



RESEARCH ARTICLE

Exploring the Motivators and Barriers Associated with the Utilization of University Counseling Services among Student Veterans: A Qualitative Study

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ABSTRACT

Student Veterans experience higher than average rates of mental illness. Yet, student Veterans utilize counseling services on college campuses at lower rates when compared to the general student population. The purpose of this study was to obtain qualitative data regarding student Veterans' motivators and barriers associated with seeking mental healthcare services and utilizing university counseling services. Data from the present study was collected from ten male student Veterans who participated in a two-hour focus group session. The focus group session was transcribed, and content analysis was conducted using the constant comparative method to identify major themes and subthemes of the session. Focus group themes related to identified motivators and barriers are presented and discussed. Unique themes included the tendency for student Veterans to report being reluctant to utilize counseling services due to a belief that they would be taking resources from others and a desire for a more directive counseling style. Stigma was also identified as a major barrier to care. Recommendations for tailoring university mental healthcare services to better serve student Veterans are presented and study limitations and recommendations for future research are discussed.

Keywords: Veteran mental health; university counseling services; healthcare utilization, prevention

Introduction

Student Veterans are a unique population with different needs than traditional students. Student Veterans often benefit from increased support transitioning from a highly structured military environment to a more flexible academic atmosphere.^{1,2,3} Stressors related to Veterans' integration into campus-life may also be compounded by attitudes regarding disability-status, self-stigma around needing additional support, and perceived difficulty navigating on-campus services.^{1,4,5} Furthermore, student Veterans' experience higher rates of mental illness than the general student population and may be especially at-risk for mental illness post-deployment.^{6,7} Many colleges and universities have responded to student Veterans' mental health needs by expanding programming for student Veterans and developing targeted strategies to reach this population. However, student Veterans consistently utilize university counseling services at a lower rate than the general student population.^{8,9,10} Additionally, research suggests that many institutions have yet to develop a consistent framework for tracking program utilization among student Veterans.^{9,11}

THEORETICAL UNDERPINNINGS

The process of identifying individual and population-level motivators and barriers to engaging in health promoting behavior (e.g., utilization of mental healthcare services) has shaped public health interventions for decades. This approach may provide needed insight for developing strategies to increase student Veterans' utilization of university counseling services. The Health Belief Model (HBM) was one of the first health theories to recognize the concepts of health benefits (i.e., motivators) and barriers in reference to health behavior.^{12,1} A cost-benefit analysis is a central component of the HBM; the theory assumes that individuals will take action to engage in health-promoting behavior(s) if the perceived benefits are greater than the perceived barriers to engaging in the behavior.¹³ The Transtheoretical Model of Change asserts that assessing the pros and cons of behavior change impacts an individual's change process and influences the likelihood that behavior change will be successful.^{14,15} Motivational Interviewing also utilizes the process of identifying motivators and barriers to change as an intervention approach to help individuals move towards engaging in healthier behaviors.^{16,17} Motivational Interviewing has documented success related to understanding and influencing health behavior among diverse populations.^{17,18} The Andersen Behavioral Model dissects healthcare utilization into three primary categories of determinants: (1) predisposing factors, (2) needs factors, and (3) enabling factors. Enabling factors encompass motivators and barriers to healthcare utilization and includes resources and support systems that can either expedite or obstruct one's ability to access care.^{19,20}

Foster investigated the help-seeking behavior and experiences of student Veterans attending community college and identified the following barriers to student Veterans' utilization of available counseling services: lack of awareness, failure to self-appraise need, difficulty in finding programs that addressed their specific needs, a lack of understanding about how to qualify for benefits,

and the assumption that accessing services involved a complex process associated with the Department of Veterans Affairs.⁸ For Veterans with posttraumatic stress disorder, combat-related triggers like small offices and crowded lines were identified as added barriers to help-seeking.⁸ Aside from Foster's study, there is limited research on student Veterans' reported motivators and barriers to utilizing mental healthcare services and no known studies have explored student Veterans' reported motivators and barriers associated with the utilization of university counseling services at a traditional 4-year university.⁸ The current study used a focus group to collect qualitative data from student Veterans at a large, traditional University in the southeastern United States to answer the following research questions:

1. What are student Veterans' unique motivators associated with seeking mental healthcare services and utilizing university counseling services?
2. What are student Veterans' unique barriers associated with seeking mental healthcare services and utilizing university counseling services?

Methods

PARTICIPANTS

Participants included 10 student Veterans enrolled at a large university in the southeastern, US, that were affiliated with the University's Student Veteran Services Office. Eight identified as non-Hispanic white, one identified as Hispanic/Latino, and one identified as non-Hispanic Black. Participants ranged in age from 19 – 31 years old. All participants identified as male.

ETHICAL APPROVAL STATEMENT

Prior to study implementation, Institutional Review Board approval from the University's System Review Board (Protocol # 15-03-12). All participants were given an informed consent statement to review that included information on all aspects of the study, including that participation was completely voluntary. Participants then provided formal verbal agreement to participate in the study prior to study implementation. Each participant's consent was witnessed and documented ensuring the ethical treatment of human research subjects.

PROCEDURE

Following the informed consent process, participants completed a demographic data questionnaire and were asked 13 open-ended focus group questions designed to encourage them to verbally share their perspective regarding Student Veterans' motivators and barriers associated with seeking mental health services and utilizing university counseling services. The focus group was conducted by the PI and a University Counseling Center staff member. The focus group session was audio-recorded and transcribed, verbatim, by trained research assistants.

QUALITATIVE DATA ANALYSIS

To analyze the transcription, content analysis was conducted on the focus group transcription by trained research assistants using coding processes housed in the grounded theory approach to identify major themes and subthemes of the session.²¹ Specifically, research assistants trained in the constant comparative method (1) independently highlighted the motivators and barriers

identified within the transcript of the focus group session; (2) established “tag lines” associated with identified motivators and barriers; (3) joined with a trained research assistant “partner” to compare and discuss the “tag lines” and establish major themes and subthemes; (4) joined as a group to solidify major themes and subthemes. This process was conducted by 6 trained research assistants (i.e., coders), 3 of which identified as student Veterans. The PI served as a supervisor and closely monitored each step of the process and conducted a final review of the transcription and agreed upon major themes and subthemes to ensure internal consistency between transcription and theming.

Results

The main themes (i.e. codes) that were identified by both sets of coders to be associated with student Veterans’ motivators to engagement in counseling services were: (1) Counseling Center Staff’s Connection to Veterans’ Experience, (2) Safe and Comfortable Space, (3) Incentives, (4) Anonymity, and (5) Directive style.

Coders identified subthemes related to Counseling Center Staff’s Connection to Veterans’ Experience, which included having staff that was military affiliated and having a “VA friendly” atmosphere. Subthemes for the Safe and Comfortable Space theme were therapeutic pets, female counselors, trusted staff, and positive/engaging atmosphere (e.g. peer support). Incentive-related subthemes were free services, food, monetary rewards, and material objects (e.g., scooters).

Anonymity-related subthemes were having a counselor located at the campus Veteran Center and having access to a helpline. Subthemes of Directive Style were counselors having a directive counseling orientation and providing psychoeducation. Lastly, Awareness-related subthemes were personal awareness of need and awareness of services available.

The main themes (i.e. codes) that were identified by both sets of coders to be associated with Student Veterans’ barriers to engagement in counseling services were: (1) Stigma, (2) Fear of Reprimand, (3) Discomfort with Counseling Process, (4) Coping Strategies Do Not Include Counseling, (5) Experience of Guilt Utilizing Services, and (6) Lack of Awareness. Stigma subthemes were taboo, judgement of others, and the belief that mental illness meant failure. Fear of Reprimand subthemes were fear of the following: loss of privileges, loss of respect, loss of worth, and loss of job. Subthemes of the Discomfort with the Counseling Process theme were discomfort with sharing personal information, not knowing what to talk about with counselor, and negative past experiences with counseling. Subthemes of the Coping Does Not Include Counseling theme were being trained to “put up with it,” avoiding emotions, minimization of needs, denial, and use of other coping tools (e.g., religion and alcohol). Experience of Guilt Utilizing Services subthemes were services meant for others not me and not wanting to waste counselor time. Lack of Awareness subthemes were lack of awareness regarding personal need and lack of awareness regarding center and services (See Table 1).

Table 1: Veteran Students’ Motivators and Barriers to Utilizing Counseling Services

MOTIVATORS	
THEME	SAMPLE COMMENT(S)
CC Staff’s Connection to Veteran Experience	“It’s important to be with likeminded individuals... We are not traditional students...”
Safe and Comfortable Space	“[Best to] come to the [VA lounge] where we are still in our community right here, this is our cocoon.”
Incentives	“it’s like very risk versus reward, like I mean there’s got be something that makes me feel that it’s a benefit or reward to go.”
Anonymity	“Open 24 hours... someone to listen to you, they are there, always there.”
Directive Style	“[I would go] for a purpose, not for you to tell me what I’m telling you.” “Might be cool [if counseling center] had like, like something to come in [for], like we are going to talk about time management today.”
Awareness	“People don’t know [the counseling center] exists.” “More advertising.”
BARRIERS	
THEME	SAMPLE COMMENT(S)
Stigma	“Anybody who’s been through the military gets such stigma... it just carries with them.” “Anything medically related... would kind of be looked down on.”
Fear of Reprimand	“I would withhold certain information... like when you were in the military, if you said the wrong thing, you were just spirited away.”
Discomfort with Counseling Process	“Not knowing what to talk about...” “We as men were raised... to hold it in and that’s reinforced in the military.”

Other Coping Tools	"a lot of weight lifting to cure your stress;" "drinking;" "drug use;" "Talk to close friends and family."
Feel Guilty Utilizing Services	"I feel like I was wasting [someone's] time." "What if I'm taking [services] away from [people who really need help]..."
Lack of Awareness	"I wouldn't even know [where the CC is], I would assume that you guys were Student Health, you know, I wouldn't remember."

***Footnote:** The table reflects themes and representative quotes from veterans discussing motivators and barriers to accessing campus counseling services. CC = Counseling Center; VA = Veterans Affairs.

Discussion

Student Veterans have unique motivators and barriers associated with utilizing university counseling services and have an increased need for mental health services when compared to the general student population.⁶ The current study sought to identify student Veterans' motivators and barriers to utilizing university counseling services at a large, traditional university, in the southeastern United States.

A novel finding from the present study was the tendency for student Veterans to report being reluctant to utilize counseling services due to a belief that they would be taking resources from others who need it more. Student Veterans in our sample discussed feeling guilty utilizing services that could benefit someone else and a belief that others: (1) had a greater need for the services and (2) that their use of services would be "wasting someone's time." Student Veterans may experience cognitive dissonance reconciling their identity as service providers (i.e., helpers) with their own need for help: a psychological bind that may negatively impact their ability to access the very services that are designed for them. This finding aligns with Trahan's research that found that student Veterans with social anxiety denied or minimized their mental health-related needs and the negative impacts of their disorder(s).²² Future research should further explore student Veterans' tendency to minimize their needs and their experience of guilt surrounding service utilization and explore ways to overcome this barrier to care.

The finding that student Veterans in our sample were motivated by a directive counseling style is another critical discovery from the present study. Counseling interventions targeting student Veterans may benefit from having a specific focus, theme, or topic that includes a direct agenda. It may also be beneficial for counselors to emphasize the orientation process with student Veterans to enhance their comfort with the counseling process and intentionally ensure that their counseling approach aligns with the Veteran student's preferences.

Our study finding that stigma operates as a barrier to student Veterans' utilization of university counseling services supports past research, including Currier and colleagues' finding that student Veterans experience greater stigma surrounding mental health help-seeking than the general student population.²³ Additional studies more broadly document Veteran's resistance to seeking mental healthcare due to stigma.^{24,25} Interventions aiming to increase utilization of counseling services among

student Veterans may benefit from directly addressing the negative social messages and self-stigma surrounding mental healthcare that are consistently reported by student Veterans. Critical Consciousness Theory asserts that increasing critical consciousness (i.e., increasing awareness and related actions pertaining to oppressive social norms) may serve as a means to buffer the negative impacts of marginalization experiences, such as those reported by student Veterans related to stigma surrounding mental healthcare.^{26,27} Interventions that include efforts to increase critical consciousness may be especially helpful in addressing the experience of stigma that is a consistently reported barrier to Veterans' utilization of university counseling services.

Study limitations of the present study include the small non-representative male-only sample that limits the generalizability of study findings. Future research should collect data from a larger more representative sample of student Veterans that includes female student Veterans, student Veterans of diverse racial/ethnic backgrounds, and student Veterans from universities across the country. Further research should also attend to issues of intersectionality. Student Veterans comprise many sociodemographic identities, in addition to their status as Veterans, all of which interact to shape student Veterans' mental health seeking behaviors and use of counseling services. For example, a White, male Veteran student may have different motivators and barriers to utilizing university counseling services than a Black female Veteran student. Also, racial identity, prior educational achievement, and access to micro-level networks of support are all variables that have been shown to mediate resilience in post-combat readjustment among student Veterans and may be important variables to consider in future research exploring the processes by which student Veterans are motivated to seek care and/or experience barriers to care.²⁸

Conclusion

Emerging themes from the current study support the need to tailor mental healthcare services to meet the unique needs of student Veterans. This research provides additional evidence for the role of stigma as a barrier to mental healthcare among Veterans. The present study also introduces unique barriers such as student Veterans' reported reluctance to utilize counseling services due to concern that they may be taking resources from others and a desire for a more directive counseling style. These findings provide opportunities for future research and more targeted interventions.

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