

Identifying Risk and Resilience Factors Associated with the Likelihood of Seeking Mental Health Care Among U.S. Army Soldiers-in-Training

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From article originally published in *Military Medicine*

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Background

Three and a half million individuals serve in the U.S. military.¹ Their mental health is vital to mission readiness, particularly because servicemembers are likely to experience high-stress environments over the course of their service. Understanding factors associated with treatment-seeking behavior can help the military effectively identify possibilities for mental-health interventions at the start of military training.

Method

This study uses data from the New Soldier Study (NSS) component of the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). Data were collected between 2011 and 2012 from new U.S. Army soldiers-in-training in their first two weeks of basic combat training at three sites, then weighted to ensure that the analytic sample reflected the population of soldiers-in-training. Only soldiers-in-training aged 18–25 were used for this study.

From the data of soldiers-in-training, this study analyzed demographics (gender, race, marital status), help-seeking history (use of medication,

psychological/spiritual counseling), adverse childhood experiences (ACEs, here including socioeconomic status challenges, neglect, sexual trauma, exposure to violence, emotional trauma, parental absence, impaired parenting, removal from home), mental health (generalized anxiety disorder [GAD], major depressive episode [MDE], PTSD), resilient mindset, social network, and stress intolerance, all in relation to their likelihood of seeking help (i.e., mental health treatment). Analysis resulted in the identification of potential barriers (risk) and facilitators (resilience) to seeking mental health treatment.

Results

In terms of demographics, female, Hispanic, other race/ethnicity, and married, divorced, or separated soldiers-in-training reported a greater likelihood of seeking professional help. In terms of risk factors, those reporting sexual trauma, impaired parenting, anxiety, depression, and PTSD also reported a greater likelihood of help-seeking, while those who reported emotional trauma and parental absence/separation reported a lower likelihood of help-seeking. In terms of resilience factors, soldiers-in-training with a history of help-seeking reported a greater likelihood of seeking professional help; those with larger social networks also tended to report a greater likelihood of seeking professional help.

Taking all measures into consideration, researchers found three significant interactions between soldiers-in-training's risk and resilience factors:

- 1) Those who reported greater levels of depressive symptoms and a history of help-seeking reported a greater likelihood of help-seeking.
- 2) Those who reported childhood sexual trauma and a history of help-seeking tended to report a greater likelihood of help-seeking; this effect, while only trending towards significance, mirrored the above effect.
- 3) By contrast, a lower likelihood of help-seeking was reported by individuals who had a larger social network and also reported PTSD or childhood sexual trauma.

Notably, soldiers-in-training who met conditions for a clinical diagnosis of a psychiatric condition (GAD, MDE, or PTSD) were more likely to report that they would probably or definitely seek help.

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Discussion

Several findings may provide useful guidance for future policy decisions.

- 1) Most of the analytic sample (approximately 86%) indicated that they would not seek, or were unsure about seeking, mental health treatment. This finding aligns with trends, according to a recent systematic review which found that among soldiers identified as needing psychological care, only 29% utilized treatment services.² Notably, a pilot intervention aimed at increasing treatment-seeking among servicemembers who screened positive for psychiatric disorders found that participants were far more likely to seek treatment post-intervention.³ Providing psychoeducation for servicemembers who screen positive for psychiatric conditions may encourage treatment-seeking behavior.⁴⁻⁵
- 2) Though research suggests that recent anti-stigma campaigns may have increased soldiers' likelihood of help-seeking since this study's 2011–2012 data collection, stigma remains a barrier to treatment-seeking among active-duty servicemembers referred for psychiatric treatment.⁶ More can be done to address and reduce self-stigma in particular.
- 3) Resilience is linked to higher treatment utilization; resilience can be developed by building stress hardiness.⁷⁻⁸ Results related to stress tolerance and resilient mindset conflicted—though the analytic sample reported higher levels of resilient mindset and ACEs, they were significantly less stress tolerant than the larger NSS sample. These findings indicate the importance of further developing soldiers' stress hardiness and psychological resilience, particular for those with ACEs, anxiety, depression, and PTSD. Efforts to increase resilience among servicemembers have also been shown to reduce incidence of depression and PTSD.⁹

Conclusions

One of the biggest barrier to mental health treatment among soldiers with psychiatric disorders is the perception that treatment isn't needed.⁴ Therefore, concerted efforts should be made to promote help-seeking behaviors among soldiers-in-training. In particular, soldiers identifying as male, never married, with a history of emotional trauma or parental absence/separation, with no previous history of help-seeking, and/or with smaller social networks may require additional encouragement to seek help. Given the interaction of risk and resilience factors, more nuanced efforts may be required to encourage help-seeking among those with larger social networks and a history of sexual trauma or PTSD.

In terms of opportunities for further study, future examinations of risk and resilience among soldiers-in-training should utilize longitudinal design to examine change over servicemembers' military careers, and related analysis should be applied to other populations to better understand differences and similarities among groups.