

Putting Research to Work for Military Families



Focus:
Multiple
Branches

National Guard Families After Combat: Mental Health, Use of Mental Health Services, and Perceived Treatment Barriers

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SUMMARY: Mental health symptoms, use of provided mental health services, and perceived barriers to service utilization were assessed among members of the National Guard and their spouses/partners. In this sample, over a third of participants indicated having at least one mental health problem. Service members most often cited embarrassment-related reasons for not utilizing mental health care, whereas female partners indicated more pragmatic reasons for not utilizing these services.

KEY FINDINGS:

- Forty percent of National Guard members and 34% of partners met diagnostic criteria for at least one mental health problem, including: depression (21%), PTSD (14%), alcohol abuse (14%), suicidal ideation (7%), and alcohol abuse (14%).
- Of those with a mental health problem, 47% did not utilize services of a mental health care professional.
- Soldiers with mental health problems were more likely to cite the following barriers to utilizing services: embarrassment, fear of it harming ones career, being seen differently by leaders, or seen as weak.
- Partners with mental health problems were more likely to cite pragmatic barriers to utilizing mental health services: difficulty scheduling an appointment, cost, and having to drive a great distance.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Disseminate information regarding mental health service options could help de-stigmatize services and provide an avenue for accessing care
- Offer options for mental health self-assessment during programming and make referrals
- Offer support groups for military families coping with mental health issues

IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to support programs that offer military families on-installation mental health services
- Encourage collaboration between DoD and community counseling services to allow military families to utilize non-military private counseling services
- Recommend professional education to service providers working with military families regarding the unique issues military families face

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METHODS

- Participants were National Guard members recruited from nine different reintegration workshops held in 2007 and 2008 in the Midwest following the return from a 12-month deployment.
- Service members and their significant others were invited to participate.
- Data were collected following the adjournment of the workshop.

PARTICIPANTS

- Three hundred thirty-two National Guard members (response rate = 40%) and 212 significant others (36%) completed surveys.
- The majority of participants were between the ages of 18-60 (81%) and were predominantly White (80%), followed by Black (11%) and Latino/Latina (2%), Native American (2%), Asian-American (2%), and other (2%).
- Most Service members were enlisted (81%), followed by officer O1-O9 (18%) and warrant officers (1%).

LIMITATIONS

- This sample was disproportionately composed of young, married National Guard members from racial-ethnic minority groups, so findings may not generalize to the National Guard as a whole.
- The use of self-report measures may limit the interpretation of the findings.
- The use of cross-sectional data at one time-point shortly after deployment make it inappropriate to draw conclusions about long-term help-seeking behaviors.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Utilize a more representative sample of the National Guard to determine whether findings are replicated in a broader sample
- Explore how more recent National Guard returnees function after deployment
- Continue to examine the common barriers to help-seeking and ways to reduce stigma regarding mental health in the military

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