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Brief Report

Mental Health Problems Following Military Missions: Veterans' Experiences of The Quality of Care

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Abstract

The aim of this brief report is to present empirical data on female and male military veterans' experiences of the quality of care they have received for mental health problems, following international military peace enforcement operations. The sample consists of all Swedish veterans who completed such missions during 2011–2015. The instrument Quality from the Patient's Perspective (QPP) was used to assess experienced quality of care. Results show that female responders tended to experience the actual care received slightly less favorably than men. The most striking finding is that the mean scores of both men and women, and women in particular, were considerably lower (indicating that the quality of care was perceived as poor) than what has been reported in numerous previous studies using the QPP in a broad array of care contexts. Results were discussed in terms of lack of knowledge regarding veterans among health care professionals and stereotype conceptions of women in the military.

Keywords: *Military Veterans, Mental Problems, Quality of Care, Gender Differences*

Aim and Background

The aim of this brief report is to present empirical data on female and male officers' and soldiers' experiences of the quality of the care they have received for mental health problems, following international military peace enforcement missions. The sample consists of all Swedish military veterans who completed such missions during 2011–2015. Responses were obtained from 1614 men and 199 women (about 41 % response rate in both sexes). The mean age of the female responders was 37.6 years (*SD* = 10.6) and the mean age of the male group was 39.2 years (*SD* = 10.9). This difference was not statistically significant.

The questionnaire included a Yes/No question if the participant had sought health care help after the mission due to mental problems caused by the mission. Yes-responses were obtained from 143 men and 21 women. These individuals were asked to respond to follow-up questions on how they perceived the quality of care.

The quality of care questions were taken from the instrument Quality of care from the Patient's Perspective [1–3]. This instrument has been used in at least 100 internationally published studies in a broad array of care contexts, but not previously in a military setting. The QPP rests on a theoretical model of quality of care from a patient perspective [2]. This model has been operationalized to the QPP questionnaire. In this study 12 items were selected covering different aspects of received information (e.g. on drugs and their administration and self-care procedures), experienced commitment, empathy and respect from the doctors and perceived possibility to participate in the decision-making process regarding one's own care. Each item had a 4-point response scale ranging from 1 (lowest quality) to 4 (highest quality). A composite scale score was computed by adding the raw scores of the 12 items and dividing this sum by 12. Thus, the overall quality of care scale score could range from 1 to 4.

The study was approved by the Swedish Regional Ethics Committee of Stockholm [4].

Results and Discussion

Results showed that the male veterans perceived the quality of care slightly more favorably than the female veterans on 11 of 12 items. The composite scale score among men was 2.35 (*SD* = 0.93), among women it was 1.93 (*SD* = 1.00). However, the differences between the means were not statistically significant on any of the individual items nor on the composite scale.

The most striking aspect of the results is the low absolute level of the ratings, indicating that the quality of care was perceived as poor. In previous patient studies, the mean scores among young and middle-aged adults tend to range between 3.10 and 3.30 [5]. The mean scores obtained in this study are the lowest (least favorable) that has been reported, at least to the best of my knowledge, in a broad variety of health care contexts. This is particularly the case for female officers and soldiers.

The men and women who take part in military peace enforcement operations are a select group in Sweden with above median physical and mental health. Despite this resourcefulness, some experience post-mission mental problems. When such problems arise, the individual is advised by the Swedish Armed Forces to contact their local primary

health care center. In many cases, the personnel at these centers have limited, if any, knowledge of the military selection system and the stressors before, during and after a mission. A possible reason behind the unfavorable result on perceived actual care received is the lack of knowledge on part of the health care professionals. "They did not understand me at all" is a typical comment. Continuing speculating, it is possible that the very low quality ratings by the female responders reflect stereotype beliefs on part of the health care professionals that the military is something for men and women who serve are a bit odd. Thus, to conclude, a deepened collaboration between the armed forces and the health care providers is recommended. The men and women who risk their lives for their country deserve better care.

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