Barriers to Mental Health Seeking Among Army Aviation Personnel: A Preliminary Report

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Barriers to Mental Health Seeking in Army Aviation

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Introduction

Constant focus and mental clarity are a requirement for safe aviation operations. The stressors of military training and combat operations only heighten the need for cognitive well-being. Yet, recent studies demonstrate that aviation personnel avoid seeking physical and mental healthcare due to fears of losing their medical certification.

Study Focus

This report provides preliminary results from the first known study on barriers to mental health-seeking among U.S. Army Aviation Personnel. It additionally explores mental health symptom levels and perspectives on self-help mental wellness techniques among the current and former Army Aviation population.

Purpose

These study results, along with the forthcoming further analysis, provide needed insight into the mental wellness of military personnel, barriers they experience when considering mental healthcare, and possible options for early intervention strategies to improve the mental wellness, safety, and effectiveness of Army Aviation personnel.

Literature Reviews

- **Mental Health in Army Aviation** – A 2018 medical records review found only *3.1% of U.S. Army Aircrews, 5.0% of ATC, and 5.4% of UAS* operators had diagnosed mental health conditions. These rates are *lower than those found in surveys of commercial pilots, foreign military ATC, and U.S. Air Force UAS Operators*.
- **Aviator Healthcare Avoidance** – Recent studies indicate that nearly *72% of U.S. Air Force, 66% of commercial,* and *44% of general aviation pilots admitted to healthcare avoidance behaviors* due to a *fear of losing their medical* certification.
- **Barriers to Mental Health Seeking** – Mental Health Barriers fall into three categories: *Attitudinal, Instrumental, and Stigma-Based.* Stigma includes *Self-, Social-, and Organizational-stigma.* Attitudinal barriers focus on *self-reliance mindsets and distrust of psychological methods.* Instrumental barriers comprise *logistical and economic barriers*.
- **Self-Help Mental Wellness Options** – *Mindfulness Training, Transcendental Meditation, and Internet-Based Cognitive Behavioral Therapy* are three evidence-based mental wellness options shown to *reduce Anxiety, Depression,* and *PTSD symptom levels*. All three can be *self-administered in private* and *without a Mental Health Professional*. They provide a *possible option to overcome Barriers to Care*.

Methodology

Literature Review Identifies Gaps and Concerns	Research Questions & Survey Designed	Questionnaire Finalized and IRB Approval Received
Spring 2021 – Fall 2022	Fall 2022 – Spring 2023	Summer 2023 – Fall 2023
Data Collection Via Social Media & Community Outreach	Preliminary Analysis Ongoing	Final Analysis & Findings
Fall 2023 – Winter 2024	Winter 2024	Anticipated Spring 2024

Research Questions

- What is the prevalence and severity of mental health symptoms?
- What are the predominant barriers to mental health seeking?
- What is the acceptability of self-help mental wellness options?
- Does acceptability change with explicit FAA and DoD approval of self-help options?

Disclaimer

The views expressed herein are those of the author's and do not necessarily reflect the official policy or position of Army University, the U.S. Army Command and General Staff College, the Department of Defense nor any agencies under the U.S. Government.

Findings

Mental Health Symptoms

PTSD, Anxiety, & Depression Screening

Screening for Mental Health Disorders by Career Field

	Air Crews (n=324)	ATC (n=28)	UAS (n=14)
Anxiety	28.8%	27.8%	52.9%
Depression	18.2%	38.9%	47.1%
Post Traumatic Stress	12.6%	16.7%	35.3%

Note: PHQ-4 cutoff Score for anxiety and depression is ≥ 3. PCL4-5 cutoff score for PTSD is ≥ 10.

Mental Health Symptom Severity by Career Field

	Air Crews (n=324)	ATC (n=28)	UAS (n=14)
Severe	9.6%	14.3%	28.6%
Moderate	17.9%	28.6%	21.4%
Mild	29.9%	17.9%	42.9%
None	42.6%	39.3%	7.1%

Note: PHQ-4 scores for severity: None (0-2), Mild (3-5), Moderate (6-8), Severe (9-12).

Severity of PTSD, Anxiety, and Depression Symptoms

Barriers To Care

Aircrews (n=281 to 342)

Most Common Barriers	RII
1. Concern for future employment (Stigma)	.763
2. Not wanting in medical records (Stigma)	.726
3. Want to solve problem myself (Attitudinal)	.632

Most Severe Barriers	% "A Lot"
1. Not wanting in medical records (Stigma)	.532
2. Concern for future employment (Stigma)	.530
3. Want to solve problem myself (Attitudinal)	.322

Air Traffic Controllers (n=22 to 26)

Most Common Barriers	RII
1. Concern for future employment (Stigma)	.864
2. Not wanting in medical records (Stigma)	.808
3. Want to solve problem myself (Attitudinal)	.692

Most Severe Barriers	% "A Lot"
1. Concern for future employment (Stigma)	.727
2. Not wanting in medical records (Stigma)	.692
3. Want to solve problem myself (Attitudinal)	.423

UAS Operators (n=9 to 12)

Most Common Barriers	RII
1. Concern for future employment (Stigma)	.815
2. Difficulty taking time off (Instrumental)	.697
3. Dislike talking about feelings (Attitudinal)	.667

Most Severe Barriers	% "A Lot"
1. Concern for future employment (Stigma)	.667
2a. Want to solve problem myself (Attitudinal)	.500
2b. Thinking care would not work (Attitudinal)	.500

Note. % "A Lot" is the percentage of respondents selecting the maximum answer; RII – Relative Importance Index

Most Common Barriers Across Career Fields

1. Concern for future employment (Stigma)   RII=.747
2. Not wanting in medical records (Stigma)   RII=.712
3. Want to solve myself   (Attitudinal)   RII=.631

Most Severe Barriers Across Career Fields

1. Concern for future employment (Stigma)   % "A Lot"= .513
2. Not wanting in medical records (Stigma)   % "A Lot"= .525
3. Want to solve myself   (Attitudinal)   % "A Lot"= .326

Barriers by Category

Attitudinal
1. Wanting to solve problems myself
2. Dislike talking about feelings
3. Thinking the problem will get better

Stigma
1. Concern for future employment
2. Not wanting in medical records
3. Concern I might be seen as weak

Instrumental
1. Concern about treatment sided-effects
2. Difficulty taking time off work
3. Unsure where to go for help

Self-Help Options

Mindfulness Training

Perceived Acceptability of Mindness Training

	Air Crews (n=312)	ATC (n=29)	UAS (n=14)
Mindfulness	2.94	2.83	3.00
Mindfulness w/ FAA & DoD Approval	3.13	3.03	3.20
Impact	0.19	0.20	0.20

Note. Mean response scores from 4-point Likert-type scale

Transcendental Meditation

Perceived Acceptability of Transcendental Meditation

	Air Crews (n=312)	ATC (n=29)	UAS (n=14)
Transcendental Mediation (TM)	2.61	2.48	2.80
TM w/ FAA & DoD Approval	2.77	2.72	2.87
Impact	0.16	0.24	0.07

Note. Mean response scores from 4-point Likert-type scale

Internet Based Cognitive Behavioral Therapy

Perceived Acceptability of Internet-Cognitive Behavioral Therapy

	Air Crews (n=312)	ATC (n=29)	UAS (n=14)
Internet-Cognitive Behavioral Therapy	2.94	2.90	2.86
I-CBT w/ FAA & DoD Approval	3.03	3.00	3.00
Impact	0.09	0.10	0.14

Note. Mean response scores from 4-point Likert-type scale

Discussion

Mental Health Prevalence

Preliminary results indicate that *30% to 50% of current and former Army Aviation personnel have clinically diagnosable levels of Mental Health symptoms*. Additionally, between 25% and 50% appear to be suffering with moderate to severe symptom levels. Yet with only 3% to 5.4% of Army Aviation personnel officially diagnosed with mental health disorders, *25% to 45% may be operating with unhealthy mental health symptoms*. *UAS Operators* appear to *have the highest rates* of anxiety, depression, and PTSD, *followed by Air Traffic Controllers and Air Crews*. This aligns with recent research, yet the low UAS response rate could make statistical significance difficult.

Barriers to Mental Healthcare

Stigma and Attitudinal barriers demonstrate the greatest impact on Army Aviation personnel, with UAS Operators indicating an instrumental barrier within their top three. *Organizational Stigma appears to be the greatest barrier for all Career Fields*, with *50% to 70%* showing concern for employment and medical certification as severe barriers. The *Attitudinal barrier* of wanting to solve problems themselves *ranks third among Aircrews and ATC*, while tying for *second among UAS* operators, indicating a high level of self-reliance. Top *Instrumental barriers* focused on *scheduling difficulties, concerns with treatment side-effects,* and not knowing where to go for assistance.

Self-Help Options

Mindfulness Training and Internet-Based Cognitive Behavioral Therapy (I-CBT) both demonstrate high acceptance levels, with average acceptability nearing the "Comfortable" level. Perceived *acceptability increased into the "Comfortable" to "Very Comfortable" range with FAA and DoD assurance* that these self-help options did not require reporting during medical examinations. *Transcendental Meditation has lower levels of acceptability*, remaining in the "Uncomfortable" to "Comfortable" range regardless of assurances.

Conclusion

- As few as *1 in 10 Army Aviation personnel* with diagnosable symptom levels *receive the Mental Healthcare they need* for safe, efficient, and healthy operations.
- *Primary barriers* to mental health seeking are concerns with *Organizational Stigma* and high *Self-Reliant Attitudes*, along with *Scheduling Difficulties*.
- *Mindfulness Training and I-CBT demonstrate high acceptability levels*, especially *with explicit FAA and DoD approval*.

Recommendations

Future research should explore the opportunity to improve U.S. Army Aviation personnel's mental wellness through the development and testing of FAA and DoD-approved aviation-focused Mindfulness Training and I-CBT mobile applications.

The *Self-Help treatments are* available at times and locations *convenient to personnel*, thereby *overcoming Attitudinal and Scheduling barriers*. *FAA and DoD approval removes Organizational Stigma barriers*, the #1 cited barrier to seeking mental healthcare.

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