

Help Veterans Overcome Barriers to Mental Health Treatment



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

Many people who would benefit from mental health treatment, including Veterans at risk for suicide, do not engage in such treatment.^{1,2,3,4} Among those who do, a significant portion are not forthcoming with clinicians about their suicidal ideation.^{5,6} Preventing suicidal crises requires understanding the barriers that stand between Veterans and mental health treatment and helping Veterans overcome those barriers.

Key Findings

Barriers to mental health treatment can be conceptualized as perceptual, attitudinal, and structural or practical.^{7,8}

Perceptual Barriers

- Lack of a perceived need is among the top reasons Veterans and non-Veterans with a mental health condition or suicidal ideation do not seek mental health treatment.^{1,2,3,7,8,9,10,11} It is also among the top reasons why people drop out of treatment.⁹ Low mental health literacy is one factor that contributes to low perceived need for treatment.¹²

Attitudinal Barriers

- Among Veterans and non-Veterans who do perceive a need for mental health treatment, the desire to handle one's problems on one's own is the top reason they do not seek treatment for a mental health condition or suicidal ideation.^{2,4,7,8,9} Other commonly endorsed attitudinal barriers include the belief that one's mental health concerns are not severe enough to warrant treatment, one's mental health concerns will get better on their own, and that treatment would be ineffective.^{2,7,8,9} Internalized stigma (prejudice that people with mental health conditions turn against themselves) is also an attitudinal barrier

to mental health treatment.^{13,14,15,16,17,18,19,20} Among service members with mental health issues (including those at risk for suicide), stigma reinforced by military culture often translates into a belief that they will be treated differently or seen as weak should they seek treatment — concerns that continue after transitioning to civilian life.^{14,19,21,22,23,24,25,26,27}

- Condition severity is predictive of treatment seeking. Service members and Veterans with multiple conditions and more severe conditions, suicidal ideation, or distress are more likely to seek treatment.^{10,19,28,29,30,31,32}

Structural/Practical Barriers

- The most common practical barrier to getting mental health treatment among people who had attempted suicide in the past year is an inability to afford treatment, followed by not knowing where to go for treatment.⁴ Lack of health insurance is also a deterrent to accessing mental health care.³³ Among Veterans ages 18–64 in 2016, 7.2% were uninsured.³⁴ One study found that Veterans with posttraumatic stress disorder (PTSD) whose household incomes were low and lacked VA disability benefits for their PTSD were less likely to access treatment.³⁵ Even in situations where treatment may be affordable, cost (particularly transportation costs) may still be a concern.³⁶ While travel distance is a barrier to treatment, it may only be a significant barrier for continuing treatment, not initiating treatment.^{26,37} For Veterans, not understanding their VA benefits is a barrier to treatment.^{21,24,26} And Veterans' confidence and trust in the VA health care system keeps some from accessing mental health treatment.²¹

Implications

Once in treatment, clinicians have techniques to keep Veterans engaged. From the outset, clinicians should explore any apprehension Veterans may have toward mental health treatment and continually explore any practical concerns for continued engagement. Not all Veterans at risk for suicide have an underlying mental health condition; treatment should include addressing the aggravating factors (e.g., emotional distress, relationship problems, financial stressors,

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substance use/abuse, hopelessness, anger/physical agitation) that can trigger a suicidal crisis.³⁸

Ways You Can Help

- To improve motivation toward mental health care, share with Veterans success stories of others who recovered from mental health conditions through treatment. VA's Make the Connection (<https://maketheconnection.net>), About Face (www.ptsd.va.gov/apps/aboutface), and the Real Warriors Campaign (<https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign>) websites feature success stories.
- Veterans in need of mental health treatment may be averse to interventions that involve medication. Educate Veterans on the array of mental health resources available to them, not just those that involve medication or intensive treatment.
- Because circumstances can change, continually discuss with Veterans any logistical challenges they may have in participating in treatment, such as a lack of transportation or difficulty fitting appointments into their schedule. Your local social workers are available to help Veterans find resources to meet their needs within the VA system or in their community.
- Telemental health may help patients with logistical barriers engage in treatment. Explain to Veterans who may benefit from telemental health the comparable outcomes between in-person and telemental treatment.
- Encourage patients' disclosure of suicidal ideation by engaging in a collaborative, non-adversarial approach to treatment and educating them about confidentiality, reporting requirements, and in which situations involuntary hospitalization may result.
- The smartphone app PTSD Coach (<https://mobile.va.gov/app/ptsd-coach>) provides information and helps users to self-manage their symptoms. It also facilitates help seeking.
- Screening patients for sleep disturbances may help with eliciting mental health concerns among those who would otherwise be reluctant to discuss them.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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