Veteran Help-Seeking Behaviour for Mental Health Issues: A Systematic Review.

ABSTRACT

Introduction: Serving military personnel and veterans have been identified as having a high prevalence of mental health disorders. Despite this, only a significantly small number seek mental health care. With the U.K beginning to invest further support for the armed forces community, identification of the barriers and facilitators of help-seeking behaviour is needed.

Methods: Corresponding literature searches were conducted in PsycINFO, PsycArticles, Medline, Web of Science and EBSCO. Articles which discussed barriers and facilitators to mental health concerns for the veteran population were included. Those which discussed serving personnel or physical problems, were not included within this review. A total of 26 papers were analysed.

Results: A number of barriers and facilitators to help-seeking for a mental health issue within the veteran population were identified. Barriers included stigma, military culture of stoicism and self-reliance as well as deployment characteristics of combat exposure and different warzone deployments. Health service difficulties such as access and lack of understanding by civilian staff was also identified. Facilitators to help combat these barriers included a campaign to dispel the stigma including the involvement of veterans and training of military personnel, as well as more accessibility and understanding from healthcare staff.

Conclusions: Whilst some barriers and facilitators have been identified, much of this research has been conducted within the United States, on male veterans and lacks longitudinal evidence. Further research is needed within the context of other nations, female veterans and to further indicate the facilitators of help-seeking among veterans.

KEY MESSAGES

- Serving military personnel and veterans have a high prevalence of mental disorders, but only a significantly small number seek help.
- Barriers to help-seeking behaviour included stigma, military culture of stoicism and self-reliance as well as deployment characteristics such as combat exposure.
- Facilitators of help-seeking included dispelling the stigma and myths surrounding help-seeking and mental health treatment as well as the involvement of other veterans.
- Further research is needed within a U.K context with a lack of longitudinal evidence for barriers and facilitators as well as limited research on female veterans.

INTRODUCTION

Serving military personnel and veterans have been identified as having a high prevalence of mental health (MH) disorders [1,2]. Despite this, only a significantly small number seek MH care [3,4]. With the U.K beginning to invest further support for the armed forces community (AFC), identification of the barriers and facilitators of help-seeking behaviour is needed [5–7]. Help-seeking behaviour is defined as a planned behaviour of actively seeking help with a health-care professional due to changes in health [8]. Facilitators and barriers to help-seeking behaviour, in reference to MH difficulties, has been frequently researched in the literature [9–12]. Certain MH disorders, within the veteran community, have been found to be associated with more substantial health service utilisation, with the collaboration between primary healthcare and MH services attributing to successful support and treatment for veterans [13].

Primary healthcare, within the U.K., is expected to record and support their veterans in way of prioritisation and veteran-specific services [5,6,14]. Research has shown as little as 8.7% of veterans have been identified with many healthcare staff and veterans not seeing the benefit in recording a veterans status leading to barriers for those veterans who are seeking support [15]. More recently, the UK National Health Service (NHS) has introduced *Op COURAGE* which aims to support the AFC by providing bespoke MH and wellbeing services [5,6,16]. There is UK research regarding help seeking behaviour in the Armed Forces [12], and the use of social prescribing activities such as archaeology [17] to help facilitate access to appropriate support. However, the focus of this article is the identification of the barriers and facilitators of help seeking behaviour and identify beneficial approaches to understand how the military veteran community can be better supported.

METHODOLOGY

Literature Search Strategy

A rapid review of the literature was conducted over a period of 3 months. This review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) [18]. Literature Searches were conducted in the following databases: PsycINFO, PsycArticles, Medline, Web of Science and EBSCO. These databases were selected due to their quality of peer-reviewed publications and their utilisation in previous literature review publications of a similar focus. Furthermore, the impact factor journals of the British Medical Journal (Military Health) and Military Medicine were searched due to their focus and credibility in Armed Forces research. Databases were limited to those written in the English language and published in peer-reviewed/academic journals; with an inclusion criteria of the years 1990 to 2021. Only two articles were included before the year 2000 with the rationale of providing deployment contexts to help-seeking behaviour.

Inclusion-Exclusion Criteria

Articles were included that discussed veteran help-seeking behaviour towards MH services. Specifically, those that discussed barriers and/or facilitators of help-seeking behaviour. A methodological consideration should be noted that treatment-seeking is often used interchangeably with help-seeking and therefore, should the publication fall in line with the meaning of help-seeking behaviour, these were also included despite using an alternative term. Publications which discussed serving personnel were not included in the review, even if this was in conjunction with the discussion of veterans. This is due to the focus of the review being the help-seeking behaviour of veterans. The authors acknowledge that MH disorders often originate from physical health problems, however, the focus of this review was primarily help-seeking for MH disorders and physical problems were excluded. The selection of the papers was conducted by the first author and is therefore a single-screening

review. Although there is potential for selection biases in a single-screening approach, due to the rapid nature of the review and the systematic approach of selection using the PRISMA guidelines, this single-screening approach is more accepted [19,20]. The second author was available to discuss the selections and confirm those for inclusion. Table 1 details the search of the literature review.

Search No.	Field	Search Words
S1	Title OR Abstract	Veteran OR ex-forces OR ex-military
S2	Title OR Abstract	Help Seeking OR Treatment Seeking OR Help Seeking Behavi?r
S3	/	**S1 AND S2**
S4	Subject	Veteran OR ex-forces OR ex-military
S5	Subject	Help Seeking OR Treatment Seeking OR Help Seeking Behavi?r
S6	/	**S4 AND S5**
Database Search Limits Used		
By Language: English		
By peer-reviewed/academic journal type		

Table 1: Search Parameters of the Literature Review.

Procedure

The search consisted of the following stages:

- *Initial Search*: Search of key words as defined by Table 1.
- *Duplicate Removal*: duplicates across the databases and journal were removed.
- *Title/Abstract Screening*: Title and abstract were screened to look for relevance.
- *Paper Screening*: Full publications were then screened to check that there was discussion surrounding the barriers and/or facilitators of veteran help-seeking behaviour for MH problems. Figure 1 below outlines these stages in more detail.

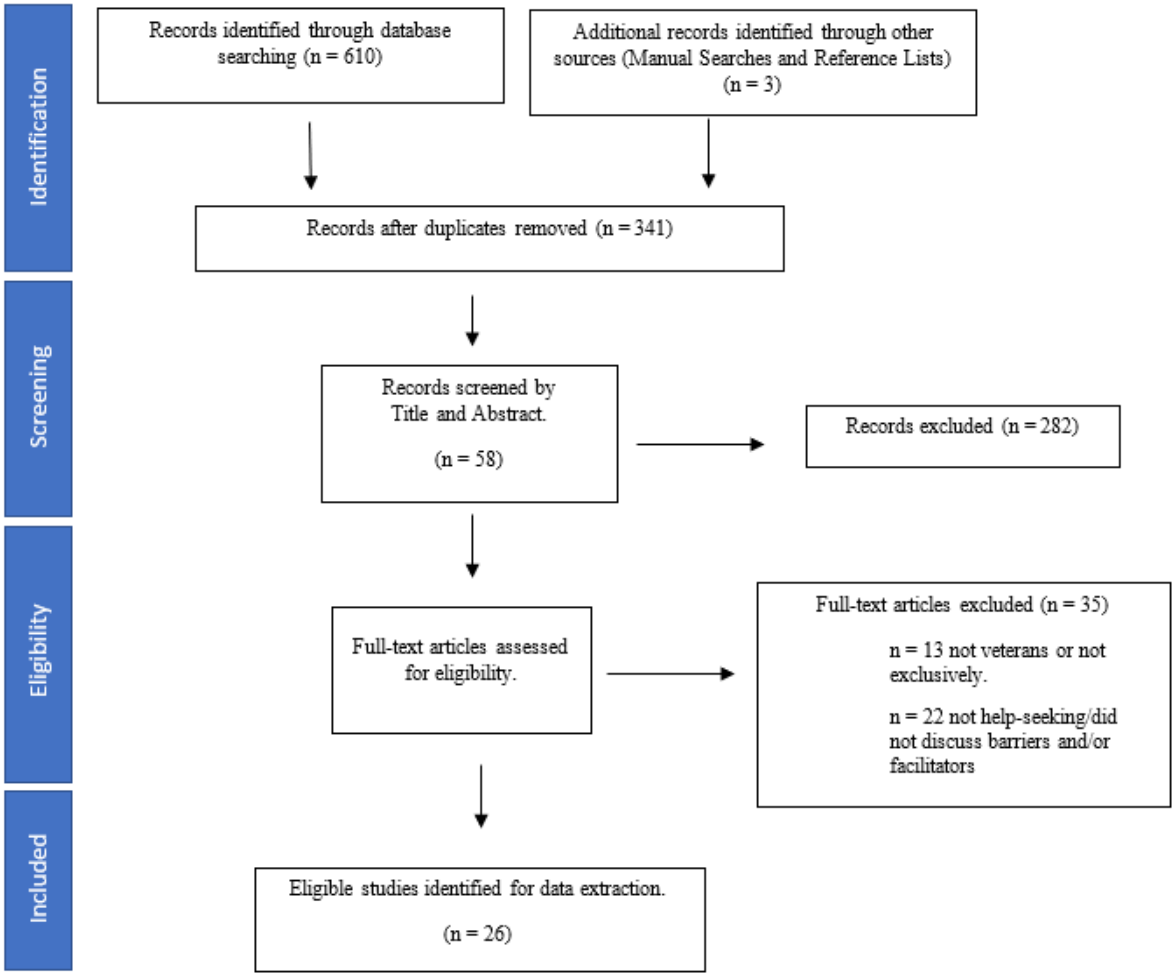

Figure 1: PRISMA flow diagram of literature review publication selection.

RESULTS

Numerous studies demonstrated that veterans were able to recognise that they had current MH issues with as many as 76.6% of veterans reporting problems [21]. In the USA, research has revealed 72% of veterans screening positive for a MH disorder, suggesting that veterans are accurately able to recognise a MH problem [22]. In contrast to this, there is evidence that veterans were generally poor at identifying symptoms of mental distress [23]. Despite this recognition and prevalence of mental disorders, small numbers of veterans reported accessing MH services [24–26]. However, there were several factors that increased the likelihood of accessing MH services such as symptom severity, support networks and being in crisis [27–29].

Barriers to Help-Seeking Behaviour

Barriers to help-seeking behaviour were highly homogenous across the literature with similar themes appearing despite research coming from several different countries. However, there was a transatlantic dialogue from the USA that did not translate to other countries, and that is a barrier of affordability of healthcare [30–33].This was of particular concern to the homeless veteran population, despite their lack of income entitling them to free healthcare [34]. Within some countries, these concerns were not present due to the free healthcare that is available to the entire population. However, the NHS was seen as having long waiting lists and difficulties of access [23]. Furthermore, a

veteran study in Denmark stated that there was a lack of veteran specific services [25]. Therefore, there are barriers to veterans' help-seeking behaviour which are nation specific.

Stigma

Several types of stigma were described among the literature as barriers to help-seeking; Internalised stigma, anticipated stigma and public stigma [24,28,35,36]. Internalised stigma referred to the veterans negative beliefs regarding MH problems and treatment seeking such as feeling ashamed [35,37]. Furthermore, there was also an internalised belief that seeking treatment would make veterans appear "weak" [32]. In addition, there were several negative stigmatising beliefs held by veterans in regard to MH such as believing those with MH problems cannot be counted on or take care of themselves [29]. Internalised stigma suggest that veterans own negative beliefs regarding MH is a barrier to help-seeking behaviour as having these beliefs would impede on wanting to seek help for MH problems due to fear [23,30,35,37]. However, internalised stigma has, on occasions, been found to not be significantly associated with poor help-seeking [29,38]. This lack of significant effect could be due to a veterans perceived need for care mediating the relationship of internalised stigma and help-seeking [36].

Anticipated stigma referred to stigma that veterans would expect to receive from others [35,39]. As many as 29.9% of veterans believed that, if they had a MH problem, their friends and family would feel uncomfortable around them [29]. Further literature reported that veterans lack of help-seeking was due to fear of a MH problem interfering with their career and career prospects [23,26]. This would suggest that anticipated stigma from others may hinder veterans from wanting to seek help for a MH condition due to a fear of how others would perceive them.

Public stigma refers to a belief that the general population would perceive them as "damaged goods" [26,30,34,40]. Veterans were often concerned with the stigmatising labels that are associated with MH issues such as being viewed as "crazy", with as many as 44% of veterans agreeing that accessing treatment would make them appear weak [22,33]. Despite this, only 12% of veterans agreed that they themselves would view others as weak if they sought treatment [22]. Public stigma was particularly prominent in veterans within the homeless population who believed that, due to their homeless status, they would be more likely to be treated poorly, which hindered their motivation to receive help for any MH concerns [34]. In addition, veterans also felt that they were stigmatised by the general public due to any MH problem that has been induced by their service as they believed that some civilians view their service as a "adventurous vacation" with some even viewing them as murderers [39].

However, Cerully et al, 2018 [38] found a lack of longitudinal data for assessing the relationship between MH stigma, particularly within the veteran population. Data consisted of a small number of studies which found no relationship between self-stigma and treatment seeking. However, self-stigma was found to be positively related to treatment attrition. This suggests that much of the literature we currently have regarding stigma and help-seeking behaviour in the veteran population is a cross-sectional and self-reported method of data collection, which hold the limitations of being less objective and makes it difficult to make causal inferences. Furthermore, there is a lack of research regarding stigma with female veterans, though it has been found that females have significantly lower levels of internalised stigma than male veterans [41].

Military Culture, Identity and Characteristics

Military culture and identity prescribes to the idea that soldiers should be heavily self-reliant and with a frequently cited emphasis on stoicism [28,30,32,42]. This identity means that veterans often cite the military culture of prioritising fulfilment of a mission over personal discomfort as well as sickness being

regarded as a sign of weakness [23,33,40,42,43]. This sense of pride that veterans hold and their belief that admitting they need MH support would mean they were no longer a "hero", suggests that veterans do not seek help due to a sense of honour [26,39].

Female veterans are often overlooked in the literature, potentially due to them being a smaller population within the military. However, studies have indicated that female veterans report higher pressure to uphold the reputation of female service members, citing that women are often not taken seriously within the military [41,44]. Many female veterans have adopted the same attitudes as male veterans in not wanting to appear weak [41,44]. Subsequently, female veterans feel the need to "prove" their strength with a sense of competitiveness towards their male counterparts with one female veteran suggesting that males are in fact better at encouraging help seeking than females within the military [30,44]. However, from a quantifiable data point, no gender differences were found suggesting that help-seeking behaviour across both genders in military veterans were the same [32,44], though there has been some research which suggests males have more negative beliefs towards MH than females. [29] However, these gender differences within the veteran population are significantly under researched.

A history of operational deployments and unit characteristics may also attribute to help-seeking behaviour particularly when it comes to combat exposure [27]. It has been found that every increase of one standard deviation (SD) when measuring veterans combat exposure increased their likelihood of using a veteran service by 81% [27]. This can be supported by a US study by Williston et al, 2019 [29] who found that veterans who served on active duty reported more negative beliefs about treatment seeking than those who were in the national guard or reserves. In addition, when comparing veterans who deployed in different warzones, veterans who were deployed in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) were significantly more likely to dislike talking in groups, feel that treatment makes them appear weak and that previous attempts at treatment did not help compared to veterans from the Vietnam war [32]. This may also be due to combat exposure or the experiences on those particular deployments. Furthermore, painful self-conscious emotions, such as guilt and shame, were found to be significantly associated with emotional control and self-reliance for veterans who had been deployed to a warzone suggesting that those who had higher combat exposure may be more likely to attempt to self-treat any MH problems, likely due to military attitudes of self-reliance [28,45]. Further Vietnam veteran research indicated that veterans who did not want to be in the military or deploy did not seek help for any veteran related issues [46]. Therefore, this may also be the case for those who were recruited for national service in the U.K, or any other form of military conscription. In addition, veterans from the OEF/OIF deployment had much greater perceptions that they would not fit into the USA Department of Veterans Affairs (VA), further highlighting that deployment and unit characteristics have an effect on help-seeking behaviour [47].

Access to Health Services

Help-seeking behaviour appeared to be hindered by difficulties in accessing and usage of the MH services. Accessibility was quite a prominent problem with veterans discussing issues such as transportation, lack of appointments available as well as staffing issues [31,33]. Veterans reported a dissatisfaction with their encouragement to seek help upon leaving the military as well as with the services that were available, specifically for veterans [33,37,43]. This lack of USA veteran specific services led to veterans believing that the civilian healthcare providers would not understand what they were going through and that it would be difficult to discuss such problems with a stranger [23,31,37]. This meant that veterans prioritised "basic needs" over seeking MH treatment such as housing and employment [30]. Further concerns regarding accessibility can be found within the

veteran homeless population such as having no form of identification or a place where they can be regularly contacted [34].

Concerns were also present regarding privacy and security [28,31,33,37]. Some veterans reported a distrust of the health care systems and fearing what may be done with confidential information [31,33,37]. In addition, veterans reported that services were nonresponsive and ineffective as well as having limited resources to be able to deal with problems outside of business hours [28,31]. The reasons for holding this belief may be due to previous experiences with the healthcare system where some veterans have reported being discharged when they were still in need of help [23,43].

Facilitators for Help-Seeking Behaviour

Barriers to help-seeking behaviour were more heavily researched than that of the facilitators. However, the facilitators that were found were highly homogenous across the literature. Veterans believed that dispelling the stigma that currently exists surrounding MH would help to facilitate help-seeking behaviour [37]. Recommendations included an awareness campaign that would normalise the help-seeking process through the use of personal stories from other veterans as well as improving veteran awareness of the available services[23,37]. Enhanced awareness as a facilitator is supported by Williston et al (2020) who reported that veterans with higher MH literacy endorsed less negative beliefs about help seeking and that there was no relationship between literacy and actual utilisation of MH services [36].

Moreover, recommendations were made surrounding training those in leadership positions within the military [37]. Some veterans believed that making MH educational sessions mandatory would help to facilitate help-seeking behaviour, whilst others felt that this would lead to a lack of engagement [37]. Many agreed that the involvement of a veteran as a mentor would further facilitate help-seeking [37], and veterans perceived that seeing another veteran seek help for their own MH concerns was a crucial facilitator in dispelling the stigma and would often lead to them seeking help [23].

Health Service Facilitators and Symptom Severity

Veterans who were able to recognise that they had a problem were more than seven and a half times more likely to be interested in receiving help [21]. This suggests that recognition of a problem is a facilitator of help-seeking behaviour [31,48]. In addition, the severity of the symptoms that a veteran is experiencing can also facilitate help-seeking behaviour with veterans often commenting that the problem would have to be “severe” for them to seek treatment [23]. Research indicated that depression severity is significantly positively correlated with MH treatment usage, meaning that those with more severe depression were more likely to seek treatment [25,27,35,46]. This symptom severity was also associated with a veterans perceived need for care where encouragement from a veterans support network can increase the potential of a veteran seeking help [28,40]. Furthermore, veterans perceived need for care was usually due to no longer being able to self-manage the symptoms that they were experiencing [23,43]. This would suggest that veterans experiencing severe symptoms regarding their MH would motivate them to seek support for their MH concerns as they would also be more likely to recognise that there was a problem, particularly if they felt they were no longer able to self-manage their symptoms.

The accessibility of MH services was discussed as a potential facilitator to help-seeking [28,31,33,37]. Veterans revealed that MH treatment would be more easily accessible if the first point of contact could be a telephone call or via online communication as well as being more accessible outside of working hours, where veterans were likely to need additional support [28,37]. This

accessibility was also facilitated when veterans held beliefs that were more treatment encouraging such as believing getting help was socially acceptable, that the opinions of other people did not matter, that treatment is helpful and those who are encouraging help-seeking are trustworthy [31,43]. In addition, Veterans views on how the MH services could be better conducted to facilitate help-seeking appeared to differ drastically, with some emphasising the need for in-person contact and others believing online services would be more ideal to combat the barrier of fearing their confidential information would be shared as this format would allow for anonymity [33,37]. Furthermore, Vietnam veterans reported wanting a more professional environment for when they receive treatment, with other veterans stating that they did not feel comfortable discussing their MH in a hospital-like environment [43]. The facilitators and barriers to help seeking are provided diagrammatically in Figure 2.

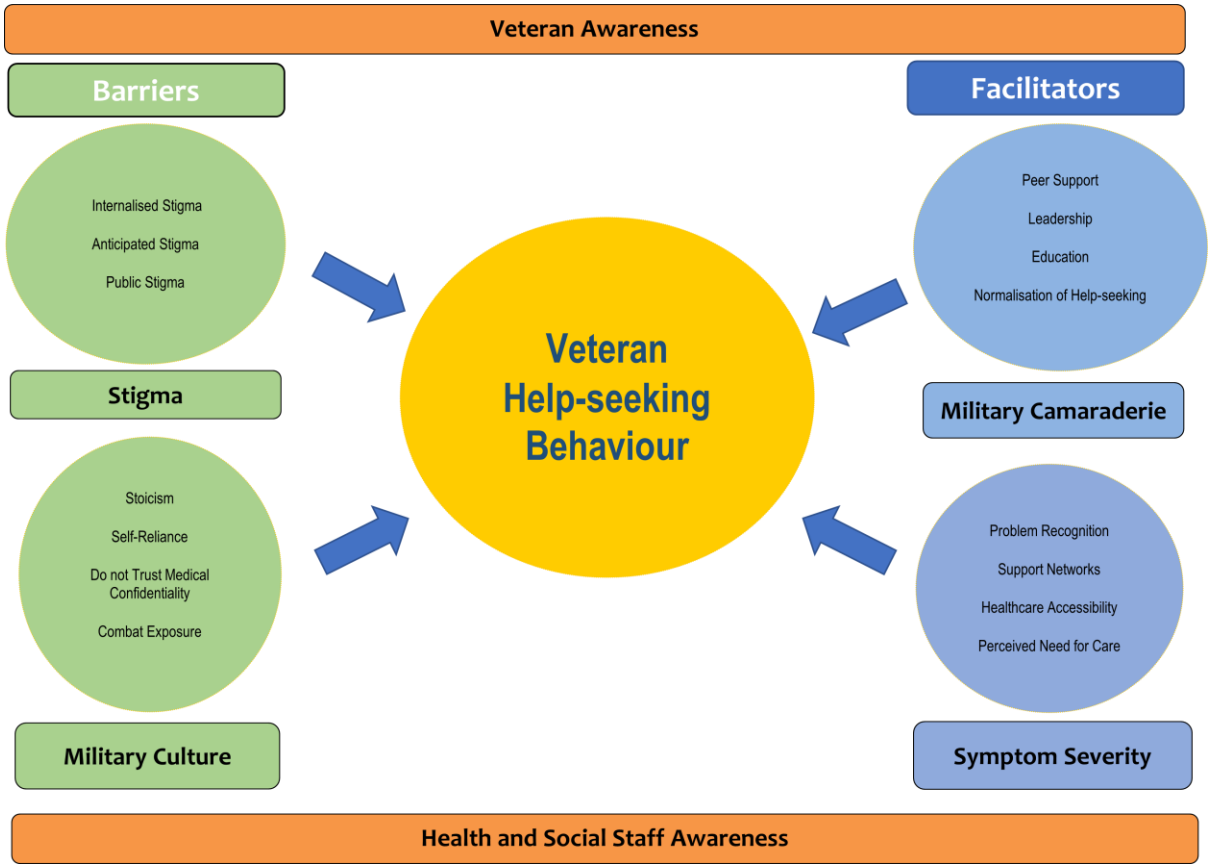

Figure 2: Identified Barriers and Facilitators for Veteran Help-Seeking Behaviour

CONCLUSIONS

Whilst research is available on veteran help-seeking behaviour, currently, this remains heavily focused in the USA, with female veterans and longitudinal data also being under researched. However, barriers and facilitators of help-seeking behaviour can still be identified and potentially used to better support veterans in a UK context. Barriers identified were that of stigma, military culture of stoicism, unit characteristics such as warzone deployment as well as service difficulties such as access and understanding. Facilitators were found to be suppressing the stigma through awareness campaigns, using military leaders and other veterans to promote help-seeking as well as those in crisis being more likely to seek help. Identifying the reasons for poor help seeking behaviour and where veterans have sought support is part of the evaluation of the Armed Forces Covenant Fund Trust's *Serious Stress* programme [49] with results due later in 2021. However, further research is needed to better understand how the AFC can be better supported to seek help for MH related problems.

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