

# Why active duty GIs seek health and mental health services in the civilian sector

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## INTRODUCTION

Due to the wars in Iraq and Afghanistan, active duty GIs are seeking physical and mental health services from civilian professionals. There is limited information as to the reasons active duty GIs choose to seek civilian over military physical health and mental health services.

## OBJECTIVES

The present qualitative study intended to:

- 1) To clarify the reasons active duty GIs seek civilian health and mental health services;
- 2) To assess the satisfaction with civilian-sector services as an alternative to military-sector services.



## METHODS

An iterative thematic analysis was performed by two of the authors who previously served in the military (AR and GE). Analyses were performed on 27 randomly selected active duty GI clients' intake and follow-up interviews as well as clinical evaluations between 2009-2012 in the Civilian Medical Resources Network (CMRN: <http://www.civilianmedicalresources.net/>).\* The purpose of the analysis was to identify as broad a range of themes as was possible to achieve the objectives of the study. Transcripts were independently reviewed to identify quotes that captured core themes. The two authors then met to reconcile identified themes and resolve disagreements. Thematic saturation occurred when 23 client interviews and evaluations were analyzed. Four more client's were reviewed to ensure thematic saturation was achieved. The study was approved by the University of New Mexico Institutional Review Board.

\* CMRN is a non-profit corporation that began in March of 2005. CMRN works to address the unmet medical and psychological needs of active-duty U.S. military personnel who contact the GI Rights Hotline (a national effort by 25 religious and peace organizations). Since 2005, the network has grown from 3 to over 85 participating professionals located throughout the USA. In addition, the service volume has increased from 2 new referrals per month to 4 per week. CMRN services are supported by a secure web accessible client assessment and management application portal (<http://civilianmedicalnetwork.org>). The application allows for the use of a standardized admittance process and direct team communication. This means that several CMRN professionals working with the same client may efficiently understand a client's needs and communicate with one another in a secure environment. Services provided include civilian health and mental health resource linkage, diagnostic evaluations, second opinions, treatment, and letters of recommendations. These services can help GIs get the treatment they need, assist them in medical discharge and disciplinary hearings, and help end harassment by their chain of command and peers.

## RESULTS

Four core themes were identified. They are concerns about confidentiality in military service settings secondary to military health and mental health service provider's conflictual role with patients as both healer and military agent; family and household issues that are inadequately addressed by the military, economic problems, and geographic isolation of military bases leading to perceived unavailable or inadequate health and mental health services.

### Double agency

GIs' individual needs conflicted with military priorities. Clients reported that military professionals tended to ignore or to downplay the severity of an individual's healthcare needs in order to maintain the military unit's strength and effectiveness. For example, a 26 year old male, in his first deployment, had been diagnosed with depression and anxiety prior to deployment. His command has refused to allow him to out-process with a medical discharge, and he was instead deployed.

### Family/household issues

Clients indicated that family members' health, social, and financial needs were addressed inadequately. Becoming Absent Without Leave (AWOL) could result from these perceived unmet needs for services. For instance, a 23 year old white male in the Army began drinking and went AWOL to take care of his father when he heard of his father's worsening health conditions.

### Economic problems

GIs described financial hardship as a cause for undue stress and/or inability to find adequate health care and social services. For example, a 27-year-old Hispanic male Army Ranger Staff Sergeant was being discharged from the military for domestic violence. He did not want to be discharged and lose his benefits after 8 years and three deployments of service.

### Geographic isolation

During deployment or at rural bases, clients perceived mental or medical health services as unavailable or inadequate. One client reported to his CMRN intake worker, "In 1980 I was discharged from the US Army. I was placed in the Expeditious Discharge Program by my company Commander. The client has tried for service connected in 2003 but was traveling around so much and didn't keep the VA informed of his address.

## CONCLUSIONS

GIs who sought services in the civilian sector through the Civilian Medical Resources Network reported major military, social, economic, and deployment problems that created difficulties in receiving suitable services from military professionals. Concerns deriving from socio-economic status appeared more prominent than concerns related to race/ethnicity. The present study findings indicate the importance of developing opportunities for civilian services to meet the needs of active duty GIs. In addition, the inherent role-conflict for military health and mental health service providers and barriers-to-care within the military sector require more explicate attention in developing policies to address the current public health crisis affecting military personnel.

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