

Barriers to Mental Health Care

Approximately **60%** of military personnel with mental health symptoms do not seek care.

Types of Barriers to Care

Practical/Logistical

- Scheduling issues
- No time off work
- Financial concerns
- Transportation issues
- Awareness of services and locations



Personal

- Personal negative attitudes related to mental health
- Lack of confidence and trust in treatment effectiveness
- Lack of perception of need
- Confidentiality concerns
- Self-stigma



Institutional or Social

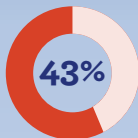
- Institutional barriers related to DoD or service-specific policies and programs
- Institutional stigma related to military culture, rules, and experiences while in service
- Fear of public disclosure
- Social-stigma



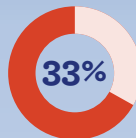
As reported by service members and veterans in stigma research:



"I will be seen as weak."



"My unit leadership might treat me differently."



"It would harm my career."

Stigma is one of the **most frequently reported** barriers to care.

Forms of Mental Health Stigma

Type of Stigma	Definition	Example
Self-stigma	Internalization of negative attitudes and stereotypes about mental health conditions	I am weak/unreliable
Public stigma	Public (mis)perceptions of individuals with mental health conditions	People will perceive me as being weak.
Institutional stigma	Institutional policies that intentionally or unintentionally restrict opportunities for people with mental health issues	Exclusion from certain roles or specialties.

Unique Military Barriers to Seeking Treatment

Fear that seeking treatment will harm their career

Culture of "toughing it out" can interfere with perception of need

Fear of losing support from their units

Fear of being separated due to treatment

Barriers to Care
Impacts Service
Members

Readiness



Reintegration



Treatment-seeking



Overall
well-being

