

Recent Mental Health Care Seeking Patterns in the CAF: Can Social Support Help Increase Professional Mental Health Services Use?

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Faculty/Presenter Disclosure

- Presenter: Sophie Duranceau, Ph.D. Student
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 - No relationship to disclose

Disclosure of Commercial Support

- ▣ No relationship to disclose
- ▣ Potential for conflict(s) of interest:
 - ▣ Not Applicable

Mitigating Potential Bias

▣ Not Applicable

Outline

- ▣ Background and rationale
- ▣ Research questions
- ▣ Method
 - ▣ Participants and procedures
 - ▣ Variables and analyses
- ▣ Results
- ▣ Discussion, implications, limitations and future directions
- ▣ Q & A

Background

- 2013 Canadian Forces (CAF) Mental Health Survey 12-month prevalence¹
 - PTSD (5.3%), depression (8%), generalized anxiety disorder (4.7%), and panic disorder (3.4%)
- In 2002, minority of CAF personnel sought professional care in a timely fashion if at all²⁻³
 - More recent evidence points to greater care-seeking in 2013 and to declining delays to care over time⁴⁻⁵
- Military environment has, potentially, both barriers and facilitators to care⁶⁻⁷

¹Pearson, Zamorski, & Janz, 2014; ²Fikretoglu, Guay, Pedlar, & Brunet, 2008; ³Fikretoglu, Liu, Pedlar, & Brunet, 2010; ⁴Fikretoglu et al., submitted;

⁵Boulos & Zamorski, 2016; ⁶Gould et al., 2010; ⁷Sareen, Cox, et al., 2007

Rationale

- Theory suggests social support is associated with mental health status and professional care seeking⁸
 - Referral function
- Social support and professional mental health service use
 - Mixed findings
 - One study using a nationally representative CAF sample did not find a statistically significant relationship⁹

Research Questions

- ① How does seeking social support relate to professional mental health service use?
- ② How does seeking social support relate to perceived need for care?
- ③ Does seeking support from certain sources of social support hold stronger associations with professional mental health service use or perceived need for care?

Method

- ▣ Participants and procedures
 - ▣ 2013 CFMHS¹⁰
 - ▣ Data collected by trained Statistics Canada interviewers between April 15, 2013 and August 31, 2013
 - ▣ 6, 700 Regular Force members
 - ▣ Stratified by rank and deployment status

Method

- ▣ Outcome variables

- ▣ Use of any professional mental health service in the past 12 months
 - ▣ “[...] *have you seen, or talked on the telephone to, any of the following people about problems with your emotions, mental health or use of alcohol or drugs?*”
 - ▣ 1. General practitioner/Family doctor; 2. Psychiatrist; 3. Nurse, including a CF case manager; 4. Psychologist; 5. Social worker, counselor, psychotherapist
- ▣ Perceived need for care in the past 12 months
 - ▣ Perceived Need for Care Questionnaire
 - ▣ *Information about these problems, treatments or available services*
 - ▣ *Medication*
 - ▣ *Counseling, therapy, or help for problems with personal relationships*

Method

- ▣ Predictor variables of interest
 - ▣ Seeking of social support in the past 12 months
 - ▣ “[...] *have you seen, or talked on the telephone to, any of the following people about problems with your emotions, mental health or use of alcohol or drugs?*”
 - ▣ Religious or spiritual advisor such as priest, padre, chaplain, or rabbi
 - ▣ Family member
 - ▣ Friend, other than a co-worker, supervisor, or boss
 - ▣ Co-worker, supervisor, or boss
 - ▣ Peer Support Coordinator from the Operational Stress Injury Social Support (OSISS) program

Method

▣ Covariates

▣ Predisposing

- ▣ Age, sex, marital status, rank, element, education, identification with racial/cultural group
- ▣ Mean number of deployment traumas, childhood experiences

▣ Enabling

- ▣ Household income

▣ Need for care in the past 12 months (WHO-CIDI diagnostic modules)

- ▣ Anxiety disorder (i.e., panic disorder, generalized anxiety disorder), major depressive disorder, posttraumatic stress disorder (PTSD), and alcohol use disorder

Results

	<u>Use in the past 12 months</u>		
	% Prevalence	95% CI	Frequency – <i>M</i> (SD)
Source of social support			
Religious or spiritual adviser	4.85	4.28 – 5.42	7.71 (10.96)
Family member	19.25	18.26 – 20.23	109.58 (109.74)
Friend	14.61	13.71 – 15.52	58.81 (73.37)
Co-worker, supervisor, or boss	10.42	9.63 – 11.22	42.52 (59.75)
OSISS Peer Support Program Coordinator	1.21	0.01 – 1.50	9.08 (8.38)

Results

■ Professional mental health service use

- $F(26, 475) = 32.12, p < .000$
- Covariates: > 25 years old; female; divorced, separated, or widowed; junior NCO; number of deployment trauma; history of sexual abuse < 18; anxiety disorder; major depressive disorder; PTSD; and alcohol dependence disorder

	<u>Past 12 months professional service use</u>		
	Adjusted OR	<i>p</i> value	95% CI
Block 5: Social support			
Religious or spiritual adviser	2.69	< .000	1.76 – 4.10
Family member	3.61	< .000	2.85 – 4.57
Friend	1.59	.002	1.19 – 2.12
Co-worker, supervisor, or boss	2.59	< .000	1.90 – 3.52
OSISS Peer Support Program Coordinator	20.56	< .000	5.74 – 73.60

Results

▣ Perceived need for information

- ▣ $F(26, 475) = 27.86, p < .000$
- ▣ Covariates: > 25 years old; history of sexual abuse < 18; anxiety disorder; major depressive disorder; PTSD; and alcohol dependence disorder

	<u>Past 12 months perceived need for information</u>		
	Adjusted OR	<i>p</i> value	95% CI
Block 5: Social support			
Religious or spiritual adviser	1.90	.002	1.27 – 2.86
Family member	2.61	< .000	2.02 – 3.38
Friend	1.92	< .000	1.45 – 2.53
Co-worker, supervisor, or boss	2.05	< .000	1.53 – 2.73
OSISS Peer Support Program Coordinator	7.24	< .000	2.82 – 18.56

Results

▣ Perceived need for medication

- ▣ $F(27, 474) = 24.50, p < .000$
- ▣ Covariates: > 25 years old; female; junior NCO; identification with a minority group; history of sexual abuse < 18; anxiety disorder; major depressive disorder; PTSD; alcohol abuse and alcohol dependence disorders

	<u>Past 12 months perceived need for medication</u>		
	Adjusted OR	<i>p</i> value	95% CI
Block 5: Social support			
Religious or spiritual adviser	1.42	> .05	0.94 – 2.15
Family member	3.01	< .000	2.27 – 3.98
Friend	1.20	> .05	0.89 – 1.62
Co-worker, supervisor, or boss	1.36	> .05	0.98 – 1.89
OSISS Peer Support Program Coordinator	20.05	< .000	5.78 – 69.55

Results

▣ Perceived need for counseling

▣ $F(26, 476) = 34.04, p < .000$

▣ Covariates: > 25 years old; female; divorced, separated, or widowed; junior NCO; number of deployment trauma; history of childhood sexual abuse < 18; anxiety disorder; major depressive disorder; PTSD; alcohol abuse and alcohol dependence disorder

	<u>Past 12 months perceived need for counseling</u>		
	Adjusted OR	<i>p</i> value	95% CI
Block 5: Social support			
Religious or spiritual adviser	2.43	< .000	1.56 – 3.78
Family member	3.21	< .000	2.54 – 4.06
Friend	1.98	< .000	1.52 – 2.59
Co-worker, supervisor, or boss	2.69	< .000	2.00 – 3.62
OSISS Peer Support Program Coordinator	–	–	–

Results

- ▣ *“Did [source of social support] give you any advice about whether you should or should not seek professional help for your problems?”*

	<u>Answered Yes</u>	
	% Prevalence	95% CI
Source of social support		
Religious or spiritual adviser	34.83	28.75 – 40.96
Family member	42.14	39.18 – 45.22
Friend	30.28	27.04 – 33.36
Co-worker, supervisor, or boss	37.01	33.04 – 41.03
OSISS Peer Support Program Coordinator	56.41	46.64 – 69.26

Discussion

- Seeking social support is associated with increased likelihood of professional mental health service use and perceived need for care
 - Support from a family member or an OSISS peer support coordinator holds the strongest association
 - **OSISS use was restricted to approximately 1.2% of the sample
- Weaker relationship with perceived need for medication
- Between 30-56% of individuals received advice about the use of professional mental health care from the source of social support they made contact with

Implications

- Potential mechanism by which professional mental health service use and perceived need for care could be increased
 - OSISS may be especially helpful but its use remains very limited
 - Family and co-worker/supervisor focused psycho-educational programs may have broader reach

Limitations and Future Directions

- Cross-sectional survey data
 - Seeking social support may have occurred following professional mental health service use or recognition of a perceived need for care
 - Potential treatment retention factor
- Limited sample size
 - Reduced generalizability of findings for some variables
- Future directions
 - Implementation and empirical evaluation of social support programs designed to facilitate access to professional mental health care
 - Evaluation of already existing programs (e.g., OSISS)

Q & A

- ▣ Thank you 😊
 - ▣ Doctoral supervisor – R. Nicholas Carleton, PhD
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