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Mental Health and Resilience: Soldiers' Perceptions about Psychotherapy, Medication, and Barriers to Care in the United States Military

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14. ABSTRACT <i>This study aims to examine beliefs about mental health care, perceived barriers to care and stigma, mental health resilience, and healthcare utilization in soldiers returning from Iraq and Afghanistan. This report covers the first year of the grant (September 15, 2008-September 14, 2009). Research activities have not yet begun as internal review board approval at all appropriate institutional sites is still being sought. Approval has been received with the Yale University Human Investigation Committee. Contingent approval has been received with the Fort Detrick Human Research Protection Office, which allows the study staff to seek approval at the Walter Reed Army Medical Center. The project is almost ready to be submitted to the Walter Reed Army Medical Center. Once approval is received there the project will be submitted to the VA Human Studies Subcommittee at the West Haven, CT VA. All efforts are being made to gain approval as quickly as possible so that research activities can begin.</i>					
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Introduction:

This annual report covers the first year of the research study entitled: Mental Health and Resilience: Soldiers' Perceptions about Psychotherapy, Medication, and Barriers to Care in the United States Military. Previous to this page are the cover page, SF298, and the table of contents. The remainder of the report outlines a summary of the research plan and design and the progress to date. The investigators and research personnel are in the process of obtaining all of the necessary IRB approvals and thus data collection has not yet begun. The reviews from the IRB's thus far have been favorable and the research team anticipates that full approval will be received from all necessary boards. As soon as full approval is in place, data collection will begin. There are no complications predicted for data collection activities and subject availability. Please see the remainder of the report for more detailed information.

Body:

Overview of the study purpose and design:

Background: A recent survey of three different groups of soldiers (N = 3,671) returning from Afghanistan and Iraq found that 11.2 -17.1% met screening criteria for a mental disorder (Hoge et al., 2004). However, only 23-40% of those with a positive screen were interested in receiving mental health care. Research has reported perceived barriers to care in military populations, but there have not been any studies to date that demonstrate the degree to which subjective barriers translate into lack of utilization. Moreover, studies of mental health service utilization have not examined patient beliefs and perceptions, instead focusing on characteristics such as race, gender, and sociodemographic variables. To our knowledge there have not been any systematic investigations into what soldiers believe about mental health treatment. Moreover, there have been no studies examining how beliefs about treatment and etiology of psychological disorders relate to seeking professional help at a military mental health clinic.

Objectives: 1a) Compare and contrast symptomatic soldiers who do utilize mental health services with symptomatic soldiers who do not utilize mental health services (e.g. differences in symptoms severity, beliefs and perceived barriers to care, psychological resilience); 1b) Evaluate the link between subjective barriers to mental healthcare and actual utilization of behavioral health services in soldiers returning from Iraq and Afghanistan. 2) Clarify the nature of behavioral health ‘utilization’ by differentiating among diagnostic assessments, screening interviews, psychotherapy, and medication therapy. 3) Analyze the relationship between beliefs about mental health (subjective barriers to care, psychotherapy, medication, and attributions) and mental healthcare utilization. 4) Determine the relationship between mental health resilience (psychological resilience, unit support, post-deployment support) and use of mental health services.

Specific Aims: 1) To determine characteristics that differentiate symptomatic soldiers who seek mental health treatment and symptomatic soldiers who do not seek professional mental health treatment. 2) To identify the predictive links between soldiers’ high rates of psychiatric symptoms, acknowledgement of need, and low frequency of mental healthcare utilization.

Study Design: This study will employ a cross-sectional design of (N = 4,000) soldiers from the 10th Mountain Division via anonymous self-report metrics assessing soldiers beliefs about psychotherapy, medication, and attributions about mental disorders. The assessment battery comprises 12 well characterized questionnaires with published psychometric reliability and validity data. The data collection phase will be seamlessly integrated into pre-existing post-deployment screening mechanisms implemented by USA MEDDAC, and will take 38-60 min to complete.

Key Research Accomplishments:

To date, research activities have not yet begun as internal review board approval at all appropriate institutional sites is still being sought. Approval has been received with the Yale University Human Investigation Committee. Contingent approval has been received with the Fort Detrick Human Research Protection Office, which allowed the study staff to seek approval at the Walter Reed Army Medical Center. The project is almost ready to be submitted to the Walter Reed Army Medical Center. The study staff has been working on complying with all WRAMC guidelines and formatting requirements. Once approval is received at Walter Reed, the project will be submitted to the VA Human Studies Subcommittee at the West Haven, CT VA and all approvals will be shown to Fort Detrick. The project is receiving generally positive reviews and it is anticipated that all four IRB approvals will be received. There are no complications anticipated with data collection and subjects will still be available. Every effort is being made to gain full IRB approval at all 4 boards as soon as possible.

Reportable Outcomes:

Not applicable at this time.

Conclusions:

Not applicable at this time.

References (used in this report only):

Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I., and Koffman, R.L. (2004). Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care. *New England Journal of Medicine*, 351 (1), 13-22.