

## Barriers to mental health treatment after a traumatic event - a systematic literature review

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**SUMMARY.** The aim of this review was to look at reasons for not seeing treatment from mental health services after a traumatic event. Databases of literature were searched in a systematic manner and eight relevant articles identified. Studies that looked at descriptive reasons for non treatment seeking mainly used preconceived list of barriers. Common barriers are grouped and suggestions for further research made

**KEY WORDS:** treatment seeking, trauma, PTSD

### INTRODUCTION

Mental health treatment has shown to be effective<sup>1</sup> and holds the promise of shortening the duration and lowering the level of psychological distress following traumatic events. Many people suffering from posttraumatic stress symptoms seek medical help<sup>2</sup>, but a significant proportion does not seek or receive mental health treatment<sup>3,4,5</sup>. Furthermore, if PTSD is left untreated it can be complicated by other disorder such as depression and substance abuse<sup>6</sup>. Therefore, reaching the patients suffering from posttraumatic stress remains a special challenge to health services.

The aim of this review was to identify reasons for not seeking treatment, and conclude on implications for both clinical services and future research in the field.

### MATERIAL AND METHODS

Databases Medline, Psychinfo and Embase were searched with a combination of subject headings "Health Care Utilization", "Mental Health Services", "Help Seeking Behaviour", "Patients Acceptance of Health Care" and "Post Traumatic Stress Disorder".

Inclusion criteria for the review were that a study

- a) has been conducted on a sample of adults who had experienced a traumatic event, and
- b) looked at reasons given for not seeking mental health treatment.

Eight studies fulfilled inclusion criteria (Table 1).

**Samples:** In total, the eight studies investigated approx. 1,300 people that had experienced traumatic events. Three studies were conducted on Vietnam veterans, two studies on community samples (type of trauma varies) and one each on refugees, ambulance workers and victims of community violence (see Table 1).

Recruitment methods: Two studies<sup>7,8</sup> identified groups with PTSD in community samples not in treatment and looked at reasons for not seeking treatment. One study identified Vietnam war veterans receiving disability benefits for PTSD<sup>9</sup> and the five remaining studies identified groups of people after a traumatic event, one of which was random or stratified<sup>10</sup>.

## RESULTS

Definition of mental health treatment: As shown in Table 1, definitions of mental health treatment varied from service use at present, within the preceding 12 months or over lifetime (VA or any).

Methodology to identify reasons for not seeking mental health treatment/statistics: Three studies<sup>7,8,9</sup> described barriers to treatment only in participants who had significant levels of posttraumatic stress. Kulka, et al.<sup>10</sup> described barriers in groups of Veterans with and without PTSD whilst remaining studies identified them in samples of individuals with traumatic experiences regardless of their level of symptoms.

Reasons for not seeking mental health treatment: As shown in Table 1, the lists of barriers are different in each study. However they have many common components. These common component can be grouped into external and internal barriers. External barriers mainly describe lack of resources or knowledge about services e.g. "I have transport difficulty" or "I am concerned about the costs/do not have insurance". Internal barriers are beliefs and attitudes about the illness and mental health services e.g. "I do not want to talk about trauma", "I distrust services", "I do not have a problem at this time". These common barriers are shown in Table 2.

## DISCUSSION

All studies used predetermined lists of barriers to treatment apart from<sup>11,12</sup>, which investigated only one reason for not seeking treatment. Only in Westermeyer, et al., study<sup>12</sup> the list was made on the basis of a previous qualitative study with the same population. Other studies used ad hoc developed lists designed for a particular study, thus limiting the possible answers to those researchers considered important.

The findings are difficult to compare because the a priori developed lists and the definition of treatment varied from study to study. Also, the samples varied with respect to the cultural background, the type of trauma, and the level of psychopathology. For example, Koenen, et al.<sup>7</sup> and Rodriguez, et al.<sup>8</sup> included only interviewees with identified psychopathology (in this case PTSD), whilst Yeung<sup>13</sup> and Westermeyer, et al.,<sup>12</sup> investigated barriers in samples after a trauma regardless of the level of psychopathology. Thus it may happen that participants without any symptoms were asked about barriers to treatment.

Despite these methodological inconsistencies a number of common barriers were identified and grouped into external and internal ones.

## CONCLUSIONS

The review has some limitations, and has probably not fully exploited the potential of existing data sets. The studies which did not distinguish between mental and physical treatment seeking were not included in the review. The existing knowledge on the reasons for not seeking treatment may be seen as very limited. The studies vary substantially with respect to design, population and context. This makes it difficult to base specific recommendations for service development on the existing evidence.

**Table 1. Overview of studies that look at reasons given for not seeking mental health treatment i.e. barriers to treatment**

Study	Participants	Sample selection	Type of treatment	Method and identified reasons for not seeking treatment
Wester-Meyer <sup>12</sup>	N= 121 Native American Vietnam war veterans who reported any barrier to use of VA mental health services	b	VA mental health care	List of 24 barriers grouped in 4 clusters , list was made on the basis of answers to open questions, frequency of barriers is available VA system barrier 89% (the most frequent problems with using or accessing VA services and absence of VA services/outreach in native American communities) Veteran barriers 73% (the most frequent inadequate resources to access VA services, mistrust of VA, lack of familiarity with VA services VA staff barrier 36% (the most frequent lack of familiarity and / or skill in providing care for Native American Veterans) Family Community barriers 4% (the most frequent family-community not supportive of veterans with mental health problems)
McFall <sup>9</sup>	N=73 male Vietnam war veterans receiving disability benefits for PTSD not received VA outpatient mental health treatment within last 48 months and not scheduled an appointment after outreach intervention	c	To schedule an intake appointment	List of 14 barriers asked during the intervention, below listed frequencies for 'non VA treatment seekers' group that did not schedule intake appointment after the outreach intervention Physical barriers to accessing care 1. 42.5% Has obligations that prevent regular treatment attendance 2. 35.6% Lives too far away from a VA facility 3. 21.9% VA PTSD services are not available when attendance is possible 4. 6.21% Lacks reliable transportation Attitudes towards mental health care and VA 1. 49.3% Distrust governmental agencies 2. 42.5% Has had past unsatisfactory treatment experiences at VA 3. 36.1% Has no problems with PTSD that needs treatment 4. 29.2% Lack of choice of providers or types of treatment received at VA 5. 24.7% The waiting times are too long at VA 6. 23.9% The treatment will bring reminders of past traumas 7. 23.6% The treatment is not effective 8. 23.3% VA has bad reputation in treating veterans 9. 23.3% The atmosphere at VA is too stressful 10. 19.2% Veterans are treated disrespectfully at VA
Koenen <sup>7</sup>	N= 668 with PTSD that have not sought mental health treatment, community sample, National Anxiety Disorder Screening Day	b	Mental health treatment / treatment for mental disorder	List of 8 barriers (5 beliefs barriers and 3 resources barriers ) given Beliefs 1. 28.7% Can handle it on my own 2. 18.4 % Afraid of what people will think 3. 13.6 % Afraid to take medicines 13.6 % 4. 9.4% Don't have a disorder 5. 6.6% Treatment won't help Resources 1. 39.5% Not sure where to get help 2. 28.3% Can't afford treatment 3. 18.1 % No insurance
Alexander <sup>11</sup>	N=90 ambulance personnel that experienced a personally disturbing incident within last 6 months	c (68.75%)		99% were 'frequently' or 'always' concerned about confidentiality and career prospect
Yeung <sup>13</sup>	N= 46 Cambodian refugees from Community centre not receiving mental health treatment (not checked for level of symptoms)	b	Seeking services other than mental health services	List of 8 barriers given, frequencies of the answers available 1. 54.4% I do not have a problem at this time 2. 28.3% I do not speak English 3. 28.3% I don not believe mental health professionals can help me 4. 26.1% I do not know where to get services 5. 17.4% I can not afford the cost 6. 17.4% I am too depressed to talk to anyone 7. 15.2% I have no transportation 8. 8.7% I am afraid of being called or looked at as being crazy

Note. a - representative (response rate); b - selective; c - inclusive (response rate)

Table 1. (Continued)

Study	Participants	Sample selection	Type of treatment	Method and identified reasons for not seeking treatment
Kulka <sup>10</sup>	<p>N1=46, N2=40 and N3=114 male theatre Vietnam war veterans                      N1- PTSD cases that never used mental health services                      N2- PTSD cases that used services in the past only                      N3- likely non cases who reported mental health problems for which they did not seek help (from National Vietnam Veterans Readjustment Study)</p>	<p>a (80% stratified community sample)</p>	<p>LAST 12 MONHS - any mental health services, VA mental health services                      LIFETIME - any mental health services, VA mental health services</p>	<p>List of 12 barriers given, frequencies of the perceived available 1. N1=98%, N2=62%, N3=88% Want to solve problem on their own 2. N1=70%, N2=56%, N3=75% Would get better by itself 3. N1=52%, N2=55%, N3=54% Think treatment probably would not help 4. N1=49%, N2=25%, N3=29% Concerned what others might think 5. N1=47%, N2=30%, N3=29% Concerned others might find out about a problem 6. N1=45%, N2=45%, N3=25% Distrust mental health professionals 7. N1=41%, N2=49%, N3=11% Afraid what they might find 8. N1=37%, N2=54%, N3=37% Unsure where to go 9. N1=31%, N2=32%, N3=22% Would take too much time 10. N1=27%, N2=42%, N3=32% Concerned about cost 11. N1=18%, N2=6%, N3=8% Other reasons 12. N1=0%, N2=6%, N3=4% 0% Distance, transportation</p>
Rodriguez <sup>8</sup>	<p>PTSD cases in primary care who are not receiving medical                      N1=64 or psychosocial                      N2=72 treatment</p>	<p>a (appr. 18%)</p>	<p>Current and 3 months prior psychotropic medication                      current and 6 months prior psychosocial treatment</p>	<p>List of 13 barriers given, frequencies of the answers available PSYCHOPHARMACOLOGICAL TREATMENT                      1. 45% physician did not recommend medication                      2. 33% did not believe in taking medication as a way of dealing with the particular emotional problems                      3. 25% not believing they had a problem for which medication is necessary                      4. 19% medication side effect                      4. 11% ineffectiveness of past attempts at psychopharmacological treatment                      5. 6% too busy                      PSYCHOSOCIAL TREATMENT                      1. 26% not believing they had a problem for which treatment was necessary                      2. 25% did not believe in psychotherapy as a way of dealing with the particular emotional problems                      3. 19% physician did not recommend psychotherapy                      4. 18% too busy and treatment being inconvenient                      5. 17% ineffectiveness of past attempts at psychotherapy                      6. 13% financial reasons</p>

**Table 2. List of reasons for not seeking treatment**

External barriers - resources	Internal barriers - beliefs
1. I do not understand the official papers they want me to fill in	1. I do not want to talk about trauma
2. I am not sure where to ask for help	2. I distrust services
3. It takes too long to get an appointment	3. I feel discriminated against because of my race/ethnicity
4. I have transport difficulty	4. I believe that people of the host country do not understand my mental health problem (specific for migrants/refugees)
5. I do not speak the language well (specific for migrants/refugees)	5. I think I will obtain better help from somebody else (family, priest, organizations etc.)
6. I am concerned about cost/do not have insurance	6. I feel it is better to solve your own problems
7. I am too busy	7. I do not have a problem at this time
	8. I do not believe mental health professionals can help me
	9. I am concerned others might find out about problem
	10. I am afraid of being called or looked at as crazy
	11. I will be treated disrespectfully
	12. I had previous negative experiences with treatment
	13. I am afraid of side effects of medication

## LITERATURE

References marked with an asterisk\* indicate studies included into the literature review

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