THE EFFECTS OF MENTAL ILLNESS ON TRUST BETWEEN MILITARY VETERANS

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Background

- Theoretical underpinnings
- Types of stigma
  - Implicit Stigma
  - Explicit Stigma
  - Internal Stigma
  - External Stigma
- Stigma of Mental Illness in a Military Population
Statement of the Problem

• Research indicates that Veterans feel they would lose trust from leaders and peers if they displayed symptoms of a mental illness or sought treatment for their symptoms.
• Current research does not directly measure trust, it merely measures perception.
• Research into the stigma of mental illness in the military population has failed to address how the stigma of mental illness affects trust between unit members.
Purpose

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  - To determine if the presence of a mental illness within a soldier affects the trust another unit member has in him/her
- Identify moderating variables
  - (1) the amount of combat exposure
  - (2) the number of deployments
  - (3) the age participants entered the military
  - (4) Gender
  - (5) Age
Flow Chart A

1. Service member
2. Service member discloses mental illness
3. Service member has a perception regarding loss of trust following this disclosure and or treatment
Flow Chart B

Service member A

Unit member “B” in the service members unit discloses symptoms of a mental illness and or treatment

Service member A does or does not actually lose trust in unit member “B”
Hypotheses

- Participants will be less trusting of a unit member who is displaying symptoms of a mental illness while on duty and working closely in the same unit.
- Trust scores for unit members deemed fit for duty will not be significantly different from those of the scenario displaying symptoms of a mental illness without receiving treatment.
- Exploratory analyses were employed to determine whether variables such as: (1) the amount of combat exposure, (2) gender, (3) age, (4) the age participants entered the military and (5) number of deployments reported were moderators to the relationship between the presence of a mental illness and trust.
Methodology and Procedure
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- Scenarios
  - One- Control
  - Two-Symptoms
  - Three- Symptoms + Treatment

- Measures
  - Demographics Questionnaire
  - Combat Exposure Scale
  - Trust in Teams Scale
Primary Outcome Variables

• Global Trust
  • Overall trust accounting for all facets described below

• Predictability
  • The extent to which the person’s behavior is consistent

• Benevolence
  • The extent to which the person is seen to be genuinely caring and concerned

• Competence
  • The extent to which the person exhibits a group of skills, competencies and characteristics that allow them to have influence in some domain.

• Integrity
  • The extent to which the person is seen as honorable and their words match their actions
Participant Characteristics
Number of Participants in each Scenario

- Scenario 1 - Control, 74
- Scenario 2 - Symptom, 75
- Scenario 3 - Symptoms + Treatment, 56
Overall Gender

Participant Gender

- Male: 82%
- Female: 18%
Gender within Scenarios

- Scenario 1
- Scenario 2
- Scenario 3

Male
Female
Branch of Service

- Branch: 55%
- Marines: 15%
- National Guard: 7%
- Airforce: 11%
- Navy: 12%
Significant Results
Outcomes: Global Trust

- The overall model predicting global trust was significant ($R^2 = .067$).
- The covariates entered on the first predictor block did not account for significant variance ($R^2 = .032$).
- Scenarios, entered on the second block, accounted for significant incremental variance ($\Delta R^2 = .035$).
- Global trust scores were significantly higher when participants read the symptom plus treatment scenario than when participants read the symptom scenario ($b = .427, p = .007, r_s^2 = .035$).
- There was not a significant difference in global trust scores when comparing the participants who read the control scenario to those who read the symptom plus treatment scenario, ($r_s^2 = .016$) or the symptom scenario ($r_s^2 = .004$).
- Of the remaining individual predictors, only combat exposure was a significant unique predictor, suggesting that higher levels of combat exposure were associated with higher levels of global trust ($r_s^2 = .025$).
Mean Global Trust Scores

- Scenario 1: 5.87
- Scenario 2: 5.74
- Scenario 3: 6.13
Global Trust Significant Difference

Scenario 2  Scenario 3

Global Trust

Global Trust

Scenario 2  Scenario 3
Outcomes: Predictability

• The overall model predicting predictability was significant ($R^2 = .087$).
• The covariates entered on the first predictor block did not account for significant variance ($R^2 = .025$).
• Scenarios, entered on the second block, accounted for significant incremental variance ($\Delta R^2 = .062$).
• Predictability scores for individuals exposed to the control scenario were significantly higher than for those exposed to the symptom scenario ($r_s^2 = .184$).
• Predictability scores for individuals who read the symptoms plus treatment scenario were significantly higher than for participants who read the symptom scenario ($b = .689$, $p = .01$, $r_s^2 = .062$).
• There was not a significant difference in predictability scores when comparing the participants who read the control scenario to those who read the symptoms plus treatment scenario ($r_s^2 = .015$).
• Of the remaining individual predictors, only combat exposure was a significant unique predictor from the final model; suggesting that higher levels of combat exposure were associated with higher levels of predictability ($r_s^2 = .024$).
Mean Predictability Scores

Predictability

- **Scenario 1**: 5.55
- **Scenario 2**: 5.23
- **Scenario 3**: 5.88
Predictability Significant Difference

![Graph showing predictability difference between Scenario 1 and Scenario 2. The predictability decreases from Scenario 1 to Scenario 2.](image-url)
Predictability Significant Difference

Predictability

- Scenario 2
- Scenario 3
Discussion
Discussion

• Inconsistent with perceptions and this researchers hypothesis
  • Global trust did not decrease with disclosure
  • Competence, benevolence, integrity, and predictability did not decrease with disclosure
  • Does not show the existence of actual measureable declines in trust
Significance

• Results like this can alleviate myths about mental health care and reduce the internal stigma associated with receiving treatment for mental illness.

• These findings indicate the need for advocacy in the field of mental health.
Future Research
Limitations

- Veteran rather than active duty sample
- Use of a fictional team member
- Co-morbidity of PTSD with alcohol use is not presented
- Exclusively self-report
- Social Desirability
“Lead from the front” - Audie Murphy
References


