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Review

Perceived barriers and facilitators of mental health service utilization in adult trauma survivors: A systematic review

Viktoria Kantor *, Matthias Knefel, Brigitte Lueger-Schuster

Faculty of Psychology, University of Vienna, Liebiggasse 5, 1010 Vienna, Austria

HIGHLIGHTS

- Many trauma survivors seem to be reluctant to seek mental health treatment.
- Trauma survivors perceive a number of barriers to treatment.
- Facilitators are neglected in research but important to understand treatment use
- Similarities between trauma survivors of general and military population
- Highlights limitations in prior research and points to future directions

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ABSTRACT

Many trauma survivors seem to be reluctant to seek professional help. The aim of the current review was to synthesize relevant literature, and to systematically classify trauma survivors' perceived barriers and facilitators regarding mental health service utilization. The systematic search identified 19 studies addressing military personnel and 17 studies with trauma survivors of the general population. The data analysis revealed that the most prominent barriers included concerns related to stigma, shame and rejection, low mental health literacy, lack of knowledge and treatment-related doubts, fear of negative social consequences, limited resources, time, and expenses. Perceived facilitators lack attention in research, but can be influential in understanding mental health service use. Another prominent finding was that trauma survivors face specific trauma-related barriers to mental health service use, especially concerns about re-experiencing the traumatic events. Many trauma survivors avoid traumatic reminders and are therefore concerned about dealing with certain memories in treatment. These perceived barriers and facilitators were discussed regarding future research and practical implications in order to facilitate mental health service use among trauma survivors.

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* Corresponding author.
E-mail address: viktoria.kantor@univie.ac.at (V. Kantor).

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1. Introduction

Experiencing or witnessing traumatic events, such as being exposed to or threatened by death, serious injury or sexual violence (DSM-5, APA), can lead to mental disorders,[1] like PTSD, major depression, substance abuse or personality changes (Bremner, Southwick, Darnell, & Charney, 1996; Breslau, 2001; Scheiderer, Wood, & Trull, 2015; Shalev et al., 1998; Yehuda, Halligan, & Grossman, 2001). It is of great importance to treat pathological stress response promptly, as untreated disorders can exacerbate and become chronic conditions (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). An extensive body of research provides evidence for the efficacy of a variety of evidence-based treatments for psychopathological trauma sequelae (Bradley, Greene, Russ, Dutra, & Westen, 2005; Ehring et al., 2014; Van Etten & Taylor, 1998) and effective psychopharmacology (Friedman, 2000; Jacques-Tiura, Tkatch, Abbey, & Wegner, 2010). Unfortunately, only a few trauma survivors with MD who would benefit from professional treatment engage in psychotherapy or use other mental health services[2] (Bramsen & van der Ploeg, 1999b; Gavrilovic, Schützwohl, Fazel, & Priebe, 2005; McChesney, Adamson, & Shevlin, 2015). A similar picture emerges regarding people with MD who did not experience traumatic events: About only one third of individuals with treatable disorders actually seek mental health[3] treatment (Kessler et al., 2005). While the importance of engaging trauma survivors in adequate treatment is obvious for the above-mentioned reasons, research has shown that survivors are facing a range of obstacles towards MHS use. We employ the definition of MHS as formal facilities where specialized professionals (e.g. psychiatrists, psychotherapists, psychologists) apply evidence-based methods to treat MD to facilitate psychological well-being (Alonso et al., 2004; Kessler et al., 2005). Barriers comprise internal (e.g. fear of being judged) and external (e.g. no MH facilities available) obstacles to service use, while facilitators are internal (e.g. wish for change) and external factors (e.g. general practitioner advices to seek trauma treatment) that aid to increase MHS use. Investigating both barriers and facilitators is crucial to enhance trauma survivors' MHS use. Prior research mainly pursued two strategies to explore barriers as well as facilitators towards MHS use.

1.1. Characteristics associated with MHS use

First, correlational studies focused on characteristics of MHS use and investigated factors associated with seeking MHS (e.g. Boscarino et al., 2004; Koenen, Goodwin, Struening, Hellman, & Guardino, 2003). In their systematic review of correlates among heterogeneous trauma survivors' MHS utilization, Gavrilovic et al. (2005) identified a range of positively associated factors with treatment seeking. They used Andersen's (1995) behavioral model of health service use to classify their results in three categories: (1) predisposing factors: female gender, higher education, living in an urban area, being Caucasian; (2) enabling factors: low to medium income, coverage through medical insurance; and (3) need factors: severity of current psychopathology, somatic symptoms, general health status. Inconsistencies were reported especially in the predisposing factors, as for example both older and younger age predicted treatment seeking, which was also the case for being employed and unemployed, as well as the marital status (Gavrilovic et al., 2005). Elhai and Ford (2009) focused on less heterogeneous types of trauma survivors and reviewed MHS use among directly exposed disaster survivors. They identified as predisposing factors: young and middle age, being Caucasian, and the extent of disaster exposure. As need factor they reported that being diagnosed with major depression and PTSD as comorbid disorders is strongly associated with MHS use (Elhai & Ford, 2009).

1.2. Individuals self-perceived reasons for use or non-use of MHS

In the second applied research strategy, survivors' subjectively perceived barriers and facilitators were explored with interviews and questionnaires (e.g. Bance et al., 2014; Chapman et al., 2014a). Gulliver, Griffiths, and Christensen (2010) reviewed and summarized studies of young persons' perceived barriers and facilitators towards MHS use. The most important obstacles towards treatment seeking were stigma and embarrassment, a low MH literacy and a preference of solving problems on their own. Although research generally neglected facilitating factors, positive experiences with prior MHS use and encouragement from significant others seemed to positively influence treatment-

[1] MD
[2] MHS
[3] MH

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