



## A Survey of Perceived Barriers and Attitudes Toward Mental Health Care Among OEF/OIF Veterans at VA Outpatient Mental Health Clinics

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### ABSTRACT

*Objective:* In an effort to improve our understanding of perceived treatment barriers among veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) relative to other era veterans, the current study examined veteran attitudes and beliefs about mental health treatment and treatment-seeking, and perceived patient and institution-level logistical barriers to care. *Method:* A survey was conducted among 434 Combat veterans seeking care in nine Veterans Affairs mental health care outpatient clinics. *Results:* When compared to Vietnam and Gulf War veterans, OEF/OIF veterans were significantly more likely to endorse negative treatment attitudes as possible barriers to care. OEF/OIF veterans were also more likely than Vietnam veterans to endorse conflicting work demands as a potential barrier, although this was the only logistical barrier for which OEF/OIF veterans' responses differed significantly from those of veterans of other eras. Among OEF/OIF veterans, older veterans were more likely than younger veterans to endorse barriers related to cost and time commitments. *Conclusions:* These findings suggest an important role for outreach and engagement strategies that address attitudinal barriers to treatment utilization among veteran populations."

### RESEARCH HIGHLIGHTS

- Fewer than 10% of OEF/OIF veterans who participate in VA care receive the recommended amount of mental health treatment within the primary stages of care. This study seeks to identify veterans' attitudes towards mental health care, and identify the logistical and perceived patient barriers that inhibit access to care at VHA facilities. This study compares three mutually exclusive eras of service veterans: Vietnam, Gulf War, and OEF/OIF veterans. In addition, Garcia, Finley, Ketchum, Jakupcak, Dassori, and Reyes seek to determine a possible explanation for the high rates of dropouts from care programs.
- OEF/OIF veterans were significantly more likely to report that VA appointment times conflicted with work and personal commitments than Vietnam veterans. Additionally, OEF/OIF veterans' attitudes toward mental health care contrasted from Persian Gulf and Vietnam-era vets. OEF/OIF veterans reported more negative attitudes toward talking in groups, and expressed that mental health treatment would make them appear weak and "go crazy."
- Results show that social stigma, masculinity norms, and scheduling conflicts greatly affect OEF/OIF veterans, creating attitudinal and logistical barriers to care. Practitioners should use the findings of this study to guide the tailoring of mental health services and programs for veterans upon their return to civilian life and throughout ongoing programs of care.

## IMPLICATIONS

### FOR PRACTICE

OEF/OIF veterans should continue seeking mental health services as appropriate. Mental health practitioners and social workers who work with veterans, particularly OEF/OIF veterans should address attitudinal barriers through special programming. This programming should address attitudinal barriers to care, perhaps by providing alternatives to group therapy sessions and address the logistical barriers preventing access to care. Mental health practitioners should utilize motivational interviewing and cognitive behavioral therapies to combat the stigma surrounding accessing mental health care. These strategies can address the attitudinal barriers veterans perceive towards mental health services. Practitioners and those who conduct transitional programming for veterans should also dispel negative beliefs about psychological treatment that may be deeply engrained in gender norms of masculinity.

### FOR POLICY

The Department of Defense and the Veterans Health Administration have made great strides addressing the mental health needs of veterans returning from combat areas in recent years, yet much of the focus has been on treating PTSD. While PTSD services are crucial, veterans with other mental health concerns and logistical barriers to care could benefit from further attention. The VHA might undertake efforts to alleviate perceived logistical barriers by offering more convenient appointment times and extended evening clinic hours to accommodate OEF/OIF veteran commitments to their families, education, and work. To supplement the institutional support from the DoD and VHA, policymakers might consider the importance of community-based initiatives. Though some veterans can access programs through TRICARE, many veterans who have separated from the military are ineligible for TRICARE programs. To help veterans overcome the barriers to accessing care, policymakers might consider partnering with civilian mental health services and programs. Since an increasing number of returning veterans are in need of mental health care, creative initiatives to empower veterans to pursue mental health care may be necessary to reach specific veteran populations, especially those in rural areas without access to VA clinics.

### FOR FUTURE RESEARCH

These findings show that OEF/OIF veterans perceive different barriers to treatment than Vietnam and Gulf War-era veterans. OEF/OIF veterans often have very different social demographic characteristics than veterans from other combat eras. Future research should assess how family structure and work/educational status of this sub-group of veterans impacts perceived logistical and attitudinal barriers to accessing mental health care. This study had a small sample of women veterans (9%). Future researchers should study if masculinity norms affect how female veterans perceive barriers to mental health care. Researchers in future studies should utilize generally accepted survey methodology to ensure consistency among studies and garner data from randomized samples. These practices can improve the validity of conclusions drawn from descriptive and summary statistics. Additional research on attitudinal barriers should address trends among military branches and the differences between National Guard/Reserve veterans and veterans who primarily served as active duty. This study drew conclusions from urban and rural clinics in Southern Texas with a high population of Hispanic veterans, which may not be representative of veterans from different racial and ethnic groups. Future studies should assess if the trends found in this survey hold true across greater geographic areas and demographics.

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