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PTSD Treatment-Seeking Among Rural Latino Combat Veterans: A Review of the Literature

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ABSTRACT

“Latino combat soldiers report both higher prevalence and greater overall severity of post-traumatic stress disorder (PTSD) symptoms than non-Hispanic Caucasians. However, these veterans face unique social and cultural barriers to accessing treatment for PTSD that distinguish them from their non-Hispanic white counterparts. Latino veterans who reside in rural settings face additional socio-cultural and structural impediments, in that they are likely to reside far from VA (Veterans Administration) medical facilities, have limited access to public transportation, and hold more conservative views toward mental health treatment than those residing in urban locales. However, little is known about the unique individual, sociocultural, and structural barriers to treatment faced by rural Latino veterans. This paper synthesizes the separate mental health and treatment-seeking literatures pertaining to Latinos, rural populations, and veterans, with the goal of identifying fruitful areas of conceptual overlap, and providing direction for future theory building, research, and targeted interventions.”

RESEARCH HIGHLIGHTS

- The percentage of Latino veterans of the U.S. Armed Forces is steadily increasing (VA, 2013), with residents of rural communities being over-represented in the Armed Forces. Additionally, rural-origin veterans have disproportionately been casualties in Iraq and Afghanistan. Given these characteristics, rural Latino veterans may have unique risks for PTSD, and the distinct characteristics of this population may impede their ability to access treatment. Through a review of the literature, this paper draws from Rogler and Cortes’(1993) health-seeking pathways model to examine PTSD treatment-seeking among rural Latino veterans.
- The authors found that Latino combat service members reported a higher prevalence, and greater overall severity of PTSD symptoms than non-Hispanic Caucasians. Latino service members were more likely to report exaggerated or intensified cognitive and sensory perceptions, such as flashbacks and hyper-vigilance. Additionally, PTSD among Latinos had a higher likelihood of being misdiagnosed because symptoms often take the form of somatic complaints (e.g., back or stomach problems). Moreover, the high cultural values placed on stoicism, on downplaying distress, and on the family as the vehicle for addressing personal problems may result in Latino veterans being reluctant to seek outside help.
- Several researchers found that an individual-level barrier to treatment seeking among Latino veterans was stigma. Latino veterans were concerned about being labeled as having a mental illness. Veterans who met the screening criteria for PTSD, major depression, or generalized anxiety were found to have the greatest concern over being stigmatized by their peers.
- Other factors that prevented treatment-seeking included Latino veterans being concerned that accessing treatment could be used to deny them security clearance in the future or harm their career, treatment would not be effective, belief that family serves as the vehicle for addressing personal problems, medical professionals lacking cultural competency, or difficulty accessing treatment due to transportation costs and limited health insurance.

IMPLICATIONS

FOR PRACTICE

Physicians and mental health professionals should receive cultural competency trainings in order to recognize both the increased likelihood that their rural Latino veteran patients having experienced traumatic events while on deployment, and that PTSD-related symptoms may be expressed as physical complaints. The VA might continue identifying ways to increase pathways to treatment for both rural and urban Latino veterans. The VA might continue working to earn the trust of Latinos, and other ethnic minority groups, such as Native Americans, through greater outreach. Given culturally conservative attitudes to mental health treatment in rural settings and the importance of family in many Latino subgroups, outreach efforts to promote treatment-seeking should be targeted to families and framed in terms of the benefits of treatment to family life. The VA and other mental health providers should continue to explore creative solutions (e.g., mobile clinics, telemedicine, transportation access) to ensure that veterans in rural settings can make their appointments. The VA might evaluate additional initiatives to encourage Latino rural veterans to remain in mental health treatment regardless of financial, transportation, or cultural barriers.

FOR POLICY

Given the concern that many OIF/OEF veterans expressed about the lack of confidentiality in DoD-supplied treatment, which could lead to the withholding of promotions or assignments, the DOD might continue exploring ways to reduce the withholding of promotions or assignments for service members who sought treatment and recovered. This lack of confidentiality in receiving mental health services may jeopardize soldiers' ability to obtain a security clearance, which is not only important for career advancement in the military, but in some civilian fields as well. The DOD should therefore consider addressing mental health treatment as a real or perceived barrier to obtaining a security clearance. Given that many veterans are still facing substantial bureaucratic barriers in accessing services, the VA might continue efforts to streamline its processes.

FOR FUTURE RESEARCH

Despite the impact that Latino cultural and social diversity may have on PTSD symptomatology and treatment-seeking pathways, research on treatment-seeking rarely distinguishes among different Latino subpopulations. Future researchers should distinguish subgroups and include more questions that address the impact of culture on medical beliefs and treatment-seeking. More research is needed on how treatment seeking is conceptualized and experienced by those suffering from PTSD and other mental health illnesses. Further research is also needed on the impact of prejudice/racism, distance from VA facilities, low SES, and limited job opportunities on treatment-seeking for rural Latino veterans. The literature review showed that more ethnographic research is needed to identify the complex social ecological factors that either facilitate or impede treatment seeking among this population. Researchers should also design longitudinal studies to identify long term treatment-seeking and treatment-avoidance patterns.

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