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U.S. Military Veterans' Attitudes and Perceptions of Mental Healthcare

University of Arkansas

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Author Note

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Abstract

The purpose of this research project is to measure whether U.S. military veterans experience any stigma related to mental healthcare and if this is associated with age, length of service, and military branch. U.S. military veterans are a high-risk group for developing mental illnesses. It is believed social stigma and personal attitudes, perceptions and beliefs of mental healthcare may influence whether a veteran will pursue mental healthcare. This cross-sectional study was conducted as an online survey via Qualtrics resulting in 75 total responses. 21 responses were excluded from the analysis due to incompleteness or failure to pass the consciousness-awareness test question. The survey included a general demographics questionnaire following a brief mental health history and mental healthcare experience of the respondent. The end of the survey presented 9 reflective statements where the respondent's answer on a 5-point scale of "strongly agree" to "strongly disagree" would reflect either positive or negative attitudes towards mental healthcare. 13.6% of respondents agreed with statements which described negative attitudes and perceptions of mental healthcare and 76.4% of respondents agreed with statements which described positive attitudes and perceptions of mental healthcare; 10.1% of respondents were indifferent. No statistically significant correlations were found between the variables presented in the research question.

Keywords: veterans, mental healthcare, attitudes

U.S. Military Veterans' Attitudes and Perceptions of Mental Healthcare

U.S. military veterans are a high-risk group for developing service-related mental illnesses. It is believed social stigma, personal attitudes, perceptions and beliefs, and/or previous experience with mental healthcare may influence whether a veteran will pursue mental healthcare. The history surrounding mental health care plays a role in causing fear, thus possibly shaping an adverse popular opinion regarding veterans' mental healthcare.

Literature Review

U.S. Military veterans are at high risk of developing mental health issues (Hoge, et al., 2004). Despite this statistic, this population is reluctant to pursue mental health care possibly due to social stigma and personal beliefs about mental illness (Vogt D. , 2011). As a result, only 52% of returning active-duty troops from Afghanistan and Iraq with Post-Traumatic Stress Disorder (PTSD), major depression and/or generalized anxiety have sought out professional treatment (Tanielian, et al., 2008). Suicide is an outcome of many untreated mental illnesses—such as PTSD and major depression—which has startling numbers nationally and state-wide (Affairs, 2018).

Mental illness rates in World War II (grouped into the term, “neuropsychiatric” in 1943) and PTSD rates in the Vietnam War were reported at 37% and 3.5% to 50% among post-deployment soldiers, respectively (Pols & Oak, 2007). Diagnosis, treatment procedures, and taxonomy used (for example, “nervous breakdown” and “insane, feeble-minded, psychopathic, and neuropathic individuals.”) predating the Vietnam War were often times debilitating and capable of destroying a soldier's reputation (Salmon, 1917). The history surrounding mental

health care plays a role in causing fear (barriers), thus shaping an adverse popular opinion regarding veterans' mental healthcare (Pols & Oak, 2007).

Mental healthcare programs and professionals can benefit veterans but remain underused, especially by younger veterans where death by suicide rates are high (Seidman, 2018). Particularly, a major issue for college-age student veterans is mental wellness. Student veterans' previous combat experience could possibly leave them with various physical and mental disabilities when transitioning from war to education, making the transition much more difficult and possibly hindering academic success (Whitley, Tschudi, & Gieber, 2014).

Many veteran populations, such as combat veterans from Iraq and Afghanistan, report perceived barriers both before and after combat which possibly prevented or hindered mental healthcare treatment (Milliken, Auchterlonie, & Hoge, 2007).

Methodology

This cross-sectional study was conducted as an online survey via Qualtrics. It was advertised on paper flyers, the U of A Newswire, and distributed through digital email lists at the U of A Veterans Resource and Information Center where responses were collected on a volunteer basis. The survey included a general demographics questionnaire following a brief mental health history and mental healthcare experience of the respondent. The end of the survey presented 9 reflective statements where the respondent's choice on a 5-point scale of "strongly agree" to "strongly disagree" would reflect either positive or negative attitudes towards mental healthcare. Of the 9 reflective statements, 5 statements reflected positive attitudes and perceptions and 4 statements reflected negative attitudes and perceptions.

Attitudes and perceptions were determined by the inverse relationship of the survey's statements and the respondent's answer (given a positive vs. negative statement). A positive statement would reflect a generally positive mindset regarding mental healthcare; for instance, "Mental wellness is important to overall well-being" is considered a positive statement because it refers to mental wellness as important. A positive response to this statement would include "strongly agree" or "somewhat agree". Therefore, a positive response to a positive statement would represent positive or "good" attitudes and perceptions of mental healthcare, where a negative response to a positive statement would represent negative or "bad" attitudes.

The target population of U.S. military veterans responded on a volunteer basis resulting in 75 total responses; 21 responses were excluded from the analysis due to incompleteness or failure to pass the consciousness-awareness test question. 54 viable responses remained. All analyses and cross tabulations to manipulate the final dataset were conducted in the Qualtrics website.

Results

13.6% of respondents agreed with statements which described negative attitudes and perceptions of mental healthcare and 76.4% of respondents agreed with statements which described positive attitudes and perceptions of mental healthcare; 10.1% of respondents were indifferent. No statistically significant correlations were found between the variables presented in the research question.

The most common service-related mental illness diagnoses were depression (37.0%) and anxiety (24.1%) while satisfaction rates for previous mental healthcare experiences were 75% across mental healthcare facilities. Overwhelmingly, 94.4% of respondents believe mental

healthcare is important to overall wellbeing and 66.7% disagreed that a servicemember seeking mental healthcare shows weakness.

Discussion

There is statistically significant evidence supporting a lack of social stigma surrounding veterans' mental healthcare; however, due to the small final subject pool, it cannot be concluded these findings accurately reflect the entire population of U.S. military veterans. There is little to no correlation among age groups, length of service, or branches with positive nor negative attitudes and perceptions of mental healthcare.

Knowing this information in a clinical setting could help healthcare professionals better assess a patient's condition and predict more reliable outcomes. It is important for healthcare professionals to be aware of any stigmata or biases their veteran patients may have associated with mental healthcare. Negative attitudes and perceptions may prevent or hinder early diagnosis, efficacy of treatment, and/or positive patient outcomes. In addition, this information is valuable in cultivating programs to better educate the veteran population on mental wellness.

Limitations

One possible limitation of this study is the small viable subject pool. Though there were enough responses to draw general conclusions, the small sample size prevented accurate representation for the target population. Additionally, some sections of the survey (for instance, the "mental healthcare experience" section) had a "skip" function where only respondents who had previously received mental healthcare could respond. This demographic was extremely small, and results were extremely inaccurate; therefore, correlations nor conclusions could be drawn.

Additionally, though this survey was available to any U.S. military veteran, it was geographically bound to Northwest Arkansas and specifically the U of A campus due to the small-scale distribution methods.

Finally, it is difficult to accurately measure personal beliefs and perceptions of a respondent without the respondent answering how they think they should vs. how they truly believe. This could have easily skewed the final results and possibly yield false results which do not accurately represent the target population.

Conclusion

The purpose of study was to determine if U.S. military veterans experience any stigma associated with mental healthcare due to their personal attitudes, perceptions, and beliefs. The results showed over 75% of respondents do not believe in a manner that supports a stigma associated with mental healthcare. No correlations were found with demographic factors. It is important to have a large enough sample size to draw more accurate and reliable conclusions given the data, but this study lacked a large sample pool to do so.

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Figures

Figure 1. The recorded responses reflecting positive vs. negative attitudes and perceptions of mental healthcare among the survey's respondents.

Figure 2. A sample negative statement and its responses from the survey. "Strongly agree" and "somewhat agree" are considered positive responses to this negative statement.

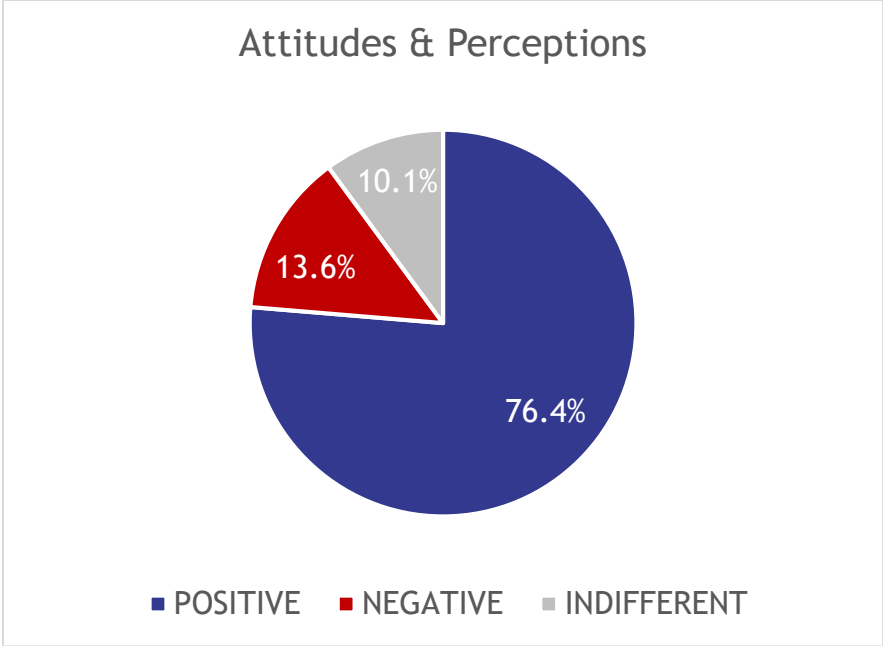


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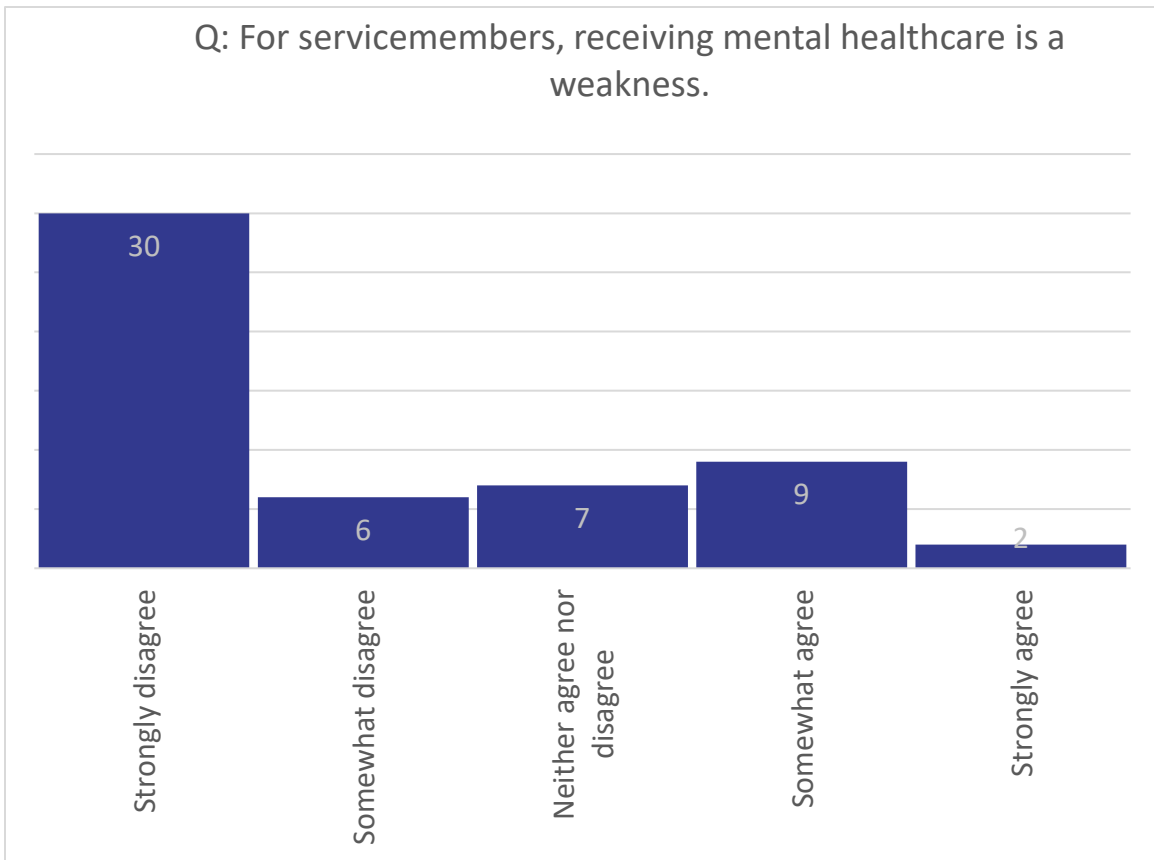


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