**REFERENCE:** Kimber, J., Long, P., McAndrew, L. (2020, August). Student Veterans' Mental Health Causal Attributions & Perceived Barriers to Care. Poster to be presented at the 128th Annual Convention of the American Psychological Association, Washington, D.C.

Introduction: Student veterans (SV) report more perceived barriers to seeking healthcare

(e.g., mental health) compared to non-student veterans (Fortney et al. 2016). SV have a high

incidence of mental health concerns (e.g., PTSD, depression, reintegration to civilian life)

and often report challenges (e.g., perceived barriers) to seeking mental health services. One

explanation for perceived barriers is attribution theory, which theorizes that the way a person

thinks (i.e., casual attributions) about their health influences their feelings, beliefs, and

behaviors. Importantly, casual attributions are related to perceived barriers to healthcare.

Previous research suggests that causal attributions contribute to how people perceive

barriers, ultimately influencing health seeking behavior (Wrigley, Jackson, Judd, Komiti,

2005). Despite a high incidence of mental health concerns among student veterans, previous

research has not studied the relationship between student veterans􀂶􀀃causal attributions and

perceived barriers to mental healthcare. Such information would illuminate health behavior

among student veterans seeking mental health care. As a result, the current study examined

the relationship between causal attributions and perceived healthcare barriers.

Method: The current study surveyed 165 student veterans (69.2% male; 81.4% white;

Mage=35.02, SD=9.9) across the United States. Participants were asked to report causal

attributions of current psychological symptoms (Whittle, 1996). Causal attributions ranged

across four categories: psychosocial (e.g., difficulty forming close relationships), biological

(e.g., a chemical imbalance) sociocultural (e.g., unhelpful attitudes due to my class), and

stress (e.g., marital conflict). Participants also reported perceived barriers to care such as

stigma (e.g., I would be embarrassed), attitudes toward treatment (e.g., I don’t trust

healthcare providers), and organizational (e.g., mental health services are not available)

(Kim et al., 2011). We ran a series of multiple regressions to test our study􀂶s main aim.

Results: We found that sociocultural (ß=.36, p < .001) causal attributions predicted

organizational-related healthcare barriers above and beyond biological (p=.72), stress

(p=.08), and psychosocial (p=.52) causal attributions. Additionally, we found that

sociocultural (ß=.68, p < .001) causal attributions predicted stigma-related healthcare

barriers beyond biological (p=.20), psychosocial (p=.057), and stress (p=.17) causal

attributions. Sociocultural (ß=.46, p < .001) and stress (ß=.17, p=.02) causal attributions

significantly predicted treatment attitude barriers.

Discussion: Our findings suggest that student veterans’ sociocultural and stress-related

causal attributions seem to be most relevant to predict perceived barriers to care. One

explanation for these findings is that veterans’ perceived stigma and stressors might affect

how veterans understand the cause of their psychological symptoms; thus, influencing

perceived barriers to seeking care. Together, these findings indicate that mental health

settings that serve student veterans should incorporate de-stigmatizing conversation on

mental health which incorporates discussions on sociocultural factors. Future directions and

clinical implications will be addressed.