



Predictors of Help-seeking for Veterans Residing in Northern Ireland (NI), in the Context of Mental Health

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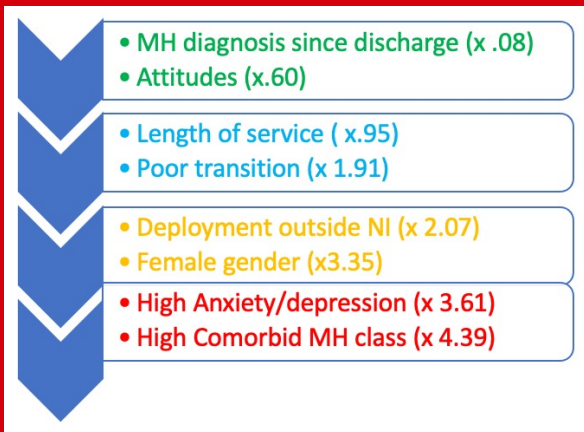


Veterans in NI are at risk of suffering high rates of mental ill health due to elevated trauma exposure and poorer support services. The Troubles legacy has created a need to stay hidden, which impacts both mental health (MH) and help-seeking (HS)

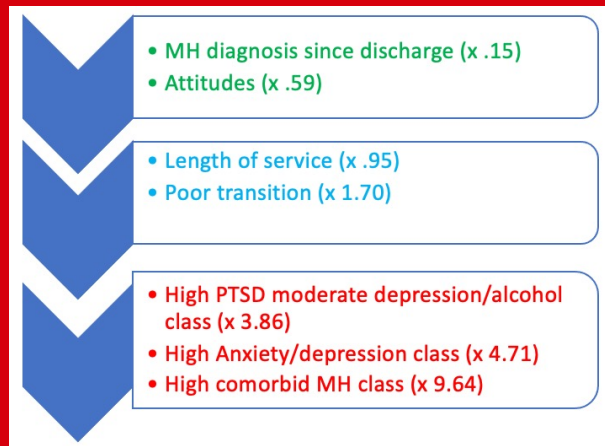


Logistic regression was conducted on 603 cases from NIVHWS data. HS was defined as actual medication and/or therapy use.

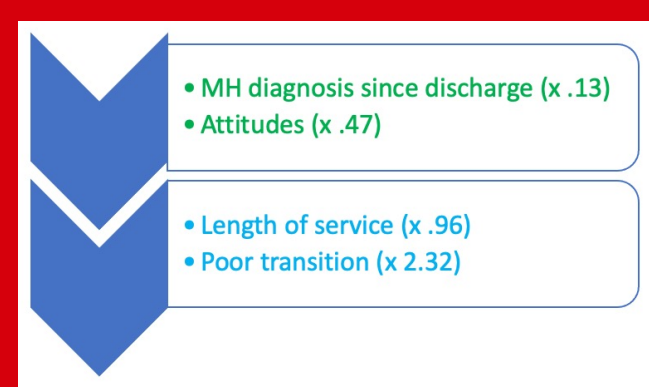
Predictors included latent classes of MH issues*, HS attitudes and military/demographic factors. The model was adjusted



Ever taken medication – yes
43.45%



Currently on medication – yes
28.86%



Ever had therapy yes – 45.61%
NB No variation in 'current therapy' scores so not included

Strongest predictors of HS by medication was two types of MH comorbidity (high comorbidity across 6 issues and anxiety/depression). High PTSD with moderate depression/alcohol predicted current med use. Maybe due to recent campaigns of HS for PTSD? Previous medication use was predicted by gender and external deployment. 'Homeservice' (UDR) status had no effect on HS. Why was this?



Transition/social support had effects on medication use and historic therapy use, but only where transition was poor. Despite suffering comorbid MH issues, poor MH outcomes were not a predictor of therapy use.

Whilst NI veterans prefer staying hidden and tend to non-disclose, 45.61% had engaged in therapy. What factors enabled this? Was social support buffering the current need for therapy? Queries elicited from this study warrants investigation.



*Latent class analysis of data from six MH scales found four classes: high 1) anxiety/depression; 2) high comorbid all MH issues; 3) high PTSD/moderate depression and alcohol; 4) moderate alcohol normative MH

