Do Veterans Seek Mental Health Counseling?

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ABSTRACT

The purpose of this non-experimental study was to determine if there is a difference in attitudes towards seeking mental health services between veterans and civilians. Participants were a convenience sample of 54 veterans and civilians from across the United States. Participants completed a survey on social media to determine their attitude towards seeking mental health services. An analysis of the results revealed that there is not a significant difference between veterans' and civilians' attitudes towards seeking mental health services.

INTRODUCTION

Having a mental health concern is difficult for people, but for some, trying to seek help for it is even more challenging.

Veterans have been exposed to some of the most traumatic experiences in the world (life-threatening situations, deaths of close friends, etc.), and according to Del Luca et al. (2016), there are higher rates of mental health problems among current and former military personnel than the civilian population. And in the last two decades, suicide rates among veterans where higher than non-veterans, leading to the average number of veteran suicides per day to be 17.6 (U.S. Department of Veterans Affairs, 2020).

Agreeing with Del Luca and her fellow researchers, Min (2019) found that enlisted military personnel do, in fact, have the most stressful jobs. Having stressful jobs would cause military personnel to incorporate stress-relieving outlets into the military's exit plan for retirees and veterans. Sadly, Currier and his colleagues (2017, 2018) suggest veterans are less likely to seek help with a mental illness compared to non-veterans due to negative stigmas about seeking such help.

Mirriam-Webster (2021) defines stigma as a mark of shame or discredit, or simply having negative thoughts or unfair beliefs towards something, either projected by yourself or by society. Negative stigmas of seeking help can prevent veterans from seeking mental health services they desperately need.

KINDS OF STIGMAS

For veterans, stigma is a major hinderance from receiving psychotherapy. Porcari et al. (2017) noted that documentation of a mental health problem on a person's record was also a major barrier to help seeking behavior among active-duty military personnel. Many veterans would rather speak with their family and friends, than receive professional treatment from Veteran Affairs (VA) clinics or non-VA clinics. Even when veterans were diagnosed for depression after being discharged from the military, they often delay seeking further treatment because of stigmas (Rodrigues et al., 2014). Wright et al.

(2009), concluded that many active-duty soldiers were reluctant to seek help because it might negatively impact the perception of their suitability for leadership roles in the military.

For combat veterans, additional barriers that may prevent them from seeking help include post-deployment difficulties, such as trouble relating to others, psychological difficulties, behavioral/physical problems (Cornish et al., 2014). Stigmas surrounding mental health and receiving help, whether personal or societal, are the most significant reasons many veterans will simply not seek the help they need, but that does not mean there isn't hope.

TREATMENTS FOR MENTAL HEALTH

Veterans with mental health problems that know their treatment options are more likely to use them. Presently, there are several mental health services that veterans can take advantage of. Elder et al. (2016), showed that exposure to six health campaigns (smoking cessation, child abuse/neglect, drug use, suicide prevention, domestic violence, HIV/AIDS) improved the desirability of seeking help from telephone hotlines among veteran households. Among these telephone campaigns, the Suicide Prevention hotline was used among 61.2% of veterans. These health campaign resources are great for veterans who are seeking self-help and want to remain anonymous. But, for those who are extroverted and thrive from interacting with others, social support enhances any treatment they receive. Adams et al. (2017) found that the more social support a veteran received, either through their family, friends, or support groups, the better their mental health, and decreased the need for psychological services among veterans. Rodrigues et al. (2014) also states that veterans who normalize depression (e.g., defining it as a common thing that can happen to anyone and something that can be worked through) find comfort in supportive peers.

Another mental health treatment that could be utilized by veterans is spiritual support. Faith-based support can be effective in countering stigmas against seeking help. Bonner et al. (2013) emphasized that veterans with current PTSD symptoms, and those that made a mental health visit in the past 6 months, were more likely to seek help from, and to be more open with clergy than other mental health services.

Finally, an excellent way to lower the need for mental health services when military personnel are discharged from service is to seek counseling before they even enter the civilian life. According to Wright et al. (2009), there are training programs in the United States Army to address stigmas and to change the attitudes of leaders about seeking treatment for mental health concerns. For instance, the deployment-related mental health training called "Battlemind" is specifically developed for leaders to focus on the mental health effects of combat (Wright et al., 2009). In this training there is a discussion of the importance of "buddy care" and the role of leaders to monitor the mental health of their units. This approach in which leaders are taught about the mental health of their unit has been shown to be an effective method of reducing stigma in soldiers discharged from active duty (Wright et al., 2009).

It is therefore important for military leaders to address mental health concerns of their units prior to their discharge from service. This would make it so that veterans will have a higher chance of seeking mental health services, should the need arise in their civilian life.

PURPOSE OF STUDY

The purpose of this study is to determine military veteran's attitudes toward seeking mental health services and if they differ from their civilian counterparts. The results of this study may be beneficial to therapists and those who collaborate with veterans in counseling settings, especially when developing programs and curriculum to educate veterans regarding mental health and ways to incorporate healthy coping skills in their lives. Additionally, information found may help educate veterans regarding the impact mental health services have on their self-worth and over-all mental health, so that they would be more open to the idea of seeking help.

HYPOTHESES

It is hypothesized that there is a difference in attitudes towards seeking mental health services between veterans and civilians.

METHOD

PARTICIPANTS

The participants in this study were a convenience sample of 54 veterans and civilians from around the United States. The demographic characteristics of the participants are presented in Table 1.

Table 1
Demographic Characteristics

Characteristics	Civilians $n=23$		Veterans $n=31$		Total $n=54$
Gender					
Female	68%		32%		100%
Male	29%		71%		
Age					
1930-39	0% (*n*)		3% (*n*)		
1940-49	0% (*n*)		3% (*n*)		
1950-59	9% (*n*)		7% (*n*)		
1960-69	13% (*n*)		10% (*n*)		
1970-79	4% (*n*)		16% (*n*)		
1980-89	35% (*n*)		19% (*n*)		
1990-99	39% (*n*)		42% (*n*)		
Ethnicity					
White	96% (*n*)		74% (*n*)		
Latino	4% (*n*)		13% (*n*)		
Middle Eastern	0% (*n*)		3% (*n*)		
African-American	0% (*n*)		10% (*n*)		
Mental Health History	NO	YES	NO	YES	
Experienced Trauma?	22%	78%	29%	71%	
Mental Illness Diagnosis?	65%	35%	68%	32%	
Received MH Services?	48%	52%	61%	39%	

The veterans in the sample were categorized by branch of service, time, and service, and whether or not they have seen combat (Table 2).

Table 2
Veteran Demographic Characterization

Characteristics	Veterans *n*=31
Branch of Service	
Air Force	26%(*n*)
Army	10%(*n*)
Marine Corps	48%(*n*)
Navy	16%(*n*)
Time in Service	
1 - 4 years	7%(*n*)
5 - 10 years	10%(*n*)
10 - 20 years	16%(*n*)
20+ years	19%(*n*)
Seen Combat?	
No	77%(*n*)
Yes	23%(*n*)

INSTRUMENTATION

The primary instrument of data collection for this study was a questionnaire created by the researcher that comprised the Attitudes Toward Seeking Professional Help Scale by Fischer et al. (1995) and several demographic items. The ATSPPH-SF has a reliability coefficient alpha of between 0.77 - 0.78 (Elhai et al., 2008). The instrument consists of a total of 19 items. The initial survey are ten Likert-scaled items to which participants are required to select from one of the following options: Disagree – Partly Disagree – Partly Agree – Agree (Fischer et al. 1995). These Likert-scaled items were given a numerical value from 0 – 3 (4 points): 0 being Disagree and 3 being Agree. With the ten Likert scaled items, a score from 0-30 could have been tallied. Half of the items, however, were reversed scored. In total, the higher the score, the more favorable the outcome became.

In addition to the Likert-scale items, there are two open-ended questions and four multiple-choice questions. The instrument also included three demographic items: Status, Gender, and Ethnic Background. Google forms was used to distribute the survey to respondents. A print-out copy of the survey from Google Forms the researcher created is attached. The original survey adapted by Fisher et al. (1995) is included in Appendix A.

PROCEDURE

IRB approval was obtained for this nonexperimental study. To protect the confidentiality of respondents in this study, no personally identifying information was gathered. Respondents were recruited through a social media post that included an explanation of the purpose, the possible benefits, and the possible consequences of participating in the study. The post also explained that they are free to withdraw from the study at any time if they so desire. The social media post contained a link to the questionnaire, which was made using Google Forms. Participants who completed the survey were considered to have given their informed consent. To analyze the data and test the

hypothesis, a t-Test of Independent samples was used. Specifically, a two-tailed t-test was used to determine differences in attitudes towards seeking mental health services amongst veterans and civilians. The hypothesis was examined at an alpha level of 0.05.

RESULTS

Figure 1
Differences between attitudes towards help-seeking among veterans and civilians
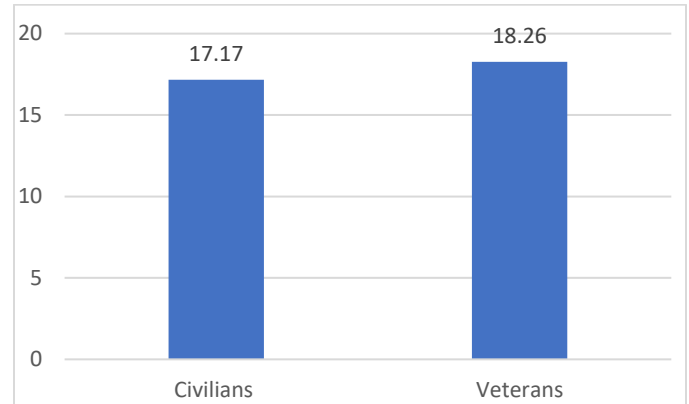
An independent samples t-test was calculated comparing the mean attitude toward seeking mental health services scores of veterans who would likely seek mental health services, to the mean score of civilians (Figure 1). No significant difference was found t (52) = -.55, p=.58. The mean attitude score of veterans (m=18.26, sd=6.24) was not significantly different from the mean attitude score of civilians (m=17.17, sd=8.01). The null hypothesis was not rejected, and the alternative hypothesis could not be supported.

DISCUSSION

FINDINGS AND LIMITATIONS

This study revealed no meaningful difference between veterans' and civilians' attitude seeking mental health services. These findings are not at odds with other results reported in the literature. For instance, the claim that there are differences in attitudes of help-seeking among veterans and civilians has also been disproved by reported in the extant literature (Currier et al. 2017, 2018).

There are several limitations to the findings in the study. The small sample size and volunteer nature of sampling procedures may limit the generalizability of these findings. Furthermore, the demographic characteristics of the participants may not be representative of the population of veterans or civilians in the United States, which limits the generalizability. In addition to this, the self-report format of the questionnaire used in this study could limit participants' ability to clearly articulate their attitudes towards seeking mental health services. Despite anonymity, it is possible that some participants may have provided responses that they felt were socially desirable. Finally, the survey was distributed on social media (Facebook).

IMPLICATIONS

The greatest implication from the results of this study is the need to educate veterans regarding mental health service use. While the results of the current study indicated that there is no difference in attitudes toward mental health services between veterans and civilians, it is important to note that 61% of veterans surveyed have never used mental health services. Therefore, it is important for veterans to be educated regarding the various mental health services that the VA or non-VA mental health clinics provide. The significant association between seeing something traumatic, but not seeking mental health support, should be shared with veterans, especially those who are recently discharged from active duty. Regardless of the lack of sizable difference in help-seeking attitudes among veterans and civilians, veterans owe it to themselves to seek out help once their tours of duties are over, especially if they have experienced combat.

FUTURE RESEARCH

Despite the accessibility of mental health services (most of which are free), there is still stigma among veterans to use them, simply because of the limited knowledge regarding them. Therefore, future studies should include larger more diverse samples of veterans to provide more accurate and generalizable results. This may provide a more accurate picture of the attitudes of veterans seeking help. Additional research may benefit VA clinics to develop more accessible programs and curriculum to educate veterans regarding what kind of therapy and medications they could use as a part of their mental health regime.

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ABOUT THE AUTHOR

Jonathan Williams from Mountain Home, AR. He is in the Clinical Mental Health Program and will go on to get his Marriage/Family Counseling Therapy degree afterwards. He is a Marine Corps Veteran who has seen too many friends commit suicide and talk about suicide, so he decided to become a therapist and to try his best to reclaim as many people he can from the ledge that many veterans seem to be teetering on. Whether that is through private practice, clinical work with a local VA Clinic, or independent agency still has yet to be seen.

APPENDIX

Attitudes Toward Seeking Professional Help

Your sex: _____ Male _____ Female Your race/ethnicity:
_____ African American
_____ Asian/Asian American
_____ White/European American
_____ Latino/a
_____ Arab/Middle Eastern
_____ Other: Please specify _____

Instructions

Read each statement carefully and indicate your degree of agreement using the scale below.
In responding, please be completely candid.

0 = Disagree   1 = Partly disagree   2 = Partly agree   3 = Agree

_____ 1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

_____ 2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

_____ 3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

_____ 4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.

_____ 5. I would want to get psychological help if I were worried or upset for a long period of time.

_____ 6. I might want to have psychological counseling in the future.

_____ 7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

_____ 8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

_____ 9. A person should work out his or her own problems; getting psychological counseling would be a last resort.

_____ 10. Personal and emotional troubles, like many things, tend to work out by themselves.

Scoring

Reverse score items 2, 4, 8, 9, and 10, then add up the ratings to get a sum. Higher scores indicate more positive attitudes towards seeking professional help. Calculate a mean for males, for females, and for each of the ethnic groups to examine group differences. Discuss any observed similarities and/or differences between the groups with the class.