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# Longitudinal Predictors of Self-Reliance for Coping with Mental Health Problems in the Military

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## Abstract

Self-reliance, the preference for coping with symptoms on one's own rather than seeking mental health care, can be a major barrier to treatment-seeking in the military. In the present longitudinal study, we found that soldiers were more likely to endorse self-reliant preferences when they had less positive and more negative beliefs about mental health care as well as more stigmatizing perceptions of soldiers who seek treatment. Efforts to reduce self-reliance and increase treatment-seeking should emphasize the benefits of treatment as opposed to handling problems oneself, as well as encouraging positive perceptions of those who seek treatment.

## Introduction

- Approximately 1 in 4 soldiers returning from recent conflicts experience a mental health problem, but less than half of soldiers experiencing a problem seek treatment (e.g., Hoge et al., 2004; Kim et al., 2010).
- Self-reliance is a preference to manage problems oneself, rather than seeking help from a mental health professional (Adler et al., 2014).
- Self-reliance is a prominent barrier in military populations and has been associated with a lower likelihood of seeking treatment when experiencing a problem (Adler et al., 2014; Britt et al., 2015).
- While self-reliance is acknowledged as a treatment barrier, factors that contribute to self-reliant preferences have not been adequately examined.
- Purpose of the present study: Gain a more comprehensive understanding of the external, internal, and interpersonal factors that contribute to self-reliant tendencies (Figure 1).

## Methods

### Participants and Procedures

- 485 active duty U.S. Army soldiers were surveyed on their base at two time points separated by five months
- 93% Male; 67% White; 49% age 20 to 24, 26% age 25 to 29
- 73% Junior Enlisted; Average military tenure 4 years ( $SD = 5.3$ )

### Measures

- **Determinants of treatment seeking** (Britt et al., 2008; 2015; Kim et al., 2011; Mackenzie et al., 2004) 34 items including assessments of self-reliance, positive beliefs about treatment, negative beliefs about treatment, negative beliefs about medications, stigmatizing beliefs about others who seek treatment, career stigma, differential treatment stigma, and social support for treatment-seeking. Rated on a 5-point scale from strongly disagree to strongly agree.
- **Combat exposure** (Killgore et al., 2008) 16 items, rated yes or no (e.g., Being shot at or receiving small arms fire)
- **Deployments** 5 specified locations (e.g., Iraq, Afghanistan) and other location option, rated on 4 point scale from never to three or more times
- **Depression symptoms** (Spitzer et al., 1999) 9 items, 4-point scale from not at all to nearly every day (e.g., little interest or pleasure in doing things)
- **Post-Traumatic Stress Disorder (PTSD) symptoms** (Weathers et al., 1999) 17 items, 5-point scale from not at all to extremely (e.g., Repeated, disturbing memories, thoughts, or images of the stressful experience)
- **Alcohol Problem** (Brown et al., 2001) 2 items, yes or no response (e.g., Have you ever used alcohol more than you meant to?)
- **Functional Impairment** (Sheehan et al., 1996) 3 items, 5-point scale from not at all to extremely (e.g., in the past four weeks, how much have stress or emotional problems limited your ability to do your primary military job)

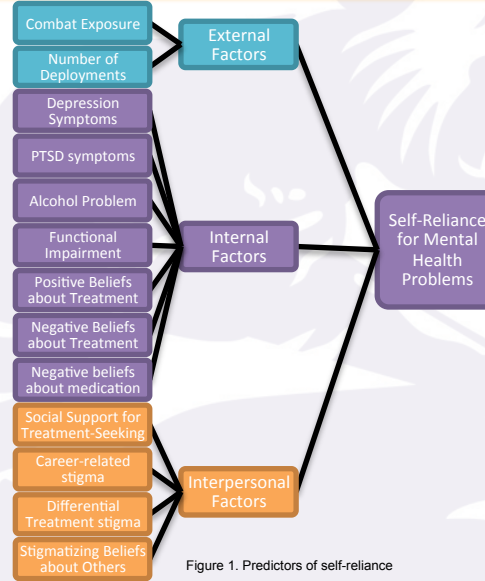


Figure 1. Predictors of self-reliance

	B	SE	$\Delta R^2$ beyond SR at time 1
Combat Exposure	.00	.00	.00
Deployments	-.002	.00	.001
Depression	-.001	.01	.00
PTSD	.00	.00	.00
Alcohol Problem	-.08	.07	.002
Impairment	-.01	.03	.00
Positive beliefs	-.16**	.05	.02
Negative beliefs	.11*	.05	.01
Medications	.07	.04	.01
Support	-.05	.04	.003
Career stigma	-.01	.03	.00
Treatment stigma	.04	.03	.003
Stigma beliefs	.09*	.04	.01

## Results

- A series of hierarchical linear regressions were conducted (Table 1):
  - Self-reliance at time 1 was entered in step 1 as a control
  - Each predictor was examined in step 2 individually
  - Significant predictors were entered in a final regression to examine unique effects
- External factors of combat exposure and deployment experience were not significantly related to self-reliance.
- Internal factors of depression and PTSD symptoms, alcohol problems, impairment, and beliefs about medications were not significantly related to self-reliance.
- Internal factors of positive attitudes toward treatment and negative attitudes toward treatment were significantly related to self-reliance.
  - Positive attitudes were associated with lower self-reliance
  - Negative attitudes were associated with higher self-reliance
- Interpersonal factors of stigmatizing beliefs about others who seek treatment were related to higher self-reliance.
- Interpersonal factors of support, career stigma, and treatment stigma were not significantly related to self-reliance.
- In a final regression, only positive beliefs remained a unique predictor.

## Discussion

- External factors were not significant predictors of self-reliance; therefore, self-reliance may not be unique to combat soldiers.
- Self-reliance may still be prevalent even when symptoms are high and soldiers are experiencing significant impairment to daily life.
- Interpersonal factors and personal attitudes were more strongly related to self-reliance.
- Those who report fewer stigmatizing perceptions of others who seek treatment and who have positive perceptions of treatment are less likely to have self-reliant preferences.
- Interventions that emphasize positive effects of treatment may be most effective in reducing self-reliance and encouraging treatment-seeking.

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