An Examination of Mental Health Literacy, Stigma, and Treatment Utilization Among Recent Veterans

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Background

Given that perceived demand for and utilization of mental health services is significantly lower than reported need among recently returning veterans, it is important to identify perceived barriers to mental health treatment utilization. Two potentially mutable, individual-level targets to reduce barriers to mental health care initiation and retention are *mental health-related beliefs* (Vogt, 2011) and *mental health literacy* (Jorm, 1997). The purpose of this study was to examine the relations between mental health treatment utilization, mental health literacy, and negative beliefs about mental health including negative beliefs about mental illness, mental health treatment, treatment seeking, and concerns about anticipated stigma from friends or family) and psychological distress in a community sample of OEF/OIF/OND veterans.

Methods

- Participants (*N* = 97) were any veteran who served in the U.S. Armed Forces since 2001.
- Participants were recruited through blast emails at a large New England public university, snowball sampling, and community outreach.
- Participants were given the option of entering a raffle for a gift card or receiving course credit for a psychology course.

Measures

- **Mental Health-Related Beliefs:** Endorsed & Anticipated Stigma Inventory (EASI: Vogt et al., 2013)
  - **EASI1-** Beliefs about Mental Illness
  - **EASI2-** Beliefs about Mental Health Treatment
  - **EASI3-** Beliefs about Treatment Seeking
  - **EASI4-** Beliefs about Anticipated Stigma from Friends/ Family
  - **EASI5-** Beliefs about Anticipated Stigma from Coworkers

- **Anxious Arousal:** Anxious arousal subscale of the Depression Anxiety Stress Scale (DASS: Lovibond & Lovibond, 1995)

- **Stress:** Stress subscale of the Depression Anxiety Stress Scale (DASS)

- **Depression**: Depression subscale of the Depression Anxiety Stress Scale (DASS)

- **Post-Traumatic Stress:** Post-Traumatic Stress Checklist (PCL-5: Weathers et al., 2013)

- **Psychotherapy Utilization:** Have you ever, or are you currently engaged in therapy for any psychiatric or emotional difficulties?

- **Mental Health Literacy (MHL):** Unpublished measure (Williston, Vogt, & Roemer, 2015)

Analyses

Bivariate correlations were calculated between psychotherapy utilization, psychological distress, mental heath literacy, and negative mental health-related beliefs.

Demographics & Military Service Characteristics

Racial Identity	N (%)
Asian	11 (11.3)
Black	6 (6.2)
Latin@	12 (12.4)
White	71 (74)
Multiracial/ Not-Listed	6 (7.6)
Middle Eastern	2 (2.0)

Military Branch	N (%)
Army	32 (33)
Navy	6 (6.2)
Marines	8 (8.2)
National Guard	18 (18.6)
Reserve	22 (22.7)
Mean Number of Deployments	1.56

Sexual Orientation	N (%)
Bisexual	7 (7.2)
Heterosexual	88 (90.7)
Not Listed	2 (2.1)

Marital Status	N (%)
Single	40 (41.2)
Partnered	52 (53.6)
Divorced/ Widowed	5 (5.2)

Biological Sex	N (%)
Male	77 (79.4)
Female	20 (20.6)

Age	SD
33.8	11.4

Hypotheses

We hypothesized that:

1) Negative mental health-related beliefs would be inversely related to psychotherapy utilization.

2) Mental health literacy would be inversely related to negative mental health-related beliefs.

3) Psychological distress would be positively related to negative mental health-related beliefs.

4) Psychological distress would be positively related to psychotherapy utilization.

Results

	Dep	Anx	Str	PCL	EASI1	EASI2	EASI3	EASI4	EASI5	MHL	TU
Dep	1										
Anx	.71*	1									
Str	.82*	.83*	1								
PCL	.82*	.78*	.81*	1							
EASI1	-.08	-.11	-.06	-.11	1						
EASI2	.12	.05	.12	.13	.45*	1					
EASI3	.18	.16	.22*	.16	.36*	.57*	1				
EASI4	.27*	.21*	.22*	.20	.25*	.21*	.41*	1			
EASI5	.27*	.22*	.25*	.21*	.29*	.28*	.29*	.36*	1		
MHL	-.04	-.07	-.03	.01	-.22*	0.14	-.07	-.09	-.05	1	
TU	.40*	.26*	.40*	.44*	-.34*	.12	.11	.13	.10	.38*	1

- Bivariate correlations revealed that distress variables were all significantly positively correlated.

- Mental health-related belief subscales were significantly, positively correlated.

- Contrary to our hypotheses, negative beliefs about mental illness (EASI1) was not significantly related to any distress measure or mental health literacy. However, it was significantly and inversely related to psychotherapy utilization.

- Contrary to our hypotheses, negative beliefs about treatments (EASI2) was not significantly, positively related to psychological distress, mental health literacy, or psychotherapy utilization.

- Negative beliefs about treatment seeking (EASI3) was significantly, positively related to psychological stress, but contrary to our hypotheses, not mental health literacy or psychotherapy utilization.

- Concerns about anticipated stigma from friends and family (EASI4) was significantly and positively related to depression, stress, and anxiety, but not PTSD symptoms. Further, contrary to our hypotheses, EASI4 was not significantly related to psychotherapy utilization or mental health literacy.

- Concerns about anticipated stigma from coworkers (EASI5) was significantly and positively related to all psychological distress measures, and contrary to our hypotheses, not related to mental health literacy or psychotherapy utilization.

- Mental health literacy was positively associated with psychotherapy utilization.

Conclusions

Healthcare behavior is complex, and likely predicted by a multitude of individual predisposing and need-based factors, and contextual variables. Cross-sectional results from the present study were counter to many of our hypotheses. However, results do indicate that negative beliefs about mental health problems specifically, are inversely and significantly related to psychotherapy utilization. Further, mental health literacy was positively related to psychotherapy utilization, suggesting that one potential pathway to reduce negative beliefs about mental health problems specifically, may be interventions aimed at enhancing individual's mental health literacy related to specific mental health problems. Further research should test these associations in larger samples, and with experimental and longitudinal methods to test causal conclusions. Mental health literacy interventions may not be sufficient to reduce other dimensions of mental health stigma, such as concerns about being treated unfairly or poorly by family, friends, or coworkers. Other types of anti-stigma interventions may be more effective to reduce these dimensions of stigma.

Additionally, psychological distress was significantly positively associated with anticipated stigma, suggesting individuals in more distress are experiencing higher levels of concern about being treated unfairly due by family, friends and/or coworkers due to their psychological symptoms or for seeking help.

A major limitation of this study is its cross-sectional design which prevents and casual conclusions about the relations between mental health beliefs and treatment utilization. Further research should use longitudinal designs to understand the temporal order of these relations. Future studies should also examine these relations among people experiencing significant distress. These relations may be different among populations experiencing clinically significant distress symptoms. Additionally, this sample was diverse in terms of military service and experiences. Further research within other more specific military contexts (i.e. pre-deployment, post-deployment) would be important to identify barriers to care in vulnerable deployment cycle time-points. Finally, further research using a more specific measure of healthcare behavior is important.