

A Qualitative Research on Mental Health Recovery in a Sample of Hispanic Veterans: Implications for Program Development and Clinical Practice

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Background

According to the President New Freedom Commission on Mental Health (2003) recovery refers to the process by which people can live, work, study and fully participate in their communities. Recovery is not a standard process for all individuals. Hence, it is a process of discovery of what is recovery of mental health. The National Consensus Statement on Mental Health Recovery (SAMHSA, 2004) presented a broad road map for the individual to achieve recovery. The Consensus Statement presented a guide of 10 components necessary to achieve recovery (See National Consensus Statement). As a guide, it is general enough to allow for individuals and communities to define what are the specific components necessary to achieve recovery. Since recovery is not a fit-all lineal process, every individual and community, must find and develop what are their specific components that fit them most. For the APA recovery refers to a road of healing and transformation that allows the person with any "mental health condition to live fully in their community of its choosing and achieve its full potential" (American Psychological Association, 2011).

Currently the United States is involved in multiple theaters of armed conflict and deployments to disaster areas. Since the beginning of conflicts in Afghanistan and Iraq, approximately 1.5 million troops have served in the two theaters of operation. (Panangala, 2006; American Psychological Association,

2007). Since September 11, "more than 2 million U.S. troops have been deployed to Iraq and Afghanistan" (Substance Abuse and Mental Health Services Administration, 2011). One-third of them have served at least two tours in a combat zone, 70,000 have been deployed three times, and 20,000 have been deployed at least five times (American Psychological Association, 2007). This has created a cadre of service personnel of increased range of age and backgrounds that has multiple possibilities of being exposed to traumatic events.

The US Census has estimate that by 2012 there are over 21 million veterans in the United States (of which over 1 million are of Hispanic origins). The veteran population has specific mental health needs that stem from their life experiences that might not necessarily mirror the civilian populations. We sought to obtain a broad view of the sampled Hispanic veterans needs to foster recovery of mental health using the National Consensus Statement on Mental Health Recovery.

Discussion

This investigation had the goal to explore what are the culturally pertinent elements necessary to achieve mental health recovery. The focus of this research is a qualitative one. This kind of research scope does not concentrate in the numerical quantity of the data, but rather, on the quality of the information. It is seeking and attempting to answer 'why' as it pertains to the researched phenomena. The emphasis is in understanding a problem or evaluating behavioral patterns through observation (Ginsberg, 2001). For their part, Lucca and Berrios (2003) state that qualitative research is an established field of research that includes knowledge that encompasses diverse designs and strategies that produce data and information of a textual, visual or narrative nature, which are analyzed by non-mathematical methods.

The qualitative method selected to gather the information will be the semi-structured interview. This included the questions that follow the general objectives of the research. To develop the questions a literature review was performed focused on questions used by other research on a similar subject. Using this information the questions for this research were developed. This semi-structured interview seeks to explore the military experience of the subject, its contact (directly or indirectly) with the mental health services during and/or after military service, their vision about the stigma of seeking and/or receiving mental health services and what are their perspectives regarding the elements necessary to achieve recovery from mental health conditions. The same procedures were done for all participants to gather the information during the interviewing.

For the management of the gathered information the content analysis technique will be employed. The method to be utilized in this research was developed by the Government Accountability Office (GAO, 2008a; 2008b). It was further validated by the Applied Research and Methods division of the GAO. With this method the researcher establishes categories based on the research questions. Also it permits the creation and merger of categories that develop during the recompilation and information analysis phases of the project. A series of dimension will be developed and established to reflect the research goals. Veterans were selected by the non-probabilistic tool of convenience sampling. The inclusion criteria was any veteran of the uniformed services of the United States, this includes service members from the Army, Navy, Air Force, Marines, National Guards or reserve, public health service, Coast Guard and Merchant Marines (deployed to combat or disaster areas), are eligible to participate. The main goal is to allow the veterans to contribute the life experiences as active members of the military community to the research, especially those regarding the attitudes

towards mental health, the probability of stigma in seeking mental health services and the key elements that would allow a process to seek services and achieve recovery. The participants will be identified through the civic organizations that have veterans as their members, the local offices of the Department of Veterans Affairs and any other community group that has veterans within their membership.

During the implementation stage 16 male Hispanic veterans (age 26-90) were interviewed. All were members of the Army with service ranging from 2-17 years, including combat service from WWII to the Gulf Wars. Most characterized their service experience in a positive manner (See Demographic Profile). Those who characterized their experience as bad attribute it to a "lack of information" and racial discrimination. After been discharged the veterans experience in reintegration unto their communities varied. Some were smooth while others describe it as a "difficult process".

Those from veterans from the WWII, Korea and Vietnam stated that they did not receive any kind of mental health service during service. As one of the veteran stated,

"the army doesn't have those kinds of services. At that time they didn't spoke of that subject. There was realization of metal conditions on the troops. Besides, we were young, we weren't affected by emotional problems".

There was consensus that service members and veterans should receive mental health services. While another commented, "there was no orientation on mental health services. There was no orientation on what is mental health. They don't speak of that. I never use it."

Those veterans of the Gulf Wars era had a different experience. One of the veterans indicated,

"once, when I was in Germany, before going to the Golf, the captain made an appointment for me. I had to go 2 or 3 times, and then I was cleared.... after I got out of the National Guard they told me I could go to receive mental health services and that didn't meant we were crazy. Having problems didn't mean we were crazy".

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

The 10 Fundamental Components of Recovery

- Self-Direction:** Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.
- Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.
- Empowerment:** Consumers have the authority to choose from a range of options and to influence their own recovery process.
- Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers have storied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.
- Peer Support:** Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
- Respect:** Community systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.
- Responsibility:** Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must be motivated to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.
- Hope:** Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized, but can be fostered by peers, families, friends, and providers. Hope is a goal.

...family supports as determined by the person. Families... play crucial roles in creating and maintaining meaningful opportunities for consumer...

...can be fostered by peers, families, friends, providers...

Demographic Profile	
Age	26 – 90
Gender	All Males
Household	Lives alone (3), with family (12), assisted living (1)
Education	High school (3), Some College (2), Associate Degree (2) Bachelors (6), Master (3)
Reasons for Joining	Drafted (10), volunteer (6)
How was the service	Good (13) Bad (3)
Branch	Army (16)
Served Branch	Choose (6), lack of information (2), assigned (8)
Years of Service	Active Duty 2 – 17 years, National Guard or Reserve 3-9 years
Postings	Continental U.S., Germany, Trinidad, Korea, Vietnam, Saudi Arabia
Deployed to Combat	11
Highest Rank	PFC – Staff Sergeant, Specialist
Military Occupation	Infantry, artillery, supply, munitions, administrative communications, military police, munitions
Initial Military Occupation	Assign (11) Choose (5)
Health Services Active Duty	Routine services (16), STD (1), Mental health services (3)
n = 16	

Current Efforts

- As part of a Veteran's treatment, some members of the Veteran's immediate family... may be included and receive services, such as family therapy, marriage counseling, grief counseling, etc. examples of how VA helps families might include providing education about mental illness and treatment options. Family members might learn how to recognize symptoms and support recovery (VA, 2012).

-Veteran Health Administration has also enhanced its mental health services, adding more than 7,500 full-time-equivalent mental health staff and training more than 4,000 staff members in providing psycho-therapy for veterans who suffer from post-traumatic stress disorder (CBO, 2011).

-Veteran Health Administration provides support to those individuals that act as a Caregiver for a Veteran. There are several support and service options for the Caregiver. Coordinators and VA/community resources; and provide emotional support. Services for this group of Caregivers include: monthly stipend travel expenses (including lodging and per diem while accompanying Veterans undergoing care); access to health care insurance health services and counseling; and Caregiver training (VA, 2016).

Veterans Voices

There was consensus in the sampled veterans that recovery of mental health is possible. Quantifying that is a difficult process. One of the veterans explains, "you can improve, but it takes time. Recovery of mental faculties requires a lot of techniques". Going on to stress the importance of adequate and timely service, "but if you are going to give the veteran services now, after 5, 10, 20 years, there no way to fix it". The sample veterans description of recovery varies:

"Recovery is the change in his life to achieve a normal life. If you are sick there has to be a change to seek normalcy and recovery. One can get better, but complete recovery is not possible."

"Recovery can be defined as being better than you were, being cured. Making the person function normally. Every person is different".

"I understand that recovery is minimizing harm or rescinding it, maybe completely. So a person can function normally, regardless of an emotional problem. A physical injury, even if it heals, it will never be the same, it will be more prone to injury. It's the same with mental matters.

On how recovery of mental health a recurrent theme emerge: peer support in the form of family.

"One of the elements necessary for recovery is the family. If the family rejects you, you'll never recover. Now, if your family accepts, give you opportunities and time recovery is possible".

"The family should be involved, to see what the matter is and how they can help".

"At that veteran clinic a space should be provided for the family, so the patient is in contact with his family. So there is a constant flow of information between the mentally ill and his family. Not secluding him. The family should go through therapy. The family should be made aware that their family member needs professional mental health aid. Family should be supportive".

The interviewed veterans provided their impressions of what is recovery of mental health. For the sampled veterans we can highlight that recovery of mental health "is the change in his life to achieve a normal life". Equally important is "being better than how you were". Clarifying that "normal life" and "being better" was the functioning level before been in the military.

Conclusions: Implications for Program & Practice

The interviewed veterans provided their impressions of what is recovery of mental health. For the sampled veterans we can highlight that recovery of mental health "is the change in his life to achieve a normal life". Equally important is "being better than how you were". Clarifying that "normal life" and "being better" was the functioning level before been in the military.

From the components necessary to achieve mental health recovery, the interviewed veterans identified peer support as the most important. For them peer support took two forms: family and peers. The Consensus Statement did not list family as one of the components; it was one of the contributing factors. Family is mentioned as the first line of defense needed to take the first steps toward recovery of mental health. As one of the interviewed veteran mentioned,

"a veteran that has a mental anomaly should meet with his family to tell them that he needs help. Family should realize that he needs help".

While peers, those who had similar experiences to veteran, will help move the process along,

"friends can help, you can talk to them with more familiarity than with a doctor that doesn't know you. Because they have gone through with what the person is suffering, they will speak more readily than with a doctor".

Family and peer support is an integral part in achieving recovery. They could be an integral part of the treatment, but also they could be a contributing factor in the symptoms. As such they need to be included, with the knowledge and consent of the patient, into the treatment process. There are a series of efforts

that needs to be undertaken. Some of these are already in place and only need to be adapted to this specific population.

The infrastructure at the service providing institutions needs to address its human capital capabilities and physical space. Personnel need to be properly trained in addressing the specific needs of the Hispanic veterans. As such, established and new internships, fellowship and/or residencies, and continuing education, need to be modify/adapted to include these culturally pertinent aspects. Universities and colleges should include in their curriculums the mental health recovery factors that are culturally pertinent not only to the patient that is a Hispanic, but, also who is a veterans.

Physical space is a consideration when including family and peers. From appropriate therapy and waiting rooms. Space dedicated to peer support groups. Logistics of scheduling appointments with the patient and the family; the formation of support groups. Even taking into consideration what are the cultural proclivities of the Hispanic population. Also, the inclusion of family and peers also implies budgetary aspects that would need to be address by the administrators.

Finally outreach needs to be proactive. From the information gathered of the sampled veterans, there is no indication that they are fully aware of all the services that are available to them. This lack of knowledge could a barrier to services that could negatively impact their road to recovery.

The identification of family and peer support by the sampled Hispanic veterans as their main element to achieve recovery requires a revisit to the institutional program goals and clinical practices of providers. In general terms, VA has recognized this reality and has established family education programs.

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