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Challenges Veterans Encounter Receiving or Seeking Mental Health Services

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CHALLENGES VETERANS ENCOUNTER RECEIVING OR
SEEKING MENTAL HEALTH SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Andrea Ramirez
Denise Danielle Contreras

May 2024

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ABSTRACT

The goal of this research was to identify the challenges U.S. Veterans faced when accessing mental health services within the Veterans Affairs (V.A.) Healthcare System. The V.A. serves approximately six million U.S. military veterans annually and is considered a leader in providing high-quality care in the USA. Despite the V.A.'s efforts to improve its patient care system, many veterans do not seek treatment or follow through with mental health services. The study found that participants had difficulty getting appointments with V.A. mental health services. When they did, the appointments were usually convenient and took place as scheduled. While some participants were satisfied with V.A. services, others preferred outside providers because they were easier to access. Participants who did not seek mental health services felt they did not need them but would be more likely to seek them if the process were simplified. The main challenges preventing participants from seeking services were appointments being scheduled too far in advance, societal stigma, and potential obstacles from leadership. Many participants believed that seeking help would make them appear weak and that their peers would have less confidence. Talking about mental health was difficult for many, and they feared it could negatively impact their careers.

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The researchers would like to express their gratitude to the many professors who have tirelessly dedicated their time and attention to the needs of students. In particular, Dr. Laurie Smith who has incredible research knowledge and the ability to bring out the best work in students, exhibiting patience and calmness beyond anything else. We also thank all the other professors who guided and influenced our learning during our time at CSUSB. Finally, to our cohort members, we would like to say we did it! See you all soon out in the field!

We would like to dedicate this research to all the military service members who have been impacted by mental health issues. Our hope is that the work we have done will contribute to advancements in understanding and seeking mental health services without barriers or stigmatization.

DEDICATION by Andrea Ramirez

First and foremost, I would like to thank God, only because of his grace and glory I have made it this far. He has given me strength and encouragement through it all.

This research project is dedicated to my wonderful supportive husband and my four amazing children. Thank you for being endlessly supportive, understanding, and patient during the long hours of pursuing my higher education journey. I want to express my heartfelt gratitude to my mom for always believing in me, loving me unconditionally, and always encouraging me to keep going even when all odds were against me. My mom instilled the strength and determination that I had throughout this journey, and she has always been my reason to not give up. I am proud to be a daughter of immigrants.

Additionally, I would like to thank my research partner for always being so supportive, encouraging, knowledgeable, and patient with me. Next, I would like to thank all my friends that have always encouraged me, prayed for me, and listened to all my whining throughout these years. Lastly, I would like to dedicate this research to my beloved stepfather “Apa” and grandma who I hope I am making proud from up above. Thank you for all your support and love!

- Andrea Ramirez

DEDICATION by Denise Contreras

This research project is dedicated to my family and friends, and my beautiful and amazing children for being a part of this academic journey with me. Thank you all for your support and patience, for feeding me, and for reminding me to self-care. Most of all, I am forever grateful to my late mom, the driving force behind my academic pursuits and a source of inspiration for me to pursue my social work degree. I hope you can see my accomplishments from above. Love you, Mom.

I would also like to thank myself, as Snoop Dogg said it best, *“I want to thank me for believing in me, I want to thank me for doing all this hard work, I want to thank me for having no days off, I want to thank me for never quitting, I want to thank me for always being a giver and trying to give more than I receive, I want to thank me for trying to do more right than wrong, I want to thank me for being me at all times.”*

Last but not forgotten, I would like to thank my research partner for being an amazing human and never letting me give up. Thank you for being so supportive and encouraging to me, I would not have made it without you. You are the BEST!

- Denise D. Contreras

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CHAPTER ONE: PROBLEM FORMULATION

Mental health problems among U.S. Veterans are a public health issue due to them not receiving or using adequate mental health services in a timely manner. This research identified challenges among U.S. Veterans on accessing mental health services within the Veterans Affairs (VA) healthcare system. Every year, the VA serves about six million US military veterans and is recognized as a leader in high-quality care in the USA (Zulman et al., 2015). Although the VA has worked to improve its system for patient care, many veterans do not seek treatment or follow through with mental health services (VHA, 2022). Furthermore, this research's findings identified the difficulties preventing veterans from accessing care and treatment.

Most patients at the VA are predominantly male and have higher rates of mental and physical illness (Zulman et al., 2015). Veterans who have experienced combat and military-associated trauma have a higher rate of developing PTSD and mild traumatic brain injury (James et al., 2014). In addition, there is a growing health concern among Veterans returning home from deployment and their development of mental health disorders. PTSD has become a serious mental health issue for many veterans in the United States. It is more common for veterans between the ages of 18 to 29 to suffer from PTSD (Julia, 2022). There may be significant comorbidity of PTSD and depression among veterans experiencing these disorders. It has been found that exposure to

war can lead to mental health problems, which include homelessness, social exclusion, substance abuse, and self-harm, and who are more likely to commit suicide (Rozanov and Carli, 2012). Establishing the importance of awareness to help reduce the negative consequences and stigma for Veterans with mental health disorders will encourage them to seek treatment and receive care they need.

Two million service members have been deployed to Afghanistan and Iraq since 2001 and approximately 13%-53% of U.S. and Canadian veterans received mental health care after meeting the criteria for mental health problems after deployment (Hoge et al., 2014). Many chronic conditions developed due to not treating pathological stress responses in a timely manner (Kantor et al., 2016). Veterans who served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OFI) were identified as having serious mental health issues, and less than 40% sought out professional care and less than half expressed interest in receiving treatment; 42% of those veterans who were referred for services after deployment did not receive follow-up care (Vogt, 2011). Therefore, what are the challenges that veterans encounter when receiving or seeking mental health services?

Studies have brought many factors to light about why veterans do not seek treatment for mental health services and what health outcomes developed because of the lack of healthcare services. It has been found that sex, age,

service-connected disability status, and need for healthcare are factors that determine whether veterans choose to seek mental health service. Research shows that male veterans of older age, who receive disability compensation from the VA, and have severe health problems are more likely to seek services and treatment (Vogt, 2011).

Another potential challenge veterans experience is their beliefs about mental health and seeking treatment. Many veterans feel uncomfortable seeking treatment for a variety of reasons. The military puts an emotional strain on being strong and not showing weakness during training; therefore, stigma is one of the main reasons they do not believe in seeking help. A study showed that about 70% of OIF veterans identified their primary reason for not seeking mental health services as being concerned about what others would think if they sought treatment; while another concern among military and veterans is that health records are public to their commanding officer and can affect their military status (Vogt, 2011). Many military leaders believe that soldiers who are experiencing PTSD symptoms do not seek treatment because of the word, 'disorder' (APA, 2013). They believe if the word was changed to posttraumatic stress injury, then soldiers would feel more comfortable seeking help.

This population is often provided with inadequate services in dealing with homelessness, unemployment, mental illness, physical disabilities, and substance use. However, government agencies such as the United States

Department of Veterans Affairs (VA) and many other nonprofit organizations assist veterans with the help they need. Perhaps creating a 30-day program that can help by serving, supporting, and providing guidance to help veterans (National Alliance on Mental Illness [NAMI]) towards independence before PTSD becomes an issue among Veterans who are returning from combat. Veterans need to receive immediate care once assessed for PTSD or other mental health concerns in order to mitigate the severe consequences of those problems. Identifying the problem early on can help the veteran create a healthier life and become self-sufficient.

It is important to note that government agencies like the VA have implemented new changes to bring awareness about PTSD and to normalize seeking assistance for mental disorders. Nonetheless, the military is effective in training but does a poor job of preparing them to get back to civilian life. Therefore, what changes can be implemented to help veterans get help before returning to society? Creating awareness before and after military service can alleviate the severity of PTSD when military personnel return home from combat.

There can be many severe consequences if veterans do not seek treatment for mental health issues, including PTSD. A leading factor in suicide rates for veterans is disparities in mental health services for individuals who experience PTSD and depression (Hester, 2017). Due to the lack of support and mental health personnel, veterans do not have the availability to seek these

services once they are back from combat (Hester, 2017). Higher rates of mental illness are developed such as depression, combat injuries, financial hardship, alcoholism, unemployment, and family disconnection (Hester, 2017).

Addressing the challenges veterans encounter when seeking or receiving mental health treatment will contribute to social work practice in multiple ways. At the micro level, social work practitioners have a unique opportunity to collaborate with veterans and their families to address the challenges they face when seeking or receiving mental health treatment. This can be done through linkage and referrals by providing resources to veterans and their families on how best to access mental health treatment based on individual needs, preferences, and circumstances. Encouraging veterans to seek mental health treatment and supporting them throughout the process can contribute to a more positive experience associated with mental health treatment. Therefore, advocating for the importance of mental health treatment and addressing the existing barriers to accessing it can significantly impact the well-being of veterans and their families.

At the mezzo level, social workers can develop and provide programs that specifically address the needs of veteran populations. Some examples in which social workers can help include support groups counseling veterans who are struggling with post-traumatic stress disorder (PTSD) or depression. Along with helping veterans acquire job training and other skills they may have missed out on during their military exit and assisting veteran families in finding services such

as housing or health care through the VA (VA,2022). In order to do this, social workers must be familiar with the many challenges faced by veterans, including PTSD. They also need to know how to best reach out to veterans in all areas of society to provide these vital services.

At the macro level, social work can continue to advocate for policy change at both the national and international levels. The Department of Veterans Affairs has made some strides in recent years to address mental health issues among veterans; However, there is still much work to be done. For example, only half of all veterans who need mental health treatment receive it from the VA (National Alliance on Mental Illness [NAMI]). Social workers can play a role in increasing access to care by collaborating with local VA clinics and working toward eliminating any barriers that may prevent veterans from seeking necessary care.

Many veterans are in need of mental health treatment when returning from combat. A high percentage of combat veterans develop PTSD due to traumatic events. The military system has a lot of improvements to make in the discharging process. They do not make mental health treatment a priority or give enough awareness about how important it is to seek treatment, leaving veterans to figure it out on their own. Many of them do not seek treatment because they are not aware of the help, stigma, and develop worse symptoms. This research explored the challenges faced by veterans in accessing mental health treatment. Specifically, understanding the challenges they face when seeking care, the

choices they have in mental health care, and the reasons for not following through with their treatment if they already received treatment.

CHAPTER TWO: LITERATURE REVIEW

Introduction

This chapter will discuss the research on the challenges for veterans needing mental health services. Subsections include mental health illness among veterans, including post-traumatic stress disorder (PTSD), services offered to veterans, veterans' access to mental health services, and follow-up appointments. Additionally, the last subsection includes the struggles veterans face accepting services due to the stigma and negative consequences of disclosing any mental health illness. This chapter will conclude with a discussion of theoretical frameworks that can guide conceptualization.

Mental Health Among U.S. Adults and Veterans

Mental health is a significant issue for U.S. adults and veterans. PTSD is one of the primary mental disorders in the United States among individuals who have served in the military and common in individuals exposed to war zones and veterans who have seen combat struggle with chronic PTSD the most (APA, 2022; Reisman, 2016). The shame and stigma associated with mental health is perpetuated by lack of access to supportive resources, as well as a general lack of awareness. The current state of mental health assistance is inadequate, and the problem continues to worsen as time passes.

Mental Illness

Mental illness is a health condition characterized by alterations in emotion, cognition, behavior, or a combination of these (American Psychiatric Association, 2022). These conditions can be accompanied by stress that can make it hard for individuals to function in a social or professional setting and may cause distress. Mental illness is frequently experienced in any given year and knows no limits. Mental health problems can affect anyone. Some mental health conditions can be relatively mild, only impacting daily life in limited ways. Some mental health conditions are so severe that inpatient care may be required. A survey conducted by the National Library of Medicine: National Academies of Sciences committee revealed that 28% of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), Operation New Dawn (OND) veterans had been diagnosed with at least one mental health condition in the last 24 months. Among those who tested positive on the mental health screening, nearly 70% reported receiving a mental health diagnosis (NIH, 2018).

PTSD

Post-traumatic stress disorder (PTSD) may develop in some individuals who experience a traumatic event such as rape, serious injury and near-death experiences (APA, 2022; Psychiatry, 2022). PTSD is a complex condition that can affect people in many ways, and many can suffer from PTSD for years after a traumatic event. However, PTSD is more predominant among U.S. military

personnel and veterans than the general population (Gates et al., 2012). Studies indicate that as many as 30% of deployed U.S. military personnel likely suffer from PTSD as a result (Reisman, 2016; Veterans Affairs, 2022).

Veterans Mental Health Services

In the United States, the process of accessing mental health services is becoming a growing challenge for many individuals, especially those who have served in the U.S. military. Veterans, in particular, are finding it difficult to obtain timely and efficient appointments for mental health care (Veterans Health Administration, 2022). However, various community healthcare providers extend mental health services to the general population and can also be contracted to provide care to veterans who require such services. This highlights the importance of ensuring that mental health services are made more widely available to all those in need, especially to our esteemed veterans who have served our nation.

Mental Health Services Offered to Veterans

Services offered to individuals who suffer from mental health issues and PTSD vary. They range from one-on-one therapy to group counseling sessions and even inpatient treatment programs. The number of services offered by different providers can be significantly different depending on the size of the organization and what resources they have available to them. Counseling is

typically the most common form of therapy that individuals will receive when receiving mental health services. It is generally used to help individuals work through any issues or traumas that may have contributed towards their problems.

Most veterans access mental health services through the Veterans Health Administration, the most extensive healthcare system in the United States (VHA, 2022). The VHA offers a broad range of medical services, from standard hospital procedures like surgery and physical therapy to more specialized care such as ophthalmology, mental health care, and so much more for all current military personnel and U.S. Veterans. The Veteran Affairs (VA) is a federal government agency that provides health care, disability compensation, pensions, veteran readiness and employment benefits, and cemetery services to military Veterans. The VHA is a component of the VA, which can confuse the two entities for many veterans seeking healthcare, making it one barrier when seeking services.

Challenges Accessing Services

Individuals seeking mental health services are faced with challenges when trying to find the proper treatment. The severity of symptoms, availability, and affordability of services, and wait times can all contribute to a person's inability to access care. There is a disparity in access to mental health providers compared to access to other medical care professionals. When individuals can locate a mental health specialist, they often have to go out-of-network, incurring additional costs. The Mental Health Services Act (MHSA) was created to help eliminate

these disparities (MHSA, 2022). The act provides funding for mental health services, including outpatient treatment and emergency room management, for individuals with severe mental illness or substance use disorders. The MHSA also funds early intervention services, which provide treatment before developing a severe mental illness, and programs designed to reduce homelessness, criminal activity, and child abuse and neglect (MHSA, 2022).

U.S. veterans encounter additional challenges in accessing mental health services compared to the general population. Mental healthcare within the VA health system is not always readily available or suited for patient needs, despite being the primary source for many veterans. The VA has made efforts to improve mental health services, including establishing a 24/7 hotline and creating more psychiatric beds, but these resources are often underutilized or unavailable depending on location (VA, 2022). The VA has been criticized for its inability to adequately meet patient needs. The common complaint from veterans is waiting for months for appointments at VA clinics before being seen by doctors.

Stigma

Mental illness stigma refers to the negative and discriminatory attitudes towards those who suffer from mental health disorders. It is an important issue that needs to be addressed in order to reduce the burden of mental illness on society as well as help those who are afflicted (APA, 2022). The stigma surrounding mental illness persists due to misconceptions, ignorance and

misinformation, as well as negative attitudes or beliefs held by some individuals prejudice (APA, 2022). However, there has been a great stride within the mental health community to eliminate stigma. Many people still feel too ashamed to get the help they need for their mental health issues and continue to suffer in silence.

The stigma of mental illness and challenges in accessing services prevent veterans from disclosing their mental health. There is a strong stigma against seeking help for mental health issues due to the military culture, leading to hesitation due to fear that they will be perceived as weak. They often don't seek help because they worry it will negatively affect their careers (Rae et al., 2011).

Theories Guiding Conceptualization

A valuable theory that helps understand the challenges for veterans not seeking or following through with mental health services is called Andersen's Behavioral Model (BM). This model was developed by Ronald M. Andersen and has been used in many health care systems (Babitsch et al., 2012). This BM model is multilevel and consists of both individual and contextual determinants of the use of health services (Babitsch et al., 2012). BM consists of three components: Predisposing, Enabling, and Need factors. The factors in individual predisposing are demographic characteristics of age and sex (Babitsch et al., 2012). Social factors are included, which are education, occupation, ethnicity and social relationships (Babitsch et al., 2012). It also includes mental factors such as

values, health beliefs, and knowledge the individual has of health services (Babitsch et al., 2012).

The enabling factors include financing and organization which are considered factors that prevent an individual from using health services (Babitsch et al., 2012). The financial section has many factors to take into consideration such as income, health insurance cost, and the wealth an individual has to pay for health insurance. Now, the organizational section includes information about whether or not the individual has “a regular source of care and the nature of that source” (Babitsch et al., 2012). It also includes information about transportation, travel time, and waiting time. In the contextual level financing focuses on resources that are available within the community per capita, community income, the rate of price of goods and services, health care expenditures, the rate of health care insurance coverage, and methods of compensating providers (Babitsch et al., 2012). In the contextual organization factors it includes information about office hours, physician and hospital density, provider mix, quality management oversight, outreach and education programs, as well as health policies (Babitsch et al., 2012). It also includes the amount, varieties, locations, structures, and distribution of health services facilities and personnel (Babitsch et al., 2012).

The last section is the need factors at the individual level; it includes the individual's perception of their need for health services and the evaluated need.

In the contextual level there is a distinction identified between population health indices and environmental need characteristics (Babitsch et al., 2012). The population health indices include overall measures of community health (Babitsch et al., 2012). The environmental need focuses on health-related conditions of the environment (Babitsch et al., 2012).

Andersen's Behavioral Model theory is an important tool for this research. Together with the ability to identify demographics, barriers, and perceptions of what veterans think about seeking mental health services. It will help gain an understanding of the veteran population and their views on seeking mental health services and identifying ways to improve mental health service utilization among veterans. This research aims to provide valuable information that can be used to develop interventions and programs tailored to increasing access to timely and effective mental health care for veterans.

Summary

Mental health is a significant issue for U.S. adults, with PTSD being one of the primary mental disorders among individuals who have served in the military. Unfortunately, accessing mental health services is becoming a growing challenge for many individuals, especially veterans, who are finding it difficult to obtain timely and efficient appointments for mental health care. The stigma surrounding mental illness persists due to misconceptions, ignorance, and misinformation, as well as negative attitudes or beliefs held by some individuals. In order to conduct

this study, the Andersen Behavioral Model theory was an essential tool for understanding the challenges of veterans not seeking or following through with mental health services. It assisted in gaining an understanding of the veteran population and their views on seeking mental health services and identifying ways to improve mental health service utilization among veterans. This research identified valuable information that can be used to develop interventions and programs tailored to increasing access to timely and effective mental health care for veterans.

CHAPTER THREE:

STUDY DESIGN

Introduction

This research explored the healthcare challenges that the U.S. Veterans face in receiving mental health services. The study focused on the challenges and experiences that may have contributed to accessing or obtaining the mental health services they need. The study also identifies gaps in care that may exist and recommended interventions to improve access and provision of mental health services for U.S. veterans. The study provides details of how the study was conducted, it includes the study design, what data source was used, data collection and process, and finally the data analysis.

Study Design

The purpose of this study was to investigate and understand the challenges and accessibility that many veterans face when seeking mental healthcare services through the Veterans Affairs Healthcare System (VHA). The study identified the disconnect between accessing and obtaining services. This is a quantitative study using a survey method with convenience sampling. The purpose was to collect opinions and experiences with enough questions that helped the project achieve its objectives. The chosen method was to explore the accessibility of the healthcare system within the veteran community. The study collected information such as veterans' age, ethnicity, military branch, marital

status, deployment history, VA healthcare service usage, and their opinions on mental health services.

By gathering this data from the veteran population, the research identified veteran centric barriers to mental healthcare. It helped understand and come up with better engagement and initiation with VA mental healthcare services.

Proceeding with a quantitative research method was a quick and inexpensive way to administer the findings, it created a possibility to reach a large number of participants and provide quantitative data. The data was relatively easy to analyze, since data can be consistent, precise and reliable. The limitations of quantitative methods are that sometimes secondary data may not be available, not having enough participants, it can be difficult to understand the context of a situation that is in question, and data might not be reliable enough to explain complex issues.

Sampling

This research used non-probability convenience sampling techniques to assess veterans' stigma barriers and underutilization of mental health services. The target population was U.S. Veterans who served in any capacity within the U.S. Armed Forces and were 18 years or older. They lived in the San Bernardino and Riverside Counties. The survey was advertised through social media in the following settings: Facebook and Instagram. It was also passed on by word of mouth from one veteran to another. The survey was available online for eight

weeks from October 13, 2023, to December 8, 2023. The researchers targeted a sample of 47 U.S. veterans.

Data Collection and Instruments

The data was gathered through a quantitative study using surveys online via QR code and survey links through social media platforms, hard copy forms, or word of mouth. The researchers used various means to advertise the survey online daily. In addition, the researchers advertised by placing a hard copy form at the Veterans' Center at California State University of San Bernardino. All participants were required to consent to the survey and were informed of confidentiality. The online format had a few advantages. One was that it allowed veterans to take the survey on their devices at their convenience, providing them privacy. This method had the advantage of reaching a more significant percentage of veterans from home.

The study revolved around five dimensions of barriers, including worries and concerns about what others think, personal and physical obstacles, knowing how to navigate the VA healthcare benefits and services, confidence in the VA healthcare system, and thoughts or suggestions on how to improve the VA healthcare system. The researchers explored and sought veterans to take the survey about their experiences and thoughts about the VA mental healthcare system, allowing the researchers to identify the barriers that impede veterans from successfully seeking or completing services. The challenges addressed are

veterans' ability to adhere to their care and identify if other choices are available or if they prefer not to use outside service providers. Two examples of the questions used for the participants were: "I would be seen as weak by leadership and/or by my unit members" and "If you did not seek mental health services, can you please explain the main reason why you did not seek services."

The existing instrument that will be used for this study to measure stigma is a core 6-item stigma subscale called Perceived Stigma and Barriers to Care for Psychological Problems Stigma Subscale (PSBCPP-SS). This instrument was developed by (Hoge et al., 2014). This instrument measured "anticipated stigma and its effects on decisions to seek treatment for psychological problems in military populations (Sharpe et al., 2014, p.150).

This questionnaire assessed participants' levels of stigma and barriers to care for psychological problems. This included questions about participants' attitudes towards seeking help for mental health problems, as well as any practical barriers they faced in accessing care. For example, the participants were asked about beliefs about mental health care, whether they felt comfortable talking to a mental health professional, and whether they had any concerns about stigma or discrimination. The researchers asked about any practical barriers they faced in accessing care, such as cost, transportation, or availability of services.

Procedures

Throughout the process, the researchers diligently advertised the survey on Facebook and Instagram platforms for a strict timeline of eight weeks and one day. The survey was advertised daily from October 13, 2023, to December 8, 2023. The researchers informed participants that their responses to the survey could help improve mental health outcomes for other veterans and the healthcare system. Importantly, when the participants clicked on the survey link, they were presented with an informed consent document that clearly stated the voluntary and confidential nature of their participation. The participants were also informed that the survey would take approximately 10 minutes to complete.

Protection of Human Subjects

In order to accomplish this research study, the researchers created a survey with questions that assisted in answering the theory of the study. The researchers received approval from the California State University San Bernardino institution's internal review board as exempt, approval number IRB-FY2023-372. Before starting the survey, participants were made aware of this project's confidential and anonymous nature. No information was required to personally identify participants, such as their names and phone numbers. Only information relevant to the research project was requested. A brief statement was added before the survey detailing the extensive pre-approval process through the University and that its ethical research practices were met. A

debriefing statement was included, which outlined that participants could decline to take part at any time for any reason.

Data Analysis

The researchers collected the participants' survey data and used the IBM SPSS Statistics Data Editor (SPSS) software and Microsoft Excel to analyze it. In this quantitative study, the researchers identified percentages and frequencies for the participants' demographic data. In addition, all the information that was gathered from the survey was analyzed by the same methods. Meaningful averages were also explored.

Summary

The study examined the ideas, views and experiences of veterans in regard to mental health. The study also aimed to identify factors that serve as barriers to seeking mental health services for veterans as well as to exploring the impact of veterans' ability to seek mental health services. In conclusion, this chapter discusses how the data was collected and analyzed. It also includes the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

CHAPTER FOUR:

RESULTS

Introduction

This chapter presents the study's findings of 47 U.S. adult veterans' access to mental health services living in San Bernardino and Riverside County. The survey was conducted for eight weeks, between October 13, 2023, and December 8, 2023, and was accessible via social media and email. This chapter provides an overview of the demographic characteristics of participants and discusses the results of the analysis of the barriers that U.S. Veterans face accessing mental health services.

Veteran Status and Demographics

The study's demographic analysis revealed that out of the 47 participants, the majority were male (83%), 12.8% were female, others were 2.1% identified as non-binary or non-conforming, and another 2.1% chose not to disclose their gender. Regarding marital status, 44.7% of the respondents were married or in a domestic partnership, 27.7% were single, 17% had been divorced, 4.3% were widowed, 2.1% were separated, and 4.3% had multiple relationships. Regarding race, 50% of the participants identified as Hispanic or Latino, while 19.6% identified as Caucasian or White. While 13% of the participants identified as African American or Black, 10.9% identified as two or more races, 2.2% identified as American Indian or Alaskan Native, and another 2.2% identified as Native

Hawaiian or Pacific Islander. One participant (2.2%) identified as "other" without providing further information.

Of the 47 participants, 40 provided an answer when asked about the military branch they served. The results showed that 42.5% served in the Army, 15% in the Air Force, and in the Marines, with 10% serving in both the Army and Marines, 7.5% in the Navy, 5% in both the Army and Navy, 2.5% in both the Army and National Guard, and 2.5% in both the Marines and Navy. The sample was composed of veterans between 18 and 55 and older; the minimum age was 18 years old, and the maximum age was over 55. Thirteen respondents were aged 35-44 (36.1%), there were nine veterans aged 25-34 (25%), seven veterans were aged 55 and up (19.4%), six were aged 45-54 (16.7%), and only one was aged 18-24 (2.8%). Regarding employment status, more than half of the participants were employed full-time or part-time (66%), 8.5% were retired, 6.4% were unemployed, or disabled and 6.4% were disabled but employed full-time or part-time. While 2.1% reported they were self-employed, 2.1% were retired but employed full-time or part-time, and 2.1% preferred not to answer. (See Table 1)

Table 1: Provides A Detailed Analysis of All Participants' Demographic Characteristics and Veteran Status Based on The Collected Data.

Table 1

Veteran Status and Demographics Characteristics

Characteristics	<i>n</i>	%
Gender		
Male	39	83
Female	6	12.8
Non-Binary/Conforming	1	2.1
Preferred not respond	1	2.1
Martial Status		
Married/Partnership	21	44.7
Single	13	27.7
Divorced	8	17
Widowed	2	4.3
Multiple Relationships	2	4.3
Separated	1	2.1
Race/Ethnicity		
Hispanic/Latino	23	50
Caucasian/White	9	19.6
African American/Black	6	13
Two or more races	5	10.9
American Indian or Alaskan Native	1	2.2
Native Hawaiian or Pacific Islander	1	2.2
Other	1	2.2
Military Branch Served		
Army	17	42.5
Air Force	6	15
Marines	6	15
Dual Army & Marine	4	10
Navy	3	7.5
Dual Army & Navy	2	5
Dual Army & National Guard	1	2.5
Dual Marine & Navy	1	2.5
Age		
35-44	13	36.1
25-34	9	25
55+	7	19.4
45-54	6	16.7
18-24	1	2.8
Employment		
Employed	31	66
Retired	4	8.5
Unemployed	3	6.4
Disabled	3	6.4
Employed & Disabled	3	6.4
Self-Employed	1	2.1
Employed & Retired	1	2.1
Preferred not to answer	1	2.1

Note: N = 47 (n = total participants). Participants that responded to questions were an average of 43.8.

Health, Mental Health and Mental Health Service Access

Participants were asked to reflect on their personal experiences related to their overall mental health and accessibility of mental health services using a Likert scale of questioning. They were asked to select the following responses: excellent, very good, good, fair, or poor. The first question asked, "Which statement best describes your overall Health status?" The responses were: 35% very good, 32.5% good, 20% fair, 10% poor, and 2.5% excellent. The next question asked, "Which statement best describes your overall Mental Health?" The responses were: 30% very good, 22.5% good, 40% fair, 5% excellent, and 2.5% poor.

The following questions concern the mental health services received through the Veteran Affairs Health Care System (VA). When participants were asked if they have ever used mental health services at the VA, 62.5% answered "yes," while 37.5% answered "no". For those who answered "yes," 50% found it difficult to get an appointment, 34.6% found it somewhat difficult, 7.7% found it extremely difficult, and 7.7% found it not at all difficult. The next question asked was, "Were appointments scheduled for days and times that were convenient for you?" to which 44% answered "yes," 20% answered "no" with an explanation that their work schedule conflicted with their scheduled appointments, 16% answered "no" with no explanation, and 8% stated that the VA canceled scheduled appointments without notice. Additionally, 4% never used VA services, 4%

needed help finding appointment times to fit their lifestyle, and 4% stated an explanation that their work schedule conflicted with appointment times. Finally, when asked, "Did the scheduled appointment take place as scheduled?" 75% answered "yes," 21.4% answered "no" due to scheduling issues, and 3.6% stated they had never used VA services.

Table 2: Provides A Detailed Analysis of All Participants' Overall Mental Health and Accessibility to Those Services.

Table 2

Health, Mental Health and Mental Health Service Access

Overall Mental Health and Accessibility to Services	<i>n</i>	%
Overall Physical Health		
Excellent	1	2.5
Very Good	14	35.0
Good	13	32.5
Fair	8	20.0
Poor	4	10.0
Overall Mental Health		
Excellent	2	5
Very Good	12	30
Good	9	22.5
Fair	16	40
Poor	1	2.5
Used VA Mental Health Services		
Yes	25	62.5
No	15	37.5
Difficultness of Getting Appt. with VA		
Extremely Difficult	2	7.7
Difficult	13	50
Somewhat Difficult	9	34.6
Not at all Difficult	2	7.7
Convenience of Appointments		
Yes	11	44
No, Conflicted with Work Schedule	5	20
No	4	16
Appointments Canceled by VA	2	8
Never Used VA Services	1	4
Appointments Conflicted with Lifestyle	1	4
Work Conflicted with Appointment Times	1	4
Did Appointment Take Place as Scheduled		
Yes	21	75
No, Scheduling Issues	6	21.4
Never Used VA Services	1	3.6

Note: *N* = 47 (*n* = total participants). Participants that responded

to questions were an average of 33.1.

Participants were asked whether they sought mental health services from outside providers if they were unable to schedule them with the VA. They were also asked about the difficulty level in getting an appointment with an outside provider. Of all the participants, 55.6% answered no without explanation, while 16.7% answered yes. Among the participants who answered yes, 11.1% said it was not at all difficult to get an appointment with an outside provider, 5.6% replied that it was somewhat difficult, and 2.8% each responded that it was difficult or extremely difficult. While 2.8% answered no and said it was not at all difficult, 2.8% said it was somewhat difficult, and another 2.8% responded that it was extremely difficult.

The participants were also asked whether the appointments with the outside providers were scheduled at convenient times, and 70.6% said yes, 11.8% said no, and 5.9% said no due to unavailability. Along with 5.9% having to reschedule their appointments, and another 5.9% had never used VA services. Finally, when asked whether the appointments with the outside providers took place as scheduled, 81.3% answered yes, 6.3% answered no, 6.3% answered no due to unavailability, and 6.3% were assigned to a new group.

When asked why they did not seek mental health services, 30.8% of the participants responded that they did not feel the need for it. 23.1% said they did not require any services, while 7.7% did not seek services due to depression and anxiety caused by chronic pain. Another 7.7% found it hard to locate VA services

and 7.7% were not interested in seeking help from outside providers. Some participants (7.7%) considered seeking mental health services a waste of time, while others (7.7%) were unaware of VA mental health services. Lastly, 7.7% were unsure if mental health had taken a toll on their mental health. When asked about their likelihood of seeking mental health services with a simplified process, 38.5% of participants said very likely, 23.1% said likely, 17.9% said maybe, 12.8% said not likely, and 7.7% said not very likely.

Table 3: Provides A Detailed Analysis of Whether Outside Providers Offered Accessibility for Overall Mental Health Services.

Table 3

Outside Provider Mental Health Services

Outside Provider Accessibility and Convenience	<i>n</i>	%
Difficulty to Obtain Outside Provider Appointments		
No, No explanation	20	55.6
Yes, Not at all difficult	6	16.7
Yes, Somewhat difficult	4	11.1
Yes, Difficult	2	5.6
No, Extremely Difficult	1	2.8
No, Somewhat Difficult	1	2.8
No, Not at all difficult	1	2.8
Yes, Extremely difficult	1	2.8
Convenience of Appointments		
Yes	12	70.6
No	2	11.8
No availability	1	5.9
Had to Reschedule	1	5.9
Never Used VA Services	1	5.9
Did Appointment Take Place as Scheduled		
Yes	13	81.3
No	1	6.3
No availability	1	6.3
Assigned a new group	1	6.3
Why Participants did not Seek Services		
Did not feel the need	4	30.8
Did not require any services	3	23.1
Did not seek due to depression & anxiety due to chronic pain	1	7.7
Hard to find VA services and not interested in services	1	7.7
Not interested in outside services	1	7.7
Felt seeking services a waste of time	1	7.7
Unaware of VA mental health services	1	7.7
Not sure if mental health had taken a toll	1	7.7
Likelihood of Seeking Services if Process was Simplified		
Very Likely	15	38.5
Likely	9	23.1
Maybe	7	17.9
Not likely	5	12.8
Not very likely	3	7.7

Note: *N* = 47 (*n* = total participants). Participants that responded

to questions were an average of 24.2.

A final question was asked about what stops the participants from seeking mental health services. Participants were asked to mark all that applied to the following answers. (1) *The VA facility too far*, (2) *did not have transportation*, (3) *did not need mental health services*, (4) *did not feel comfortable talking to someone about their mental health needs*, (5) *appointments scheduled too far out* (6) *the mental health provider is not the same for every appointment, making them uncomfortable*. Approximately 28.9% of respondents said appointments were scheduled too far out, and another 28.9% provided two or more reasons from answers (1, 3, 4, 5, 6). While 23.7% felt they did not need mental health services. Another 5.3% did not feel comfortable talking to someone about their mental health needs and another 5.3% provided three or more reasons from answers (1, 2, 3, 4, 5, 6) and 5.3% provided four or more reasons from answers (1, 2, 4, 5, 6). Lastly, with only one respondent, 2.6% reported the mental health provider is not the same for every appointment, making them uncomfortable.

Table 4: Provides A Detailed Analysis of Challenges Participants Face When Seeking Mental Health Services.

Table 4

Overall Challenges in Seeking Mental Health Services

Challenges in not Seeking Mental Health Services	<i>n</i>	%
Appointments Scheduled too Far Out	11	28.9
Participants Provided Two (2) or More Reasons (1, 3, 4, 5, 6)	11	28.9
Did Not Need Mental Health Services	9	23.7
Did Not Feel Comfortable Talking to Someone About Their Mental Health Needs	2	5.3
Participants Provided Three (3) or More Reasons (1, 2, 3, 4, 5, 6)	2	5.3
Participants Provided Four (4) or More Reasons (1, 2, 4, 5, 6)	2	5.3
The Mental Health Provider Is Not the Same for Every Appointment, Making Them Uncomfortable	1	2.6

Note: N = 47 (n = total participants). Participants that responded to questions were an average of 38. Answer to questions (1) The VA Facility too Far, (2) Did Not Have Transportation, (3) Did Not Need Mental Health Services, (4) Did Not Feel Comfortable Talking to Someone About Their Mental Health Needs, (5) Appointments Scheduled too Far Out (6) The Mental Health Provider Is Not the Same for Every Appointment, Making Them Uncomfortable.

Stigma and Possible Barriers

The following questions sought to gather information on societal stigma and potential obstacles participants experienced in regard to mental health services. The study identified the difficulties that veterans face and the significant factors that impede them from seeking mental health services. These questions did not pertain to the participants' personal experiences but were views on how their peers and leadership perceived them.

When asked whether discussing their mental health had caused their unit leadership to treat them differently, 30% of participants agreed, 25% neither agreed nor disagreed, 20% disagreed, 17.5% strongly disagreed, and 7.5% strongly agreed. Almost half of the participants, specifically 47.5%, agreed that they would be perceived as weak by their leadership and/or unit members if they talked about their mental health. Meanwhile, 20% neither agreed nor disagreed, 17.5% strongly disagreed, and 15% disagreed. Over half of the participants, specifically 55%, neither disagreed nor agreed if their leaders would blame them for their mental health. However, 17.5% strongly agreed, and 17.5% disagreed, while 5% strongly disagreed, and 5% agreed that their leaders would blame them.

When participants were asked if members of their unit might have less confidence in them, the responses were as follows: 42.5% agreed, 17.5% disagreed, 17.5% strongly disagreed, 17.5% neither disagreed nor agreed, and

5% strongly agreed. Another question was whether it would be too difficult to talk about mental health, with the following responses: 40% agreed, 22.5% disagreed, 20% strongly disagreed, 15% neither disagreed nor agreed, and 2.5% strongly disagreed. Finally, when asked if talking about their mental health would harm their career, 37.5% agreed, 27.5% neither disagreed nor agreed, 20% strongly disagreed, 7.5% disagreed, and 7.5% strongly agreed.

Table 5: Provides A Detailed Analysis of Societal Stigma and Potential Obstacles Participants Experienced.

Table 5

Stigma and Barriers

Stigma and Barriers from Leadership & Peers	<i>n</i>	%
Mental Health Caused Unit Leadership to Treat Participants Differently		
Agree	15	37.5
Neither disagree nor agree	11	27.5
Strongly disagree.	8	20
Disagree	3	7.5
Strongly Agree	3	7.5
Perceived As Weak by Their Leadership and/or Unit Members		
Agree	19	47.5
Neither disagree nor agree	8	20
Strongly disagree.	7	17.5
Disagree	6	15
Leaders Would Blame Participants for Their Mental Health		
Neither disagree nor agree	22	55
Disagree	7	17.5
Strongly Agree	7	17.5
Strongly disagree.	2	5
Agree	2	5
Unit Members May Have Less Confidence in Participants		
Agree	17	42.5
Disagree	7	17.5
Strongly disagree.	7	17.5
Neither disagree nor agree	7	17.5
Strongly Agree	2	5
Difficult To Talk About Mental Health		
Agree	16	40
Disagree	9	22.5
Strongly disagree.	8	20
Neither disagree nor agree	6	15
Strongly Agree	1	2.5
Mental Health Would Harm Their Career		
Agree	15	37.5
Neither disagree nor agree	11	27.5
Strongly disagree.	8	20
Disagree	3	7.5
Strongly Agree	3	7.5

Note: *N* = 47 (*n* = total participants). Participants that responded to questions were an average of 40.

Conclusion

This chapter reported findings on Veteran status, demographics, mental health, mental health services, accessibility, stigma, and other challenges to using mental health services. The demographic data collected revealed that most of the participants were males aged 35 to 44, who were married or in a partnership, employed either full-time or part-time, belonging to the Hispanic/Latino race, and had served in the Army.

Participants reported that they were in good physical health and that their overall mental health was fair. Many of them utilized VA mental health services and found it difficult to get an appointment with the VA. However, when they did get an appointment, it was usually convenient and took place as scheduled. While some participants were satisfied with VA services, others preferred using outside providers as they found it easy to obtain appointments, which took place as scheduled without difficulties. Participants who did not seek mental health services felt that they did not need them, but if the process were simplified, they would be very likely to seek such services. Some of the challenges that prevented participants from seeking services were that the appointments were scheduled too far out.

The participants reported experiencing societal stigma and facing potential obstacles from their leadership when it came to seeking mental health services. Most participants believed they would be treated differently and perceived as

weak if they sought help. While they did not necessarily believe they would be blamed for their mental health issues, they agreed that their peers would have less confidence in them. Many participants found it challenging to talk about mental health and feared that it could negatively impact their careers.

CHAPTER FIVE:

DISCUSSION

Introduction

This chapter will discuss the outcomes and significance of the findings related to the barriers that U.S. veterans face while seeking or receiving mental health services. The study explored various themes, such as impediments to seeking services, accessibility, and stigmatization. The chapter will elaborate on the research findings that indicate the difficulties veterans face in getting an appointment with the VA when they initially seek services. The research findings also revealed that stigma and barriers among the veteran population created a reluctance to request mental health services due to the fear of harming their careers. Additionally, the chapter will discuss the limitations of the study, such as the small sample size of only 47 participants who completed the survey and the absence of questions related to PTSD, homelessness, or suicidal tendencies. The study will also discuss the implications of the findings for social work practice and policy. This chapter will conclude with the researcher's recommendations for improving the process to make it easier for veterans to seek mental health services in the future.

Discussion

Research Findings

There were astonishing findings in the research that identified that about 55% veterans have used outside providers with no difficulty in making appointments and having convenient times. On the other hand, the findings regarding accessing mental health services with the Veterans Affairs (VA) indicated that it was difficult for veterans to set up an appointment with the VA at the beginning, which proves some of the research results in the literature review chapter two to be true. The literature review of this study questioned whether the VA could adequately provide appointments for veterans in a sufficient time frame, and the data proved that veterans needed more time to get an appointment. Thirty percent of veterans did not feel the need for mental health services, but when asked if the process was simplified if they would seek out mental health services, about 39% answered very likely. A research study conducted by the National Library of Medicine with a group of veterans in 2015 found that many veterans had challenges in scheduling appointments with the VA (Cheney et al., 2018).

This research explored the reasons why veterans do not seek mental health services. The findings revealed that the presence of stigma and barriers among the veteran population creates a reluctance to seek mental health services. The research identified that 38% of the veterans agreed when asked if

they thought mental health issues would cause their leaders to treat them differently, 48% agreed that they would be perceived as weak by their leadership or unit, 43% agreed that unit members might have less confidence in them, 40% agreed that it is difficult to talk about mental health, and 38% agreed that it would harm their careers. This is consistent with findings by Cheney et al. (2018) reported that veterans expressed concerns over the stigma and labels such as "crazy" and "mental health patients." Furthermore, military attitudes towards mental health, such as "suck it up" and "you are weak," were also identified as barriers to seeking mental health services.

Study Limitations

It is important to note that this study has some limitations. Firstly, the study's sample size was only 57 respondents, and only 47 of those responses were fully completed and analyzed. Additionally, the study had a disproportionate number of male participants, which may have affected the results. An equal number of participants of all genders was needed for a more desirable, comprehensive, and representative study. This would have allowed for different perspectives and provided insights into whether seeking mental health services is a challenge for all genders.

Another limitation of the survey was that it did not include questions about PTSD, homelessness, or suicidal ideation. This limits the association between mental illness and the ability of veterans to seek mental health services.

Including these demographics for future research to understand barriers better would be beneficial.

To enhance the study's reach and inclusivity, it would be beneficial to distribute the survey in more accessible locations for veterans. For example, the survey could be made available at veteran centers, agencies, non-profits, community colleges, universities, and outside VA healthcare buildings. This broader distribution would likely attract a more diverse range of participants, leading to a more comprehensive understanding of the issues at hand.

Implications of Findings

According to current research, it has been found that it is crucial to simplify and expedite the process of scheduling appointments for veterans who require prompt mental health services from the VA. The study suggests that the current system for scheduling appointments is often too complicated and time-consuming, leading to delays in treatment for veterans who urgently need mental health services. Therefore, it is recommended that more efficient and simplified appointment scheduling systems be implemented to ensure that veterans receive prompt care.

In addition to improving the appointment scheduling process, the study also recommends that there should be more efforts to normalize seeking help for mental health issues within the military system. Many veterans are reluctant to

seek help for mental health issues due to stigma, fear of being perceived as weak, or concerns about the impact on their military careers. Therefore, leaders and military personnel need to understand better mental health and why it is essential to treat it promptly. This can be achieved through psychoeducation to improve knowledge and awareness.

Overall, the study highlights the significant need for improved mental health services for veterans, including more efficient appointment scheduling systems, efforts to reduce stigma and normalize seeking help for mental health issues, and increased education and awareness about mental health among military personnel. Addressing these issues ensures that veterans receive the care and support they need to lead healthy and fulfilling lives.

Implications of Findings for Social Work Practice

Approximately 200,000 service members embark on the complex journey of reintegrating into civilian life each year. This transition, marked by concerns about employment, relationships, housing, health, and finances, can be overwhelming. Two programs currently offered by the Defense Department (DoD) are a post-deployment Reunion and Reintegration program. The program offers an online portal for Military personnel to access resources such as an overview of the five stages of reunion/reintegration, a printable list of tasks and considerations, tips for creating a new family norm and helping children adjust, and mental health resources (Plan My Deployment, 2006). Another DoD program

is the Yellow Ribbon Reintegration Program (YRRP), which is catered to the National Guard and Reserve members. The YRRP promotes the well-being of National Guard and Reserve members' well-being, families, and communities by connecting them with resources throughout the deployment cycle. They offer virtual and in-person Pre-Deployment and Post-Deployment services (Yellow Ribbon Reintegration Program, n.d.). These programs are excellent. However, one is limited to online post-deployment access, and the other only to National Guard and Reserve members. Creating a reintegration initiative with the guidance of culturally competent programs led by social workers. It can ensure that social workers receive the necessary training and education to understand and address the unique obstacles veterans face, enabling them to provide adequate support during this crucial transition before exiting the Military.

One of the critical responsibilities of social workers in the VA is to ensure that veterans receive continuity of care throughout the entire care process. This includes everything from admission and evaluation to treatment and follow-up. Social workers work closely with veterans to develop individualized care plans that meet their unique needs and goals, and they provide ongoing support and advocacy to ensure that veterans receive the care they need. Overall, social workers in the VA play a critical role in supporting veterans and their families, and their work is essential to ensuring that veterans receive the care and support they need to live healthy, fulfilling lives.

The National Social Work Association emphasizes that social workers in the Veterans Affairs (VA) system are crucial in ensuring veterans receive comprehensive care. These social workers are responsible for providing services that help veterans and their families navigate the complex healthcare system and receive the support they need to maintain their physical and mental health (Social Work in the Armed Forces, 2024).

It is also essential to inform service members about the resources available to them before they leave the military. Therefore, social workers can create workshops and resource fairs within Military bases to provide information and support to the military community. These initiatives can help reduce barriers, decrease substance use issues, and decrease suicide rates within the veteran population. Veterans need someone to guide and support them through this journey, and social workers can play an essential role in helping them navigate this challenging period of their lives.

Implications for Policy

The key policy implication of this research is prevention. Currently, there are no policies in place that mandate military members leaving the service to undergo mental health education. The education material would include what to know and where to get help when needed, information for emergency crises, such as crisis line or online chat for immediate help, and where to obtain counseling services for continuity of care after a crisis. Without such programs,

many veterans lack support and resources, and they often become homeless due to a lack of awareness about available services. This can lead to additional burdens and stress, which can result in mental illness, substance abuse, and other health problems. The research findings suggest that there needs to be a policy change mandating service members to participate in a 30-day reintegration program before returning to civilian life. This program would equip them with resources to receive psychoeducation on mental health and participate in group therapy with other service members. They would learn healthy coping skills, identify feelings, feel supported, and prepare to face civilian life's challenges.

The policy should require that the service members in this program complete it and that all service members leaving the military are automatically enrolled into the VA health system. If mental health needs are identified, members should be set up with services before they leave so that their appointments have already been scheduled upon discharge from the military. It would be the same for housing and other needed resources that are identified before helping them with these barriers and obstacles before they leave to make sure they successfully transition back to civilian life. This is a small gesture that the country can make to ensure that service members who are about to become veterans of the United States have their basic needs met and their mental health is well taken care of.

Conclusion

This research aimed to investigate the reasons why veterans do not promptly seek mental health services from the VA. The data collected from this research revealed that making the appointment-making process more accessible would encourage veterans to seek mental health services. Furthermore, the study found that stigma was a significant barrier that prevented veterans from seeking mental health services. However, it can make a difference in the veteran community if having mental health services was normalized. Early prevention and education on mental health and the significance of healthy coping skills can help veterans transition to civilian life safely and more comfortably. Additionally, providing psychoeducation to leaders and commanders on the importance of normalizing mental health can help destigmatize treatment for any future veterans. Developing a program to help service members prepare mentally, physically, and emotionally for the transition can benefit not only the soon-to-be veteran but also society.

APPENDIX A:
SURVEY QUESTIONS

Veteran Status

Q1: Are you a U.S. Veteran?

- Yes
- No

Q2: What year were you born?

Q3: What Branch of the U.S. Armed Forces did you serve?

- Air Force
- Army
- Coast Guard
- Marines
- Navy
- National Guard
- Space Force
- Other _____

Q4: Have you ever been deployed? If so, for how long?

Demographics

Q5: Gender Identity (select all that apply)?

- Woman
- Man
- Transgender
- Non-Binary/Non-conforming
- Prefer not to respond.

Q6: Choose one or more races you consider yourself to be?

- Caucasian/White
- African American/Black
- Hispanic/Latino
- American Indian or Alaska Native

- Asian
- Native Hawaiian or Pacific Islander
- Other _____

Q7: What is your Marital Status?

- Single (never married)
- Married, or in a domestic partnership.
- Widowed
- Divorced
- Separated

Q8: Which statement best describes your current employment status?

- Employed
- Self-Employed
- Unemployed
- Retired
- Disabled
- Other _____
- Prefer not to answer.

Mental Health and Accessibility

Q9: Which statement best describes your overall **Health** status?

- Excellent
- Very Good
- Good
- Fair
- Poor

Q10: Which statement best describes your overall **Mental Health**?

- Excellent
- Very Good
- Good

- Fair
- Poor

Q11: Have you ever used mental health services at the VA?

- Yes
- No

Q12: (If yes) How difficult was it to get an appointment?

- Extremely Difficult
- Difficult
- Somewhat Difficult
- Not at all Difficult

Q13: Were appointments scheduled for days and times that were convenient for you?

- Yes
- No
- (if no) Explain _____

Q14: Did the appointment take place as scheduled?

- Yes
- No
- (if no) Explain _____

Q15: Have you used any mental health services with an outside provider, (other than the VA)?

- Yes
- No

Q16: (If yes) How difficult was it to get an appointment with an outside provider?

- Extremely Difficult
- Difficult
- Somewhat Difficult

- Not at all Difficult at all

Q17: Were appointments with the outside provider scheduled for days and times that were convenient for you?

- Yes
- No
- (if no) Explain _____

Q18: Did the appointment with the outside provider take place as scheduled?

- Yes
- No
- (if no) Explain _____

Q19: If you did not seek mental health services, can you please explain the main reason why you did not seek services?

- _____

Q20: On a scale from 1-5. How likely are you to seek out mental health services if the process was simplified?

1. Very Likely
2. Likely
3. Maybe
4. Not likely
5. Not very likely

Q21: When seeking mental health services, the following stops me from seeking services (Mark all that apply).

- The VA facility is too far
- I do not have transportation
- I do not need mental health services
- I do not feel comfortable talking to someone about my mental health needs
- The appointments are scheduled too far out

- The mental health provider is not the same for every appointment, which makes me feel uncomfortable

Stigma and Possible Barriers Veterans Faced while on Active Duty.

Q22: If I talked about my Mental Health, my unit leadership treated me differently.

- Strongly disagree.
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

Q23: I would be seen as weak by my leadership and/or by my unit members?

- Strongly disagree.
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

Q24: Members of my unit might have less confidence in me.

- Strongly disagree.
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

Q25: It would be too embarrassing to talk about my mental health.

- Strongly disagree.
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

Q26: If I talked about my mental health, it would harm my career.

- Strongly disagree.
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

Q27: My leaders would blame me for my mental health.

- Strongly disagree.
- Disagree
- Neither disagree nor agree
- Agree
- Strongly Agree

Created by Andrea Ramirez and Denise Contreras

APPENDIX B:
INFORMED CONSENT

The study in which you are asked to participate is designed to examine the challenges that U.S. Veterans face in receiving mental health services in the San Bernardino/Riverside County area. The study is being conducted by Denise Contreras and Andrea Ramirez, both graduate students of CSUSB under the supervision of Dr. Laurie Smith, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to examine the challenges that U.S. Veterans face in receiving mental health services.

DESCRIPTION: Participants will be asked a few questions on the current status of VA mental health use, frequency of accessing mental health services, reasons for not using the VA services, and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential, and data will be reported in group form only.

DURATION: The survey should not take longer than 10 minutes to complete.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Smith at (909) 537- 3837.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2024.

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

X

Place X Here

APPENDIX C:
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

IRB #: IRB-FY2023-372

Title: CHALLENGES VETERANS ENCOUNTER RECEIVING OR SEEKING MENTAL HEALTH SERVICES

Creation Date: 4-27-2023

End Date:

Status: **Approved**

Principal Investigator: Laurie Smith

Review Board: Main IRB Designated Reviewers for School of Social Work

Sponsor:

Study History

Submission Type	Initial	Review Type	Exempt	Decision	Exempt
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APPENDIX D:
ASSIGNED RESPONSIBILITIES

JOINT MSW RESEARCH PROJECT APPROVAL FORM

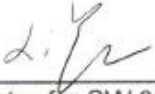
Students: Denise Contreras and Andrea Ramirez

Project Title: What effect does post-traumatic stress disorder (PTSD) have on
homelessness among U.S. Veterans when they leave the military?

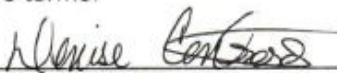
This project requires:

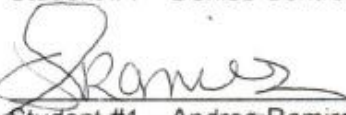
- A research project requires a large sample (e.g., 80 or larger) and takes significantly longer than one person can manage in a two-month period.
- A research project takes significantly longer than one person can manage in a two-month period to collect data (e.g., a qualitative or constructivist study), although the sample is small (e.g., 10 or larger).
- A research project requires an elaborate or sophisticated data compilation or analysis that needs collaboration between two students.
- Other circumstances require more than one person's efforts in carrying out and completing the research project. (Specify) _____

Attach a 2-3 page summary of the project explaining why two researchers are needed.

Approved by  Date 5/07/2024
Instructor for SW 6011 or 6012

I have read the complete policy on Conditions for Joint MSW Research Projects (attached), including the policies in case of a break-up of this partnership, and agree to those terms.

 Date 05/07/2024
Student #1 – Denise Contreras | 007149708

 Date 5/7/24
Student #1 – Andrea Ramirez | 007210613

Joint MSW Research Project Approval Request for

Denise Contreras and Andrea Ramirez

This letter is to request approval from the School of Social Work research faculty for a joint MSW research project between Denise Contreras and Andrea Ramirez. The research topic that is intended to cover requires an in-depth, extensive literature review and data collection. The topic that will be covered is: What effect does post-traumatic stress disorder (PTSD) have on homelessness among U.S. Veterans when they leave the military?

As a team, we will collaborate in researching literature reviews on the social problem of U.S. Veterans who are more likely to suffer from homelessness and its associations with mental health. This can range from mood changes, reckless behavior, sleep disorders, suicide, and isolation which may hinder a veteran from achieving a successful transition from military to civilian life. Along with the implications of strained relationships with family members, spouses and friendships; and the symptoms related to PTSD that can cause problems within these relationships. Additional research collaboration will be on other challenges that veterans face as they leave the military that is linked to PTSD and homelessness, is unemployment, physical handicaps, and substance abuse in order to give a more in-depth review of the many challenges veterans face.

Given the extent of the in-depth and extensive literature review, as well as conducting a qualitative data collection and secondary data collection approach. Applying the qualitative research design which will be conducted on a large sample scale of data collection of approximately eighty (80) plus participants. The data collection will be conducted via survey questionnaires that are both electronic and paper and both survey methods will be completely

anonymous. This will require a team effort alone to collect the data and analyze it in order to achieve effective results. As a team, we will also obtain secondary data from previous research studies to review if there are any common connections between the same population or if there has been a change among the group.

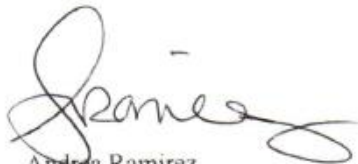
Both team members have read thoroughly the conditions for a joint MSW research project policy acknowledgment. We fully understand the consequences if there should be a break-up of partnership during the second year of the MSW Social Work Program; up to and including a delay in graduation. As team members, we agree to the terms of the project policy.

Furthermore, given the amount of time and effort this research project will take; it is more than one person can manage alone in any two-month time frame. We kindly ask the School of Social Work research faculty to review our request for collaboration on our research topic. Thank you in advance for your time and consideration of our request.

Respectfully,



Denise Contreras
007149708



Andrea Ramirez
007210613

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