The Center for Research and Outreach

Putting Research to Work for Military Families

Focus: Army

Prevalence of Mental Health Problems, Treatment Need, and Barriers to Care among Primary Care-Seeking Spouses of Military Service Members Involved in Iraq and Afghanistan Deployments

Eaton, K. M., Hoge, C. W., Messer, S. C., Whitt, A. A., Cabrera, O. A., McGurk, D., ... Castro, C. A. (2008). Prevalence of mental health problems, treatment need, and barriers to care among primary care-seeking spouses of military service members involved in Iraq and Afghanistan deployments. *Military Medicine*, *173*(11), 1051-1056. doi:10.7205/milmed.173.11.1051

SUMMARY: Army spouses answered questions about their mental health (e.g., anxiety and depression), as well as rates of mental health care utilization and barriers to seeking care. Data showed that Army spouses met Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV) criteria for depression and anxiety. Of those seeking treatment, most went to civilian specialty care providers, though a large proportion of the sample was exclusively treated by the on-installation primary care physician.

KEY FINDINGS:

- Nearly 20% of Army spouse participants met the DSM-IV diagnostic criteria for either major depressive or generalized anxiety disorder.
- Nineteen percent of those sampled were interested in receiving psychological help; 17% reported moderate or severe problems related to emotional regulation, alcohol abuse, or family issues.
- Primary barriers to seeking treatment included difficulty getting time off work or finding childcare (43%), cost (26%), difficulty scheduling an appointment (26%), and being unsure of where to find help (21%).
- Those who sought counseling were most likely to use specialty mental health care providers (41%); 19% received mental health care from a primary care physician and 8% from a pastor or clergy member.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide education to military families regarding mental health needs and established avenues to receive care
- Continue to offer childcare assistance to military families to reduce this barrier to seeking care
- Publish information to military families regarding the resources and service available to those coping with mental health issues

IMPLICATIONS FOR POLICIES:

Policies could:

- Recommend expanding on-post mental health services to military families to increase access to care
- Encourage screening for military spouses during and after deployments to better identify mental health issues among spouses
- Encourage collaboration among DoD and community-based services that work with military families coping with mental health issues to offer continuity of care and make access to services easier

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METHODS

- Data were collected in 2003 as part of a larger study assessing the influence of deployment on military spouses mental health and well-being.
- This study used self-report questionnaires given in-person to participants at on-post primary health care clinics and a Family Readiness Group (FRG) meeting.
- Questionnaires were given to assess participants mental health status during the last month, including level of functional impairment (e.g., difficulty accomplishing daily tasks), incidence of major depressive or generalized anxiety disorder, alcohol use, current life stressors, use of mental health services (military, civilian, or clergy counseling), and perceptions regarding social stigma, or barriers toward utilization of mental health services.

PARTICIPANTS

- Nine hundred forty Army spouses completed surveys; 78% had husbands currently deployed, primarily to Iraq or Afghanistan.
- The majority of participants were between 30-39 years old (36%). Race/ethnicity of participants was not reported.
- Service members rank was predominantly a non-commissioned officer (40%), followed by junior enlisted (21%), Officer/Warrant officer (21%), and Senior Non-commissioned Officer (19%).

LIMITATIONS

- The convenience sample of participants is unlikely to be representative of a broader military spouse population.
- Language implied that participants were all female, but demographic information was omitted, making it impossible to determine whether gender differences exist between female and male military spouses.
- Only Army spouses were included in the current sample; therefore, results may not be generalizable to spouses in other service branches.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Conduct a similar study with civilians to help distinguish between mental health issues within the general population versus a military-specific population
- Examine the efficacy of civilian specialty mental health services most frequently utilized by military spouses
- Explore how military spouses mental health and well-being influence Service members readiness for deployment



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