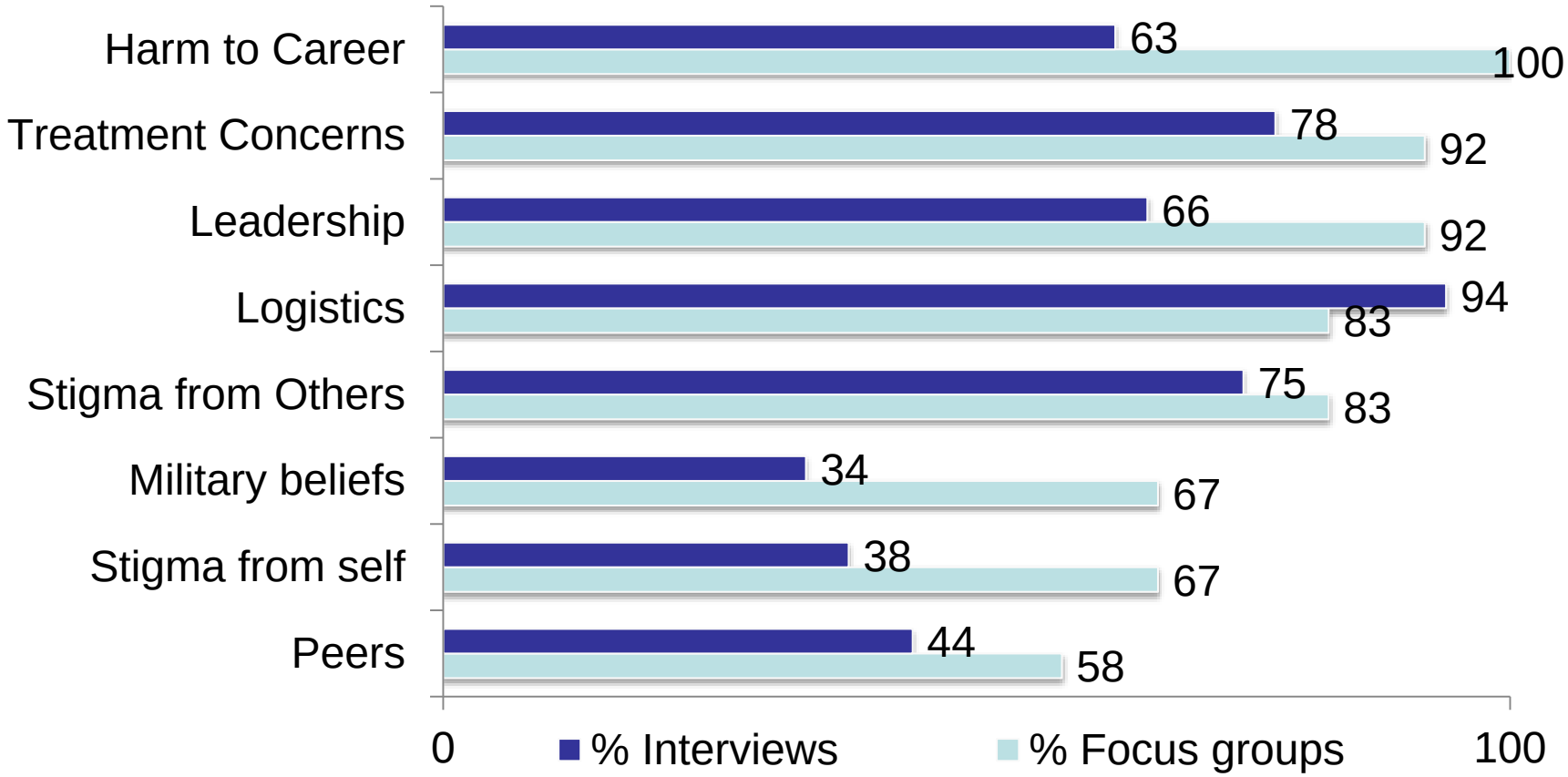
Intervention Development and Pilot study

Study 4

The results of Phases I and II will be used to develop an intervention to improve attitudes toward mental health treatment

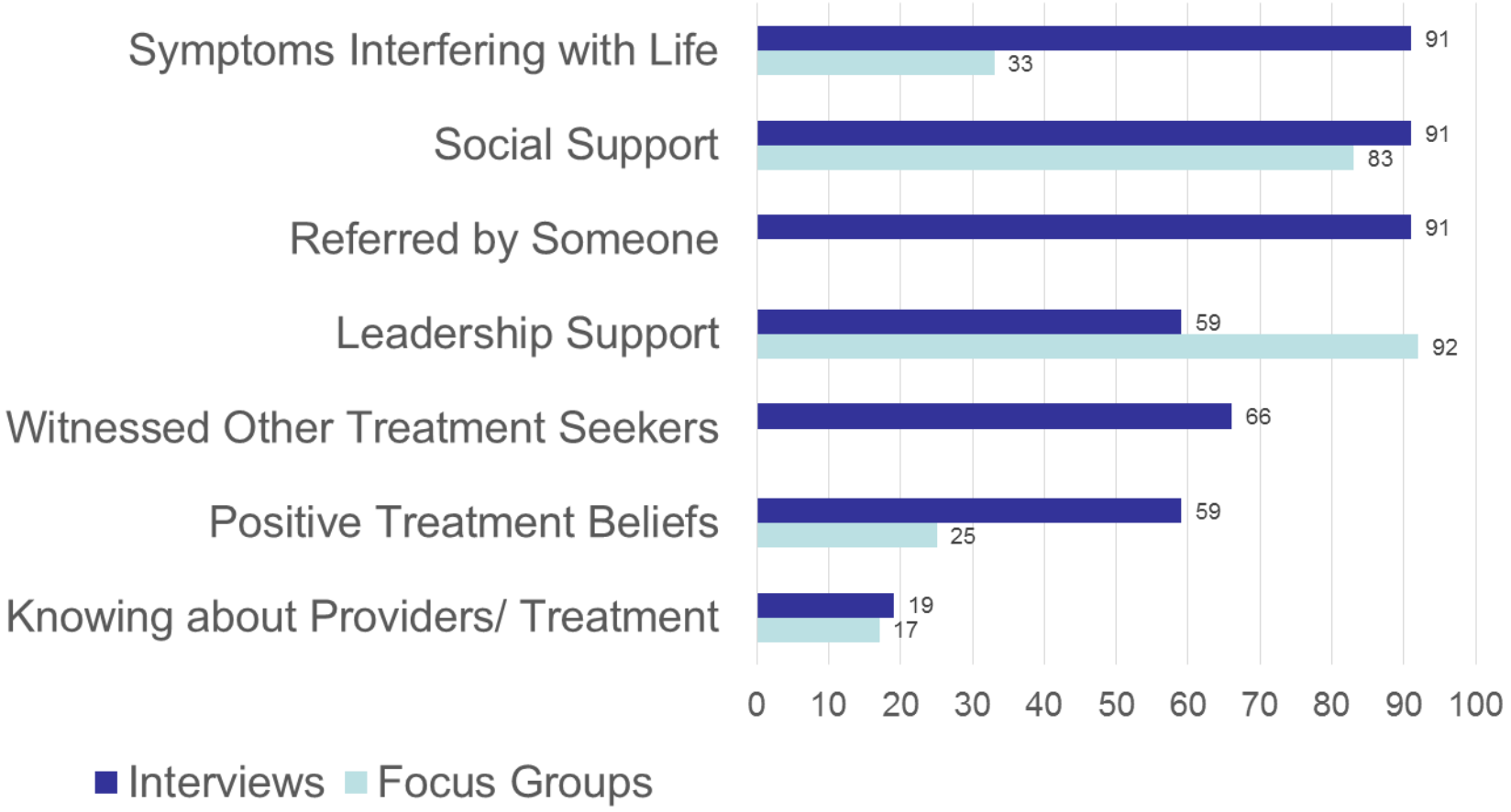
Phase I: Barriers

Soldiers discussed career, treatment, leadership, and logistic concerns as prominent barriers.



Phase I: Facilitators

Soldiers discussed symptom interference, social support, and leadership support as prominent facilitators.



Phase II: Longitudinal Study

- Survey Content
  - Responses from focus group and interview studies used to generate a comprehensive set of 62 items to assess different determinants of treatment seeking
  - Detailed questions for treatment seeking and dropout
  - Set of questions designed to assess facilitators of treatment seeking among those who sought treatment

- Time 1 Assessment

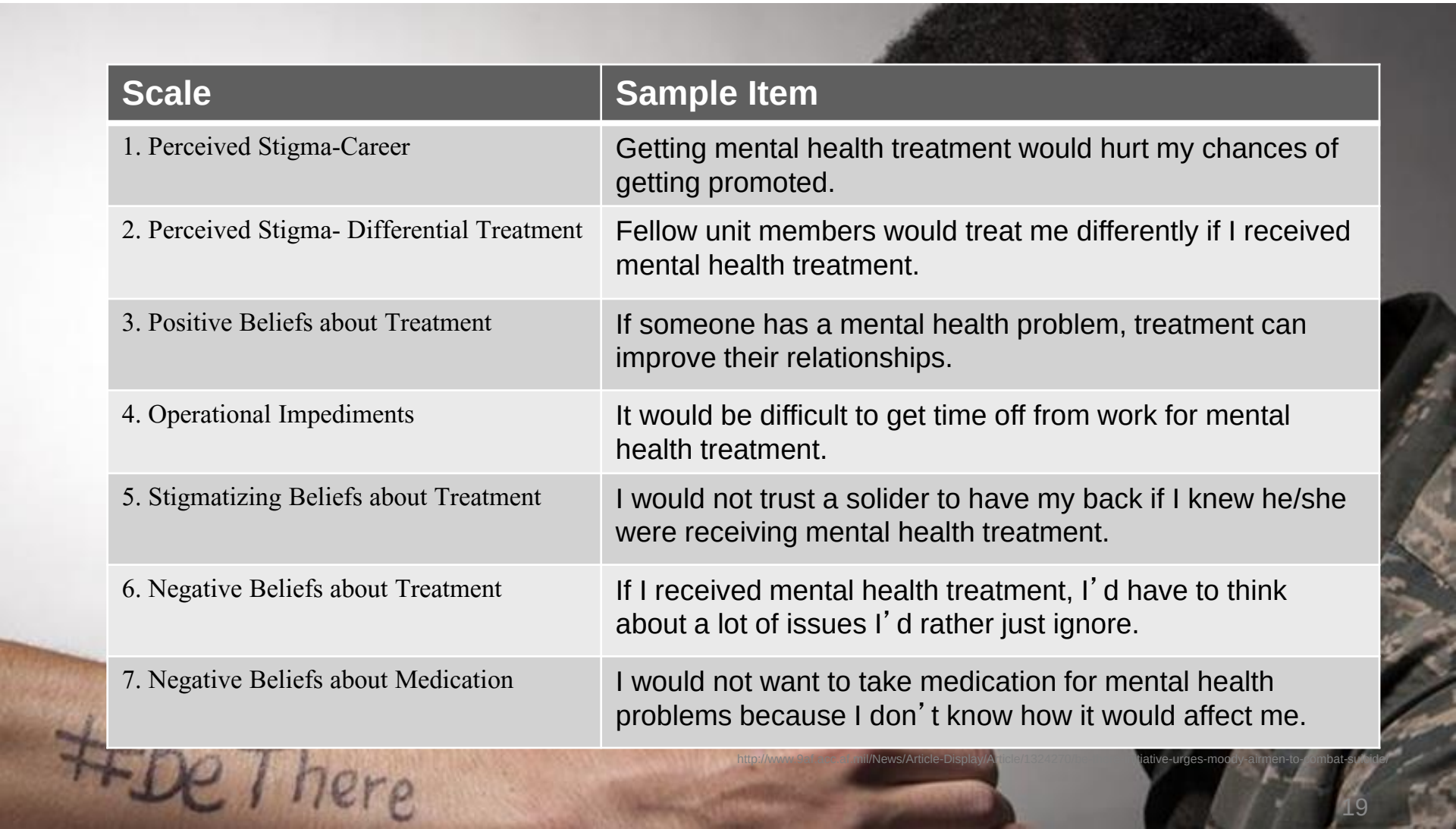
  N = 1,911; 1,728 allowed use of data (92% permission)

- Time 2 Assessment (5 months later)

  N = 1,652; 1,324 allowed use of data (81% permission)

Treatment Seeking Survey Scales

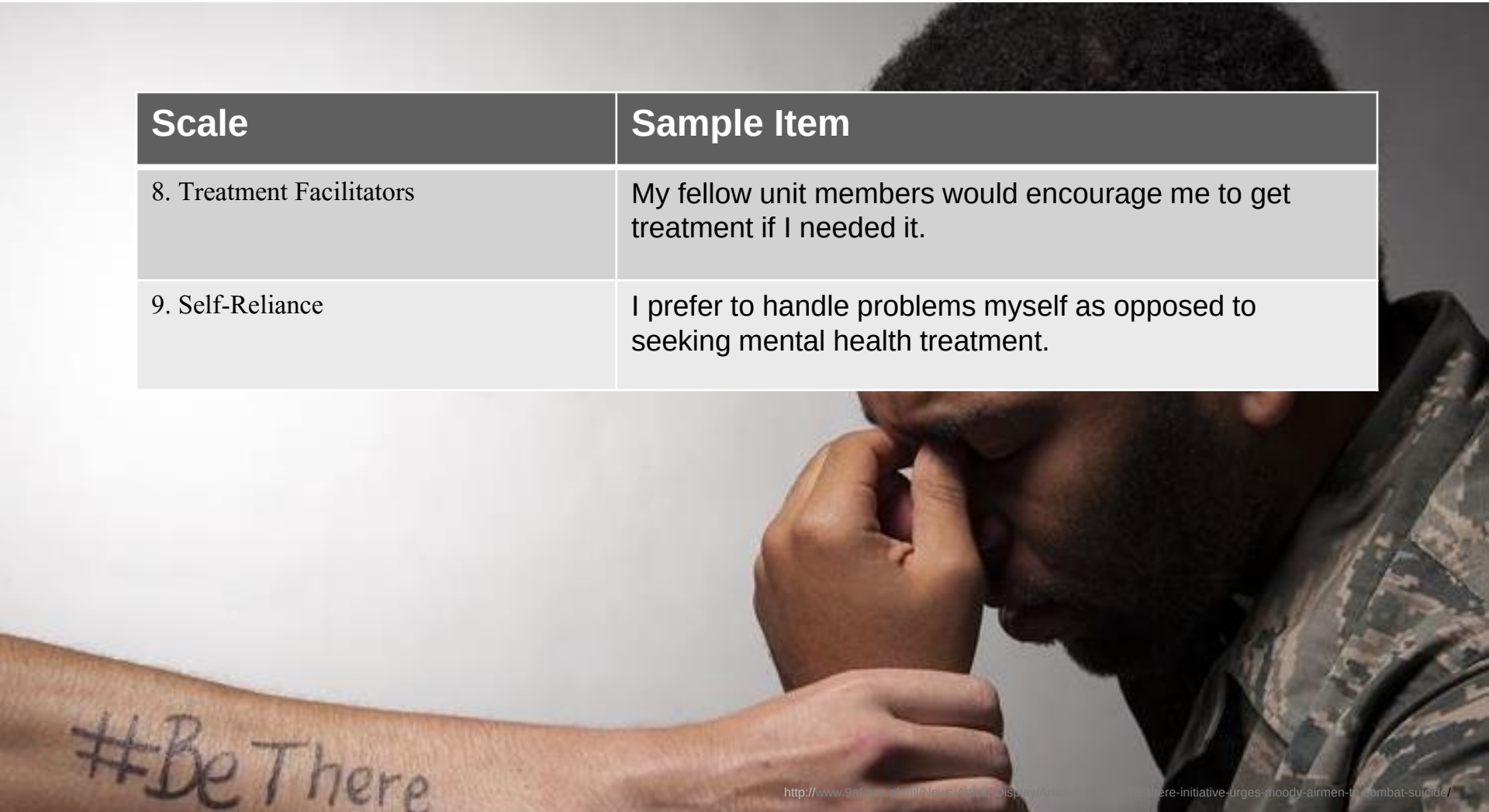
Scale	Sample Item
1. Perceived Stigma-Career	Getting mental health treatment would hurt my chances of getting promoted.
2. Perceived Stigma- Differential Treatment	Fellow unit members would treat me differently if I received mental health treatment.
3. Positive Beliefs about Treatment	If someone has a mental health problem, treatment can improve their relationships.
4. Operational Impediments	It would be difficult to get time off from work for mental health treatment.
5. Stigmatizing Beliefs about Treatment	I would not trust a solider to have my back if I knew he/she were receiving mental health treatment.
6. Negative Beliefs about Treatment	If I received mental health treatment, I'd have to think about a lot of issues I'd rather just ignore.
7. Negative Beliefs about Medication	I would not want to take medication for mental health problems because I don't know how it would affect me.



http://www.9af.acc.af.mil/News/Article-Display/Article/132427/[illegible]iative-urges-moody-airmen-to-combat-suicide/

Treatment Seeking Survey Scales

Scale	Sample Item
8. Treatment Facilitators	My fellow unit members would encourage me to get treatment if I needed it.
9. Self-Reliance	I prefer to handle problems myself as opposed to seeking mental health treatment.



Stages of Treatment Seeking

- Soldiers who indicated a current mental health problem (*N* = 446) were asked if they had ***not sought treatment***, ***considered seeking treatment***, or ***sought treatment.***

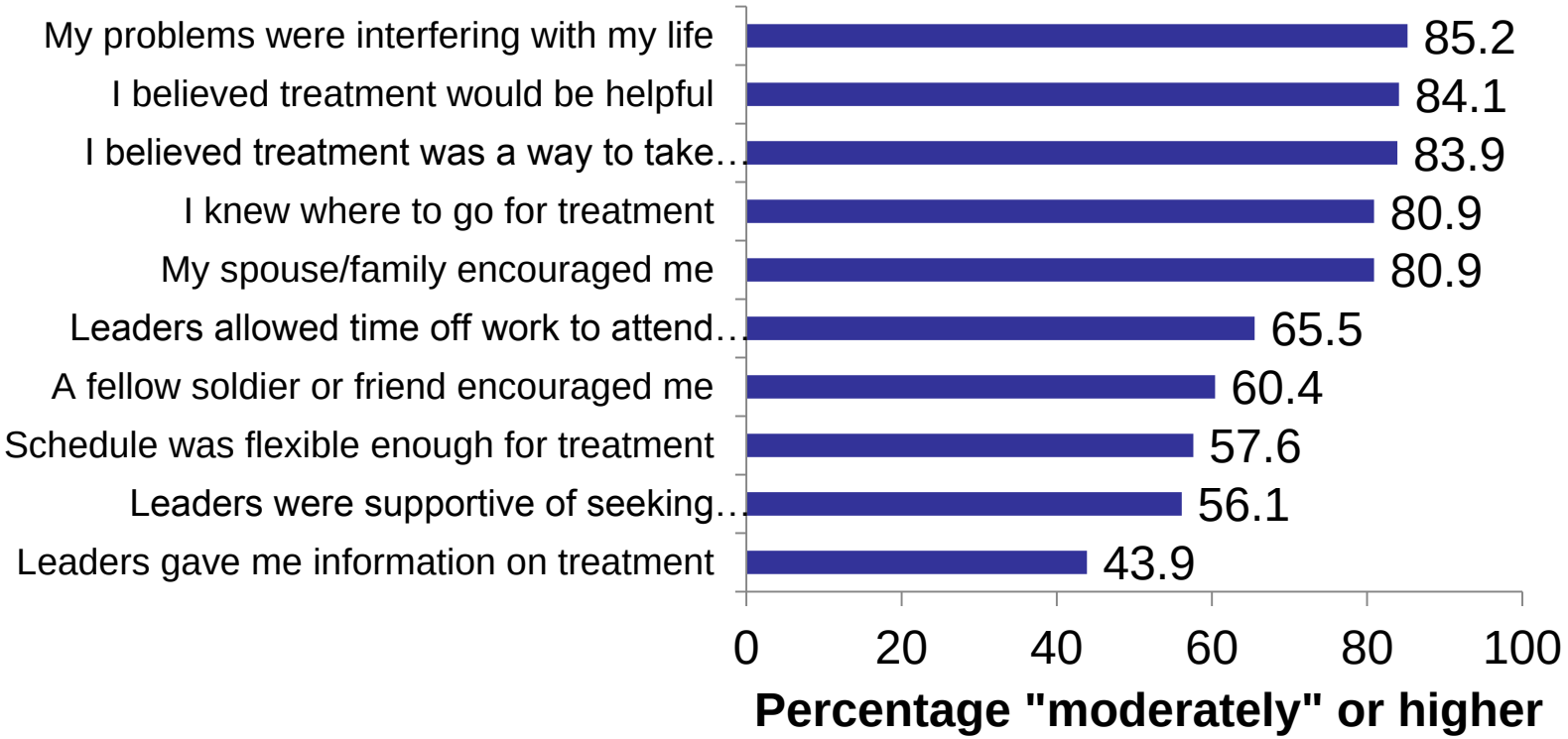
- Factors that distinguished those who had ***not sought treatment*** from those that had ***considered treatment***:
  - More positive beliefs about treatment, fewer negative
  - A lessor preference for self-reliance
  - Lower stigma perceptions

- Factors that distinguished those who had ***considered treatment*** from those that had ***sought treatment:***
  - Operational barriers to care
  - Lessor preference for self-reliance
  - Lower stigma perceptions

Influences of Treatment Seeking

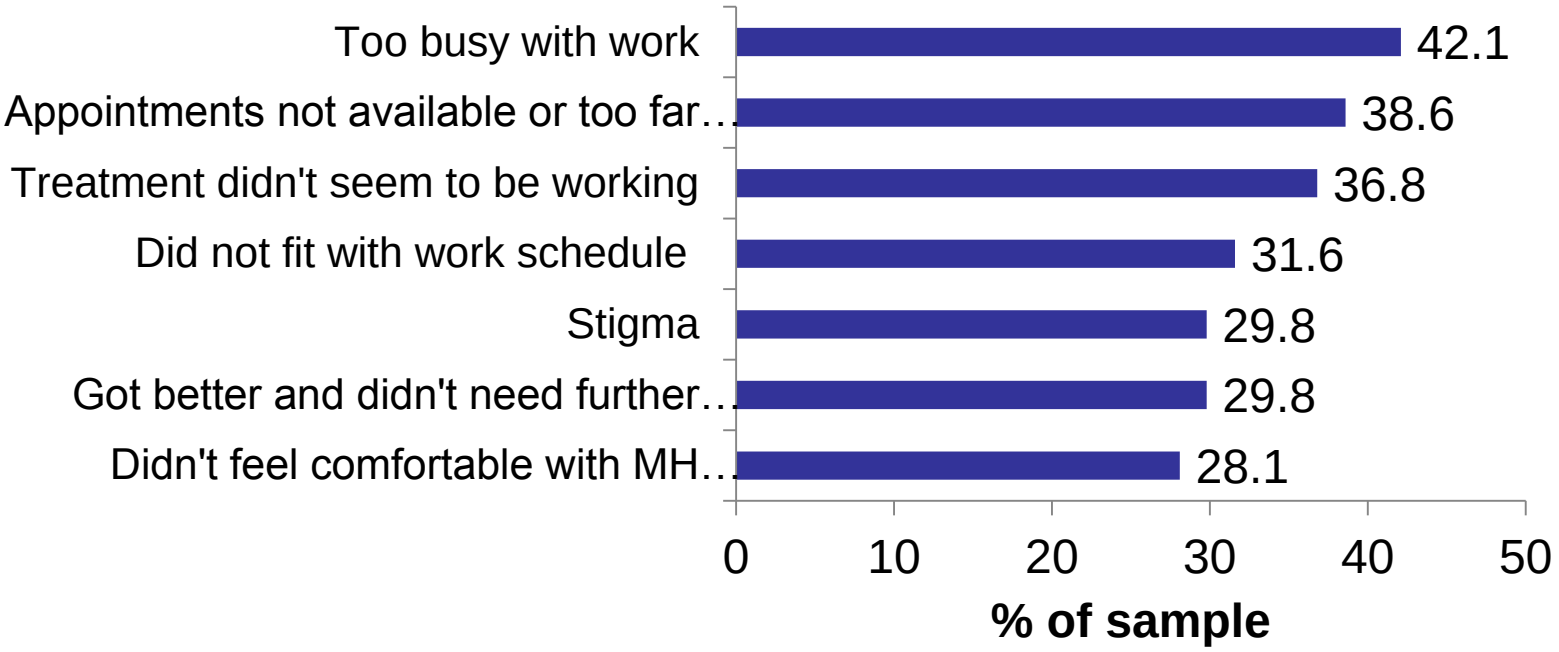
332 Soldiers reported at least 1 mental health visit.

The figure provides ratings of how much different factors influenced the Soldier's decision to seek treatment.



Treatment Dropout

In the Time 2 sample, 179 (13.5% of total sample) had reported seeking treatment.
Of those, 57 (32%) had dropped out of treatment before it was completed.
The following figure shows the top reasons for dropping out:



Correlates of Dropout

- Soldiers were more likely to have dropped out when they had higher:
  - Depression symptoms
  - Functional impairment
  - Career stigma perceptions
  - Differential treatment stigma perceptions
  - Perceptions of practical barriers
  - Negative beliefs about treatment
  - Self-reliance for treatment-seeking

- Soldiers were **less likely** to have **dropped out** when they had **positive beliefs** about treatment

Phase III: Unit Training

- Areas of Training
  - How to tell if a fellow unit member has a problem
  - Discussing the benefits of treatment
  - Helping your battle buddy overcome barriers
  - Dangers of accusations of malingering
  - Better understanding mental health treatment/medication
  - Establishing a positive unit climate for treatment seeking

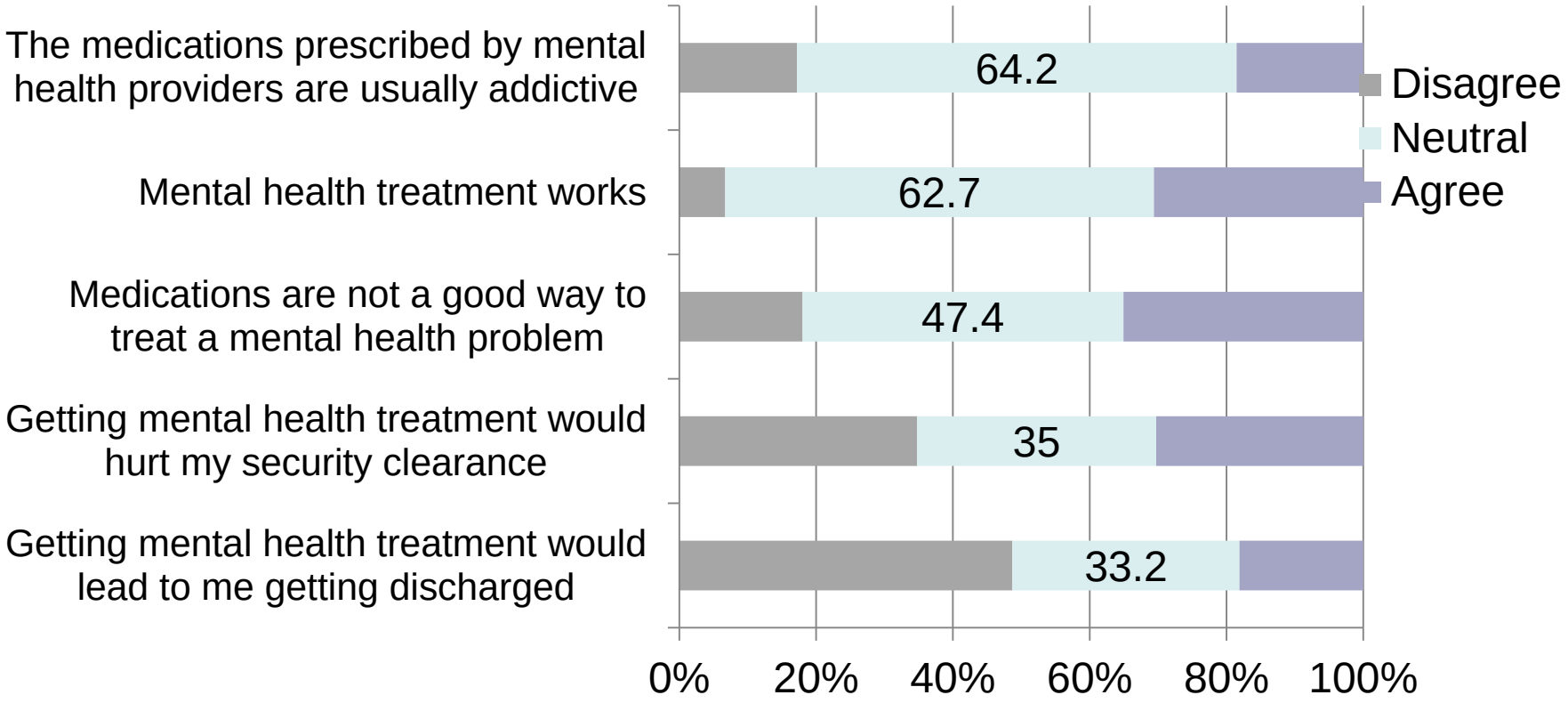
- Format of Training
  - Discussion oriented, no PowerPoints, I-clicker exercise
  - Videos of soldiers who sought treatment and returned to work, along with mental health providers and leaders
  - Squad leaders received separate training highlighting their role (also set goals for improving climate in unit)

Evaluating the Training

- 349 Soldiers from 61 Squads in two Battalions were assessed at baseline
  - Assessment included mental health knowledge, unit support for treatment, stigma for treatment, and attitudes
- Soldiers were randomly assigned to unit training or to a survey-only group
  - Soldiers who were trained evaluated the training and completed measures of knowledge, stigma, and attitudes
- Soldiers from the two battalions assessed 3-months later
- *270 Soldiers assessed 3-months later*
  - matched baseline-follow-up sample of 111 Soldiers
  - Soldiers completed same assessment as baseline, along with a computerized test of attitudes toward treatment

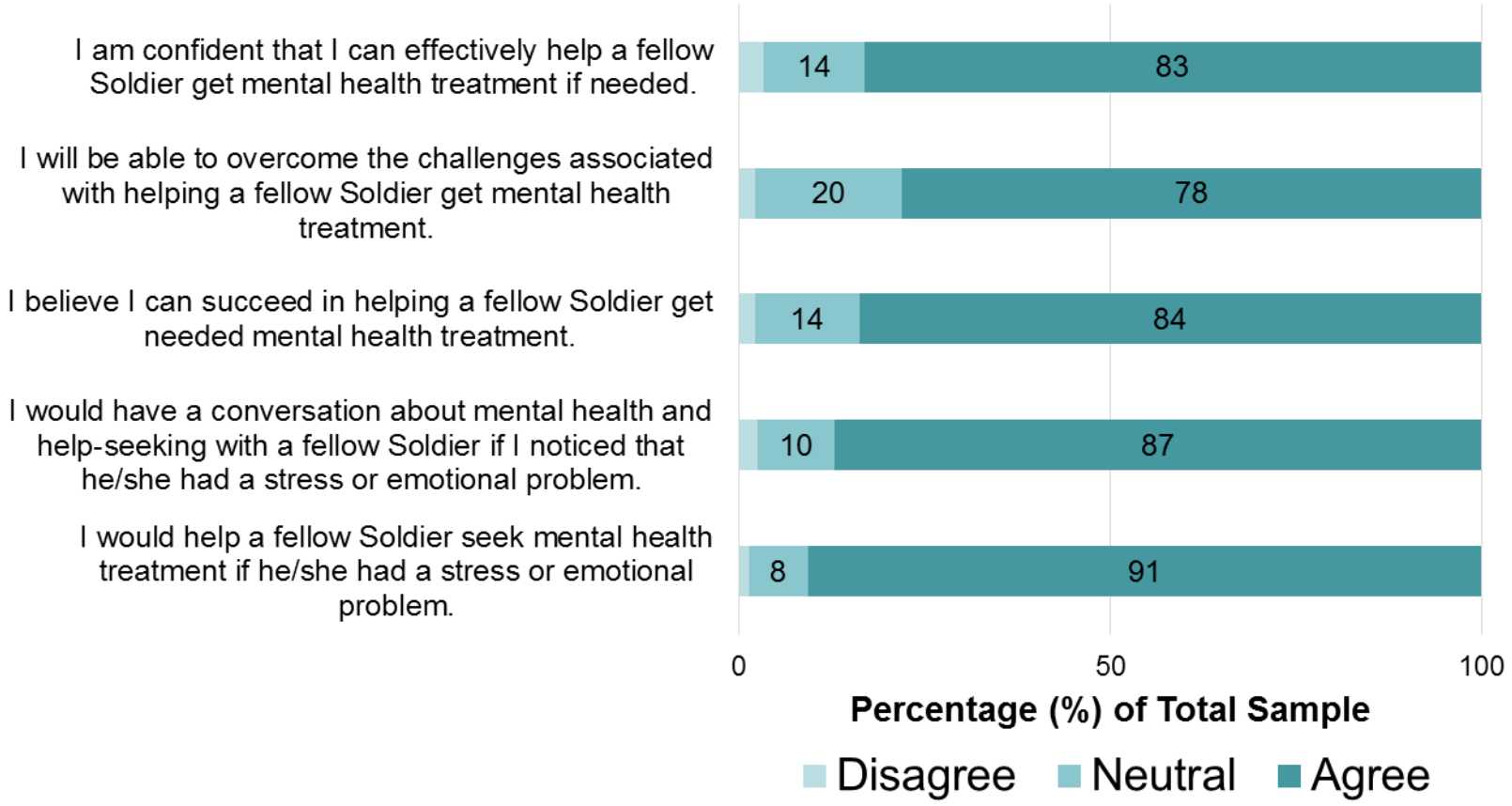
Lack of Knowledge on Mental Health Treatment

More Education Needed



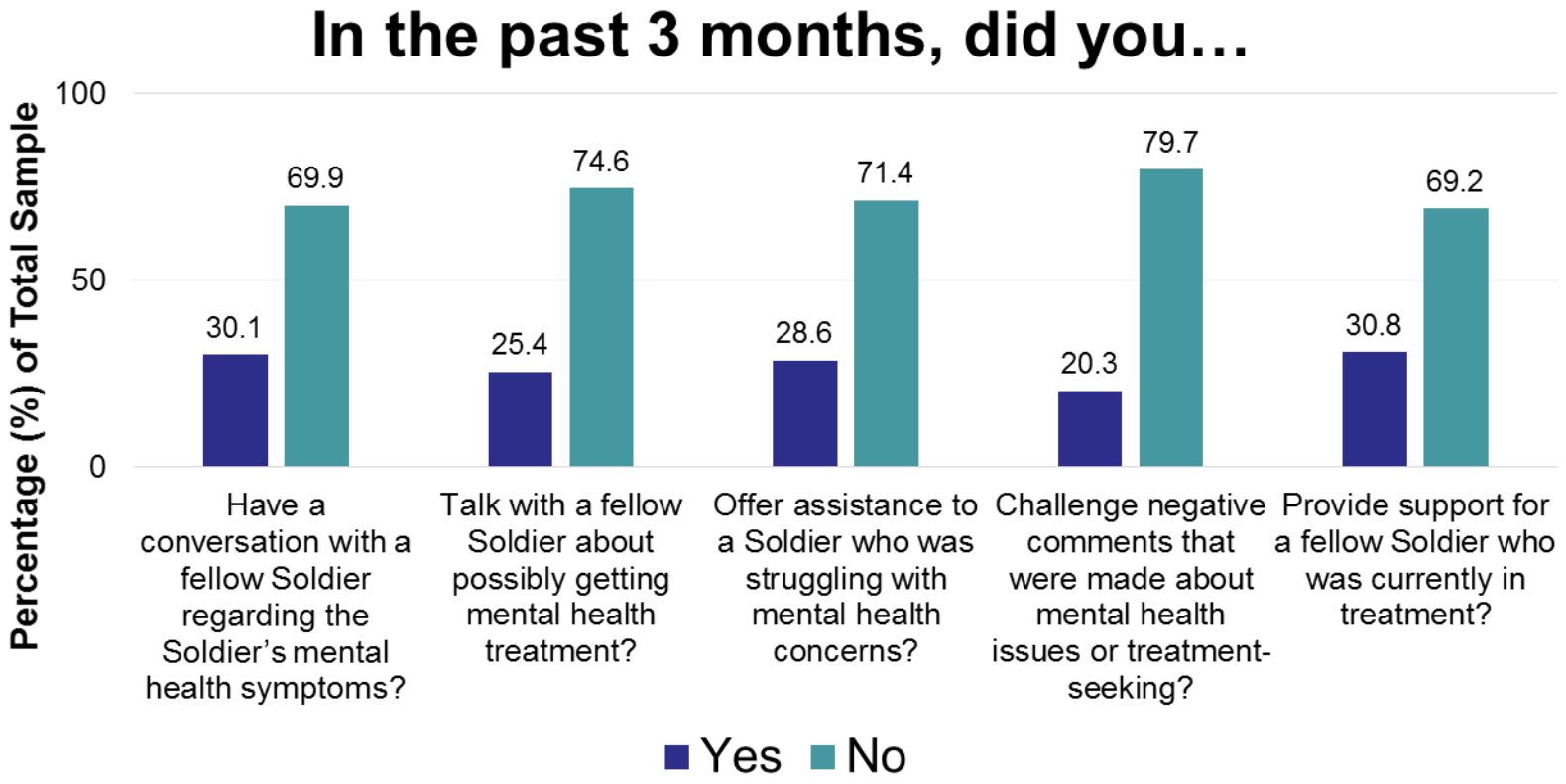
Baseline Assessment

Soldiers reported high confidence toward helping Soldiers with mental health concerns



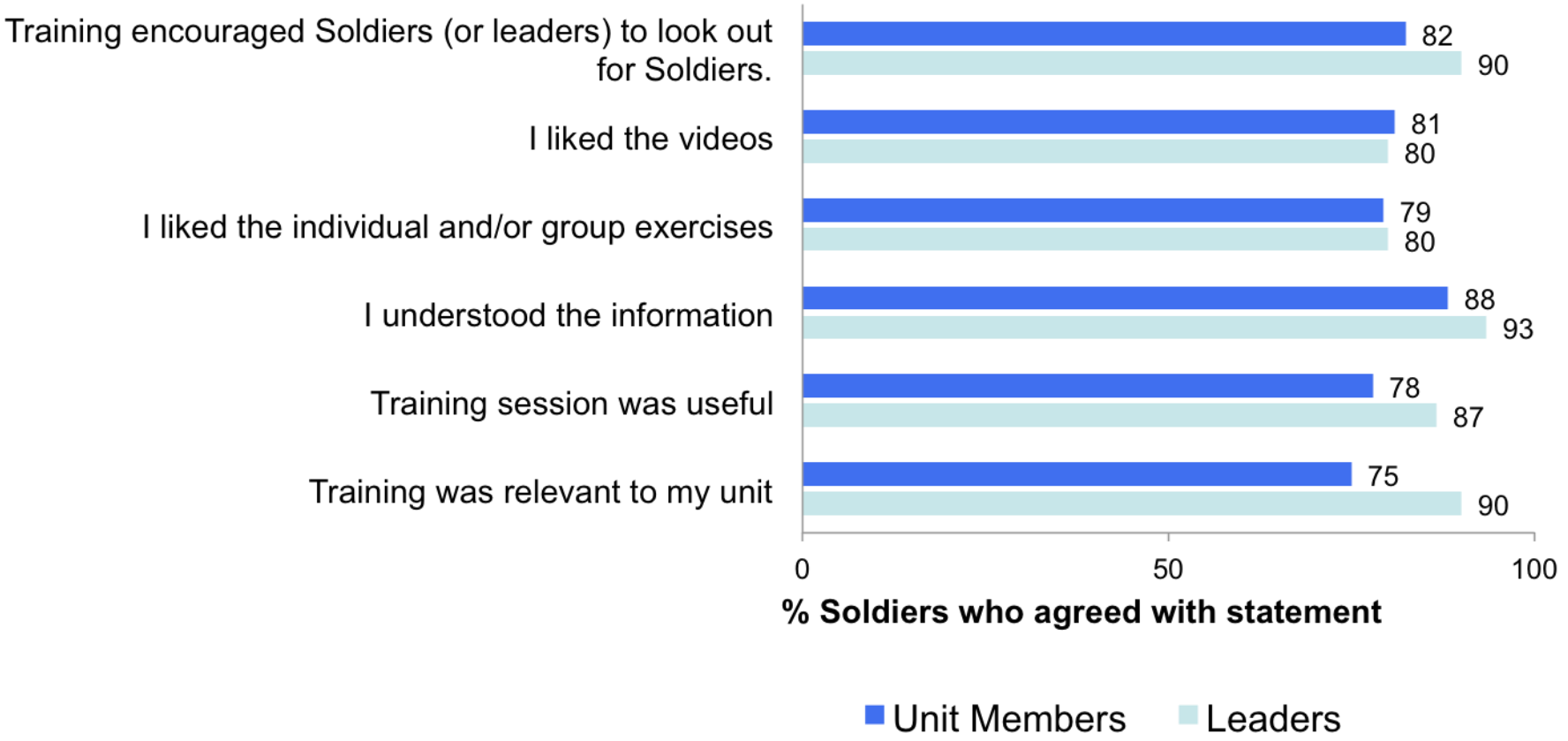
Baseline Assessment

Soldiers did not report a high frequency of reaching out to Soldiers with mental health concerns



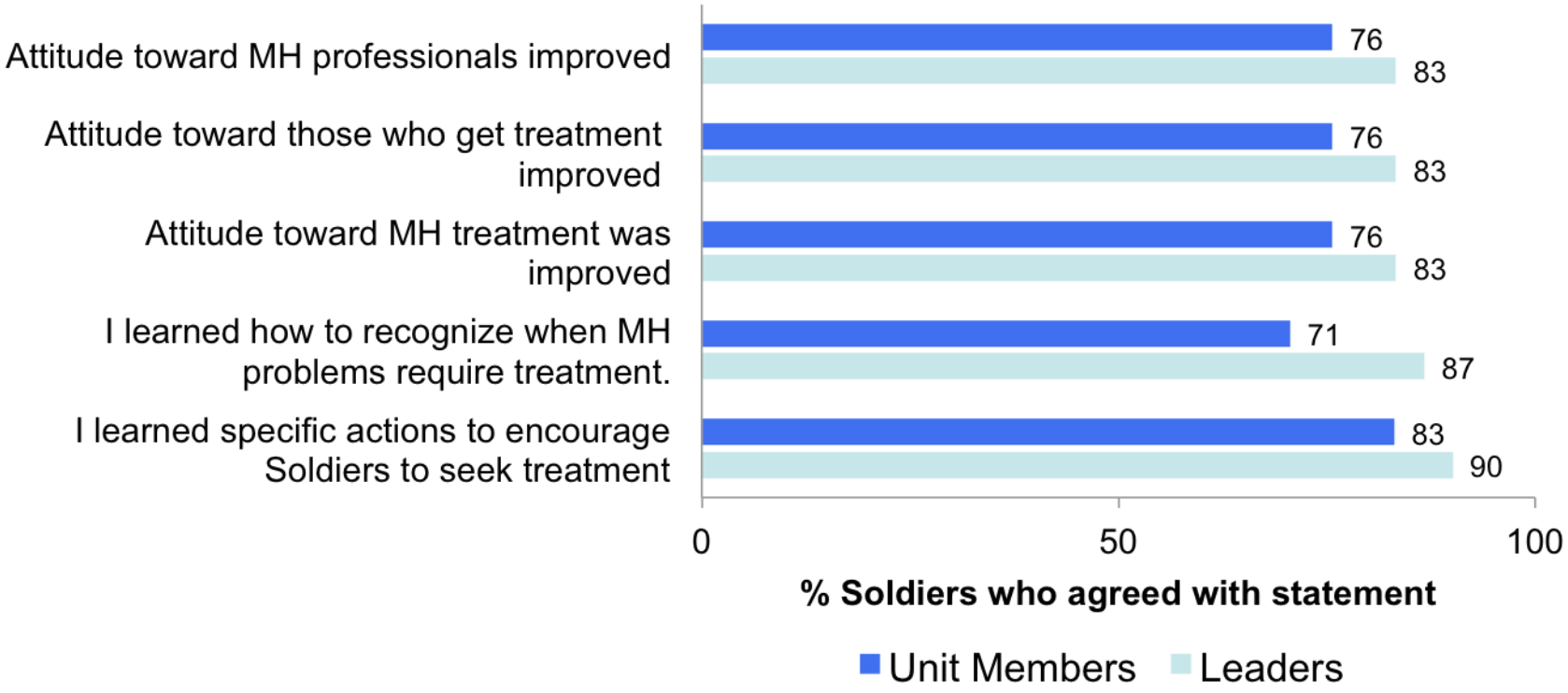
Assessment of Training

The training received positive evaluations, with especially positive evaluations from leaders♪



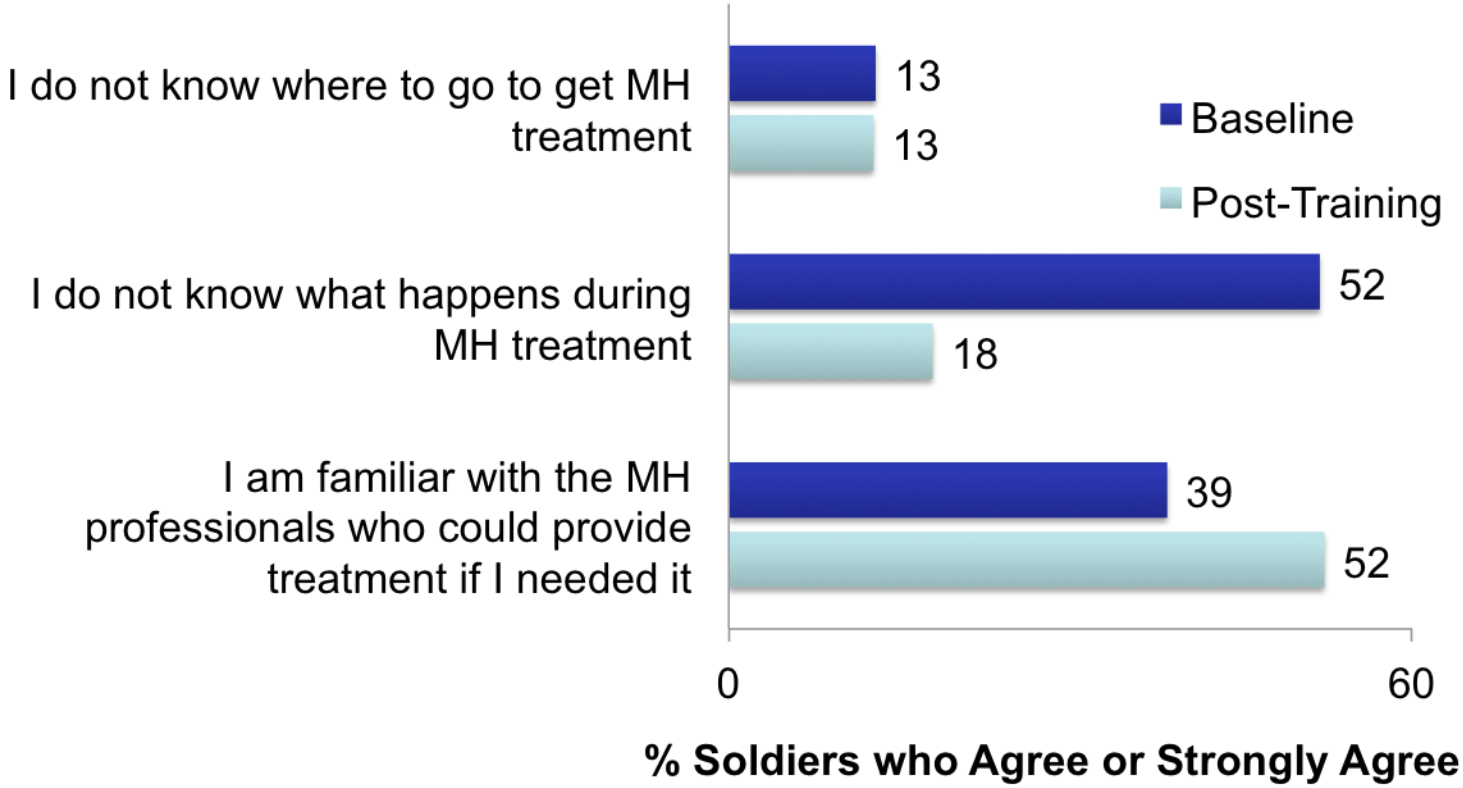
Baseline Assessment

Most Soldiers felt they learned more about treatment and their attitudes improved



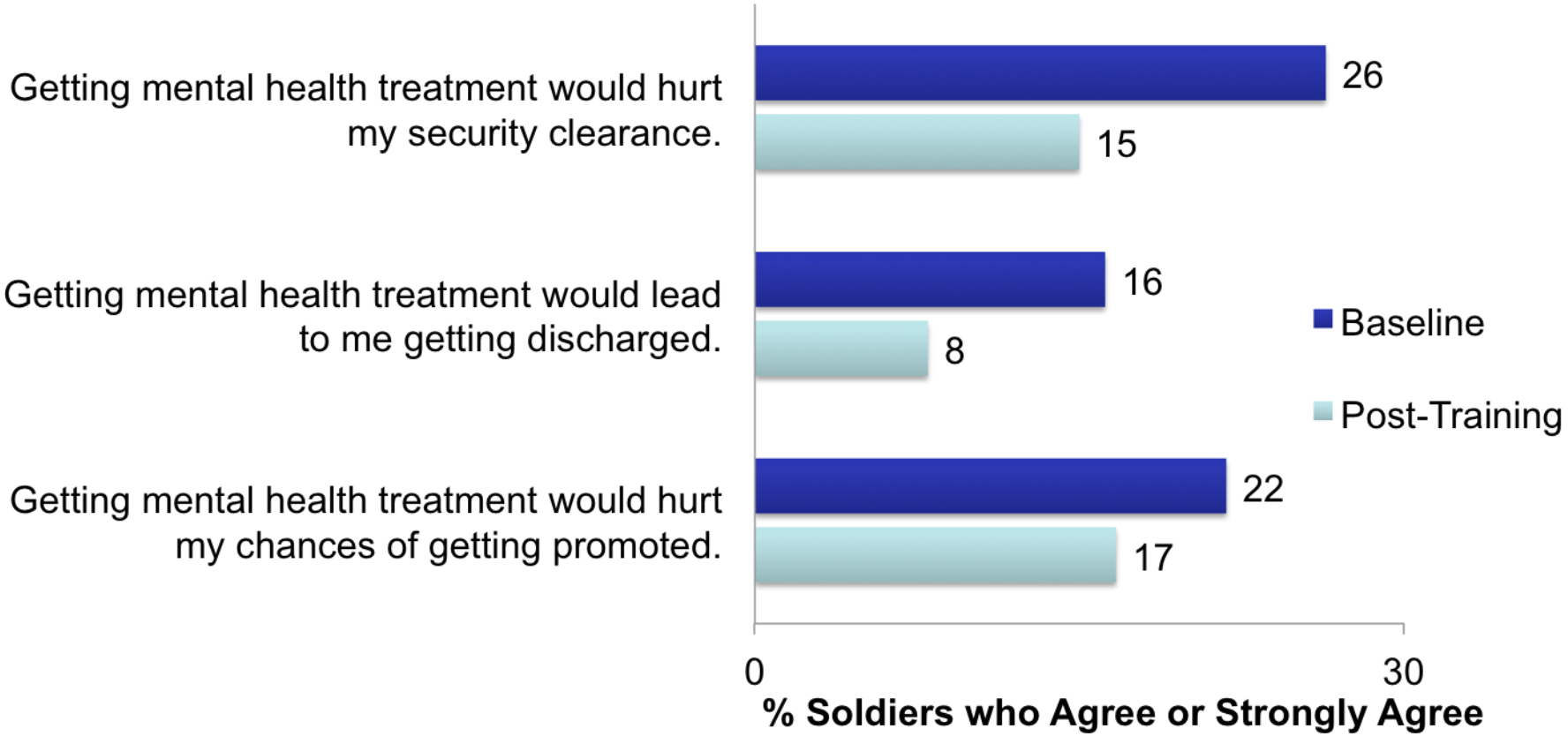
Immediate Effects of Training

Soldiers were aware of where to go to get treatment at baseline, but were more familiar with the types of MH professionals and what happens in treatment after training.



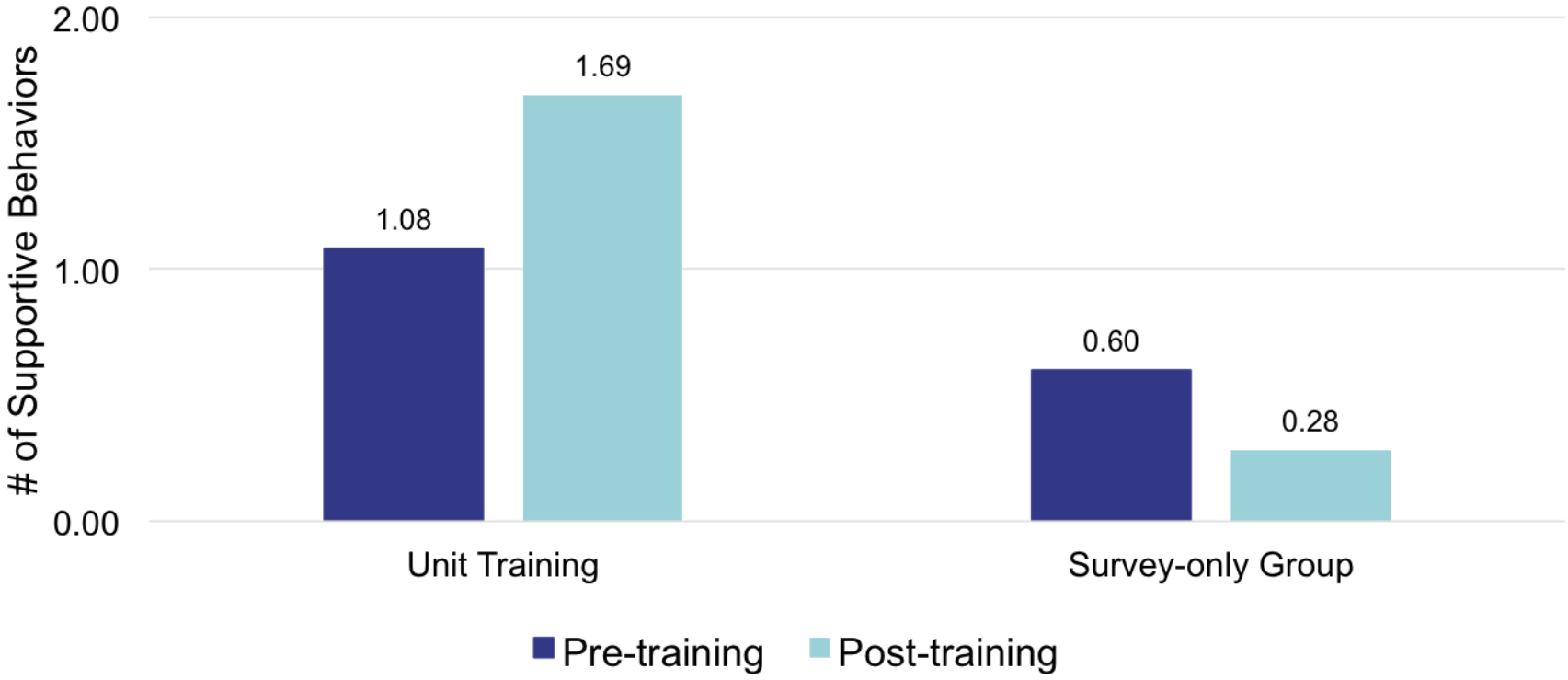
Immediate Effects of Training

The percentage of Soldiers who reported concerns about career harm for seeking treatment decreased after training.



Effects of Training 3 Months Later

Supportive behaviors towards fellow unit members with mental health problems increased in the three months for those in the unit training condition, but not for those in the survey-only group.



Effects of Training 3 Months Later

- Examined % of Soldiers seeking mental health treatment in past 3 months at follow-up
  - 7% of Soldiers in survey-only group sought treatment in past 3 months
  - 21% of Soldiers in training condition sought treatment
  - Chi-Square (1) = 3.79, *p* = .052

- % of Soldiers seeking treatment at baseline did not differ between training group and survey-only group

Effects of Training 3 Months Later

- The results of an implicit attitude test revealed Soldiers viewed mental health treatment as worse and less effective than medical treatment

- These implicit attitudes were similar in the training and survey-only conditions

Discussion/Implications

- Overall, Soldiers report confidence associated with support of Soldiers needing mental health treatment
- Supportive behaviors toward Soldiers with mental health concerns were low, but the training led to an increase in these behaviors three months later
- The training was well-received by Soldiers, who reported making changes based on the training

https://commons.wikimedia.org/wiki/File:Discussion.png

Discussion/Implications

- Soldiers also recommended mental health providers be more visible on post to encourage help seeking
- Soldiers emphasized spouses being educated on mental health treatment given their critical role in Soldiers getting help
- The results of the present study will help to further develop unit training to encourage Soldiers getting help for mental health problems

https://commons.wikimedia.org/wiki/File:Discussion.png

Implications for Mental Health Treatment

- Repackage traditional mental health treatment
  - Emphasis on targeted treatment toward managing implications of severe stressors
  - Fellow unit member and leader support for treatment
  - Evidence that brief forms of evidence-based treatment can be effective in Active Duty Soldiers (Zinzow, Britt, McFadden, Burnette, & Gillespie, 2012)
  - Recent research shows that therapy with a return to work focus gets employees back to work faster (Lagerveld et al., 2012; Kroger et al., 2014)

- Consider novel treatment approaches, such as social media, internet-based, convenient locations (Kazdin & Rabbitt, 2013)

- Recent trend of integrating mental health providers into primary care settings (Cigrang, et al. 2011; Maguen, et al. 2010)

Thank you!

Please email me at
twbritt@clemson.edu
with questions and comments

FAMILY DEVELOPMENT
Military Families Learning Network

Connect with MFLN Family Development Online!

MFLN @MilitaryFamilies

MFLN Family Development @mflnfd

iTunes: Anchored. Podcast Series

To subscribe to our MFLN Family Development newsletter send an email to: MFLNfamilydevelopment@gmail.com with the Subject: Subscribe

Evaluation and Continuing Education Credits

MFLN Family Development is offering 1.5 credit hours for today's webinar.

Please complete the evaluation and post-test at:

https://vte.co1.qualtrics.com/jfe/form/SV_ahPAADgEld2KEjr

Must pass post-test with an 80% or higher to receive certificate.

Family Development Upcoming Event

All Hands on Deck! Developing Culturally Alert Communication in Relationships

- Date: May 24, 2018
- Time: 11:00 am Eastern
- Location: https://learn.extension.org/events/3346

For information on MFLN Family Development:
https://militaryfamilies.extension.org/family-development/

MILITARY FAMILIES LEARNING NETWORK

Find all upcoming and recorded webinars covering:

Personal Finance
Military Caregiving
Family Development
Family Transitions
Network Literacy
Nutrition & Wellness
Community Capacity Building

militaryfamilies.extension.org/webinars

U.S. Department of Defense

eXtension
Issues • Innovation • Impact
A Part of the Cooperative Extension System

USDA

This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Military Family Readiness Policy, U.S. Department of Defense under Award Number 2015-48770-24368.