Primary care providers have an important role in fostering their patients’ health behaviors. Military service presents additional challenges to seeking healthcare, especially for psychological problems. Studies indicate that military members may be concerned about harming their career, losing the confidence of buddies, being treated differently by leaders, and being seen as weak.

However, underutilization of health and mental health resources may put service members and their families at risk. Importantly, perhaps as many as three out of four suicide completers have visited their health care provider within a year of their suicide, and a large percentage have had contact within a month.

The traditional model of behavior in service members emphasizes characteristics such as strength, independence, and emotional control, which may inhibit health care seeking. One may feel vulnerable seeking help and unable to maintain the view of oneself as powerful, successful, and in control. Denial of symptoms, difficulty recognizing the significance of non-specific feelings, and the use of alcohol or drugs to decrease pain are other issues that may influence the ability to know when help is needed.

Primary care providers should also be aware that gender roles and socialization may partially explain why help-seeking patterns in men are historically lower, especially in emotional problems and depressive symptoms. However, this behavior is by no means unique to males.

A number of positive factors have been identified that may motivate service members to seek help. This Courage to Care fact sheet describes these positive factors and translates them into talking points that primary care providers can use to influence service members to access more timely and appropriate health services.

Promoting Better Health Care Seeking

Four factors have been identified that may reduce the stigma associated with help-seeking by service members. We present these factors below and provide talking points that primary care providers can use in discussions around further evaluation, treatment, or services.

1) External Stress/events

Service members may be more receptive to acknowledging a problem and to seeking help if the problem is presented in the context of external events (e.g. environmental causes or an injury, rather than an illness), and not as the result of one’s failures or lapses. This approach can normalize the problem and reduce feelings of weakness, embarrassment, and shame.

Talking Point

“Many service members describe having your symptoms (e.g., difficulty sleeping, wanting to be alone, feeling irritable, etc.). It’s understandable given multiple deployments, stress on families, and difficulty coming back to daily routines. If these symptoms last for more than a few weeks, it’s wise to seek help, and that’s what we are here for.”

2) Social Benefits vs. Social costs

Service members often view health-seeking in the context of its social costs (being seen as incompetent, dependent, and inferior). A more positive approach would involve emphasizing social benefits and virtues such as superiority of judgment, competence, and collaboration. These traits are highly valued in the military.

Talking Point

“It was a good decision to come in today. We can work together to help you feel better” or, “Coming here to see us is...
a good sign — it means that you care about getting better” or, “I know coming to the appointment today took courage and really shows your commitment to getting better.”

3) Obligation to Stay Healthy (note using with #2 above, can be a powerful combination!)

Help-seeking should be presented as a legitimate means for service members to ensure their physical and mental health (to perform, to achieve), and can be discussed in the context of ‘duty’, as in one’s obligation to protect self, family, and comrades, an intrinsic part of military values and culture.

Talking Point
“By taking care of yourself, you are taking care of your family” or, “I know that you are ‘getting by’ — but by getting help, you can be doing that much better” or, “It was a good decision to come in before things get worse, your work really depends on you.”

4) The Family Factor
Loved ones are often instrumental in encouraging service members to seek medical attention. Helping family members who are significant in the lives of service members affect referrals for professional help and act as an important link in the chain.

Talking Point
“I value your concern about your husband’s symptoms and his need to seek help. You might tell him that multiple deployments have been stressful on many service members and families, and his feeling better not only will help him, but will help you and the children.”

Summary
Primary care providers can influence service members’ health and health behaviors by using some positive approaches. Framing discussions around the need for medical or psychological help in terms of external events, the social benefits of help-seeking, fulfilling one’s duty to self, family, friends, and community, and as a collaborative process may reduce barriers to seeking care. Ultimately, health care seeking can be seen as a way to increase self-care and to enhance one’s relationships with family, especially one’s children, friends, and work.

Resources
- Real Warrior: Resilience, Recovery, Reintegration
  http://www.realwarriors.net/
  Contains information on psychological health and traumatic brain injury for service members and for clinicians. Features real stories of service members who have sought and received help.
- Military OneSource
  https://www.militaryonesource.mil/
  Features comprehensive information on all aspects of military life and health, and an 800 24/7 helpline for all services.

Courage to Care is a health promotion campaign of Uniformed Services University and its Center for the Study of Traumatic Stress (CSTS). CSTS is the academic arm and a partnering Center of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury.