

Webinar

Organized by the Australasian Services Care Network

Moderator: Robert Lippiatt

Speakers:

Dr. Anthony Nazarov

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RESPECT

Beliefs about confidentiality and disclosure of Moral Injury: Impact on treatment-seeking.

In this presentation Dr Anthony Nazarov a Clinical Neuroscientist and Allied Scientist at the Lawson Health Research Institute and the MacDonald Franklin Operational Stress Injury (OSI) Research Centre in Canada will share on his research into understanding the help seeking behaviours Military, Veterans, Public Safety Officers and Families.

To (re)-see this webinar:

https://www.youtube.com/watch?v=hMMAh9pCtU&ab_channel=VeteranTransitionandWellbeingWebinarSeries

“The pendulum of the mind oscillates between sense and nonsense, not between right and wrong” – Carl Gustav Jung.

Moral Injury is common: Over 50% of CAF personnel deployed to the mission in Afghanistan endorsed a PMIE (Nazarov et al., 2018). Exposure to events that may trigger MI are common in military environments. Today’s operations go against schematic beliefs about warfare. Barriers to care: CAF pers. with PMIEs are 2x more likely to seek help from civilian healthcare providers. What can we do about it? Where do we go from here?

Mental Health Service Use:

MHSU by military personnel is largely underutilized. Service members often do not seek care until they have reached a point of crisis or until the concern is life-threatening. There are many barriers to care: impact on military career, stigma, operational/structural barriers, provider-related concerns, and preference for self-management, lack of perceived need, negative treatment beliefs. Knows barriers to MHSU: **confidentiality.**

Confidentiality:

General mistrust of mental health practitioners by military personnel: Military personnel likely to underreport mental health issues on screeners.

Confidentiality and trust integral to therapeutic process: lack of perceived confidentiality may hinder honest responding and undermine treatment, increased perceptions of confidentiality related to more honest reporting, in both civilian and military samples, in civilian samples, tendency to believe that absolute confidentiality should exist. Fear of confidentiality breach during MHSU may be exacerbated when experiencing moral injury.

Exploring the issues of confidentiality as it related to MI in CAF Veterans:

Are individuals with moral injuries more likely to suffer in silence? Determine whether CAF Veterans are reluctant to disclose MI to MHP. Used an experimental paradigm with hypothetical vignettes. First study to provide evidence behind patterns of intentions to seek treatment for MI. Highlights that:

1. Trauma that has elements of moral transgression/PMIEs are associated with decreased likelihood in the intention to seek treatment.
2. Regardless of whether it is for PTSD and MI, seeking treatment as an active member is associated with hesitation in the intention to seek treatment.
3. Explicit assurances of confidentiality during treatment is associated with increased intention to seek treatment for MI, particularly for active personnel.