Barriers to Mental Health Care

The problem: Approximately 60-70% 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

60-70% of military personnel with mental health symptoms do not seek care.

As reported by service members and veterans in stigma research:
- "I will be seen as weak."
- "My unit leadership might have a negative opinion of me."
- "It would harm my career."

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

Forms of Mental Health Stigma

<table>
<thead>
<tr>
<th>Type of Stigma</th>
<th>Definition</th>
<th>Example</th>
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<tbody>
<tr>
<td>Self-stigma</td>
<td>Internalization of negative attitudes and stereotypes about mental health conditions</td>
<td>I am weak/unreliable</td>
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<tr>
<td>Public stigma</td>
<td>Public (mis)perceptions of individuals with mental health conditions</td>
<td>People will perceive me as being weak.</td>
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<tr>
<td>Institutional stigma</td>
<td>Institutional policies that intentionally or unintentionally restrict opportunities for people with mental health issues</td>
<td>Exclusion from certain roles or specialties.</td>
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</tbody>
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Unique Military Barriers to Seeking Treatment

- Fear that seeking treatment will harm their career
- Fear of losing support from their units
- Culture of "toughing it out" can interfere with perception of need
- Fear of being separated due to treatment

Barriers to Care Impacts Service Members

- Readiness
- Treatment-seeking
- Reintegration
- Overall well-being

Sharpe et al., 2015; Hom et al., 2017; Meadows et al., 2018
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