

Female military veterans face additional barriers accessing mental health support

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Gender differences are clear when it comes to military veterans seeking and accessing mental health support due to stigma around seeking such help, suggests research published online in the journal *BMJ Military Health*.

Although only a minority of both male and [female veterans](#) are accessing support, females appear to have additional barriers to overcome when seeking help, such as negative gender stereotypes and a lack of recognition of their veteran status.

Barriers to accessing mental [health](#) services among veterans are well researched in the UK, and examples include a lack of military specialist healthcare professionals and anticipated mental health-related stigma.

However, these studies have included predominantly [male participants](#), therefore our understanding of barriers to access experienced by female veterans is limited.

Although small, the number of female [military veterans](#) in the UK is increasing, with over 1000

women leaving [military service](#) each year.

Therefore, researchers from Anglia Ruskin University in the UK set out to explore and understand any [gender differences](#) in barriers that may discourage female veterans from accessing mental healthcare support.

For the study, 100 participants (43 female and 57 male) completed an open online survey of UK [armed forces](#) veterans who identified as having experienced post-military mental health problems.

The participants completed a 30-item 'Barriers to Access to Care Evaluation' scale and were asked to elaborate with more detail.

All participants were over the age of 31, all UK nationals, and most were white British. Both women and men had most commonly served in the Army, were non-commissioned on discharge and had left service over 10 years ago.

The results showed that overall, a minority of both female and male veterans had received mental health support/treatment during service (30% of female and 26% of male), but most had received support/treatment since discharge (79% and 72% respectively).

Of the 75 people who had received support/treatment since discharge, around a fifth of both female and male veterans had taken more than 15 years to seek help following discharge.

The type of treatment varied between the sexes with women being significantly more likely to report accessing NHS mainstream services compared with men.

Results showed that of those who had received support/treatment since discharge, the majority of female veterans reported accessing mainstream NHS services that were non-veteran specific (61%)

while only 19% accessed specialist veteran charities/third-sector organisations.

Male veterans most commonly reported accessing either mainstream NHS services (33%) or specialist veteran charities/third-sector organisations (32%).

The researchers said this could be due to the fact that mainstream NHS services had recognised the need for gender-sensitive services, so could be considered to better meet women's needs than veteran-specific mental health services.

Additionally, it was also possible that female veterans did not identify with the term 'veteran' and as a result did not engage with veteran-specific services.

Putting gender to one side, only a small proportion of both genders had accessed NHS veteran-specific [mental health services](#) (women 21% and men 14%) which suggested, said the authors, that further research was needed to determine whether or not NHS veteran-specific services were effectively engaging and meeting the mental health needs of veterans.

Analysis of the comments made about barriers to care showed a distinction between male and female responses.

Male veterans described the impact of "male psychology", with perceived masculinity at odds with help-seeking and accepting mental health needs, while female veterans reported a lack of understanding and negative stereotypes around women's mental health, leading them to feel their care needs were not taken seriously.

In addition, women noted some gender-specific barriers to help-seeking related to their military [service](#) with some speaking of the increased desire to prove their strength due to disparagements around gender and weakness in the Armed Forces and others reporting misconceptions and a lack of recognition of women as Armed Forces personnel.

The authors acknowledge that this pilot study had only involved a relatively small sample of people and was not representative of the wider veteran

population.

However, they conclude: "While efforts are being made by the UK Ministry of Defence to reduce barriers to mental healthcare for those still serving in the Armed Forces, it has been more difficult to provide a similar level of support to the veteran population."

They add: "With little [veteran](#) research focusing on the specific experiences of women, this study suggests that female veterans encounter specific access barriers and issues related to their gender. Further research is therefore needed to ensure these findings are addressed."

More information: Gender differences in barriers to mental healthcare for UK military veterans: a preliminary investigation, *BMJ Military Health*, [DOI: 10.1136/bmjmilitary-2020-001754](https://doi.org/10.1136/bmjmilitary-2020-001754)

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