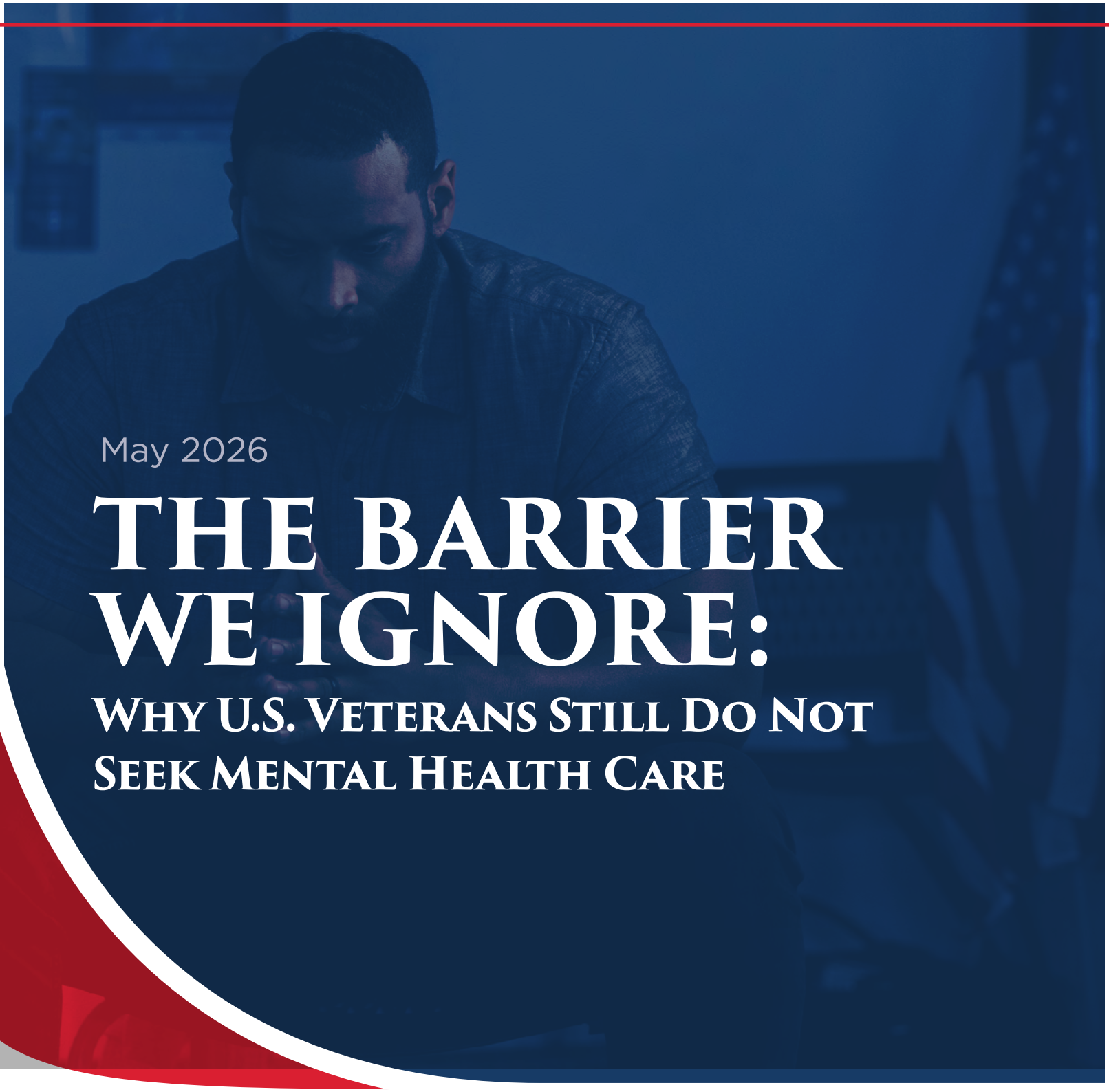

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THE BARRIER WE IGNORE:

Why U.S. Veterans Still Do Not Seek Mental Health Care

SoldierStrong Access

Executive Summary

Over the past two decades, the United States has significantly expanded its investment in veteran mental health. Funding has increased, services have broadened, and public awareness campaigns have elevated the conversation surrounding post-traumatic stress disorder (PTSD), depression, and suicide prevention. Despite these efforts, a persistent and deeply concerning reality remains: a substantial proportion of veterans who need mental health care do not seek or receive it.

Estimates indicate that roughly half of veterans experiencing mental health conditions do not engage with treatment systems, even when services are available.[1] This gap between access and utilization represents the central challenge in veteran mental health today. The issue is not simply one of insufficient resources; rather, it reflects a complex interplay of barriers at the individual, organizational, and systemic levels that prevent veterans from engaging in care.

> *"The problem is not a lack of resources, it is a failure to address the conditions that prevent veterans from using them."*

This white paper argues that meaningful progress will not come from expanding services alone, but from understanding and addressing the underlying conditions that discourage utilization. By examining these barriers through a systems-level lens, this paper outlines a path forward that emphasizes trust, accessibility, cultural alignment, and early intervention.

Introduction

Veterans represent a unique population shaped by experiences that often include exposure to trauma, prolonged stress, and high-stakes operational environments. The transition from military to civilian life introduces additional challenges, including the loss of structure, identity, and community. These factors contribute to elevated rates of mental health conditions among veterans compared to the general population.

Research suggests that between 30% and 50% of post-9/11 veterans experience a diagnosable mental health condition at some point following their service.[2] PTSD, depression, and anxiety are particularly prevalent, often accompanied by co-occurring substance use disorders and chronic physical health issues.[3] Despite the scale of need, engagement with mental health services remains inconsistent and frequently delayed.

> *"Access to care does not guarantee engagement with care."*

This disconnect between need and utilization underscores a critical insight: expanding access to care does not guarantee that care will be used. Understanding why veterans do not seek treatment, even when it is available, is essential to addressing the broader mental health crisis within this population.

The Scope of the Challenge

The mental health burden among veterans is well documented. Suicide remains one of the most urgent concerns, with more than 6,000 veteran deaths by suicide reported annually.[4] While significant efforts have been made to reduce this number, progress has been uneven.

Beyond suicide, the broader mental health landscape reveals persistent challenges. Veterans are more likely than civilians to experience PTSD and depression, and these conditions frequently intersect with other issues such as unemployment, housing instability, and social isolation.[5] The result is a multidimensional problem in which mental health both influences and is influenced by a range of social and economic factors.

Despite the availability of services through the Department of Veterans Affairs (VA) and other providers, only a portion of those in need receive care. Studies consistently show that many veterans delay seeking treatment until symptoms become severe, increasing the complexity of care and reducing the likelihood of positive outcomes.[6]

> *"The greatest gap in veteran mental health is not awareness, it is utilization."*

Understanding the Barriers to Care

The reasons veterans do not seek mental health care are not singular. Instead, they reflect a system of barriers that operate simultaneously across multiple levels. These barriers can be broadly categorized into three domains: individual, organizational, and structural.

INDIVIDUAL-LEVEL BARRIERS

At the individual level, stigma remains one of the most significant obstacles. Military culture emphasizes strength, resilience, and self-reliance, values that can conflict with perceptions of vulnerability associated with seeking mental health care. Veterans may fear being judged by peers or perceived as weak, leading to internal resistance against acknowledging the need for help.[7]

> *"For many veterans, the hardest battle is not the trauma itself, it is asking for help."*

Identity also plays a critical role. For many veterans, their sense of self is closely tied to their service. Admitting to mental health struggles can feel inconsistent with that identity, creating a psychological barrier to engagement.

Another important factor is the tendency to delay care. Veterans often normalize symptoms or attempt to manage them independently until they escalate into crises. This delay not only worsens outcomes but also reinforces the perception that care is only necessary in extreme situations.[8]

Mistrust of healthcare systems and concerns about treatment effectiveness further compound these challenges. Some veterans question whether providers will understand their experiences, while others are skeptical that treatment will lead to meaningful improvement.[9]

ORGANIZATIONAL BARRIERS

Organizational environments also influence help-seeking behavior. Veterans who transition into structured professions, such as law enforcement or security, may encounter cultures that discourage open discussion of mental health. Leadership attitudes are particularly influential. When leaders model openness and prioritize mental health, utilization increases; when they do not, stigma persists.[10]

Concerns about confidentiality present another barrier. Veterans may worry that seeking care could

negatively impact their employment, security clearances, or professional reputation. These concerns create a powerful disincentive, even when

> *"Fear of consequences often outweighs the perceived benefits of treatment."*

services are technically available.[11]

Fragmentation across support systems further complicates engagement. Veterans often navigate multiple sources of care, including VA services, private providers, and community organizations. The lack of coordination among these systems can lead to confusion and disengagement.

STRUCTURAL AND SYSTEMIC BARRIERS

At the structural level, the complexity of accessing care remains a significant issue. Navigating benefits, scheduling appointments, and understanding eligibility requirements can be time-consuming and frustrating. For some veterans, these challenges are sufficient to deter engagement altogether.[12]

While access has improved in many areas, disparities persist. Rural veterans, in particular, may face limited availability of providers, while others encounter long wait times or inconsistent quality of care.[13]

Logistical challenges, including transportation, scheduling, and financial constraints, also play a role. Although these barriers may appear minor individually, they can collectively prevent veterans from seeking or continuing treatment.[14]

> *"Even small barriers, when combined, can prevent veterans from ever entering the system."*

The transition to civilian life represents a critical period in which these structural challenges are most pronounced. The loss of military support systems, combined with the demands of reintegration, creates a window of heightened vulnerability.[15]

A Systemic Perspective

The most important insight is that these barriers do not operate independently. Instead, they form an interconnected system in which each barrier reinforces the others. Stigma discourages help-seeking, delays worsen symptoms, and negative experiences with systems reduce trust, creating a cycle that is difficult to break.

> *"Veteran mental health is not a single problem, it is a system of problems reinforcing one another."*

This interconnected nature highlights the limitations of approaches that focus on individual components in isolation. Addressing only one barrier without considering the broader system is unlikely to produce meaningful change.

Policy Recommendations

To close the gap between access and utilization, a shift in strategy is required. The following policy recommendations focus on reducing barriers rather than simply expanding resources.

1. NORMALIZE MENTAL HEALTH ENGAGEMENT

National and organizational initiatives should prioritize the normalization of mental health care as a routine aspect of wellbeing. Leadership at all levels must actively promote help-seeking behavior and integrate mental health into everyday conversations.

2. SIMPLIFY SYSTEM NAVIGATION

Efforts should be made to streamline access to care by reducing administrative complexity. This includes simplifying benefits processes, improving coordination among providers, and offering clear guidance for veterans seeking services.

3. STRENGTHEN TRUST IN CARE SYSTEMS

Building trust requires consistent, high-quality care and transparent communication. Investments in provider training, cultural competence, and patient-centered approaches are essential to improving engagement.

4. EXPAND EARLY INTERVENTION PROGRAMS

Proactive outreach and preventative care should be prioritized, particularly during the transition to civilian life. Early intervention can reduce the severity of conditions and improve long-term outcomes.

5. INTEGRATE SERVICES ACROSS SYSTEMS

Greater coordination among the VA, private providers, and community organizations is necessary to create a seamless continuum of care. Integrated systems can reduce fragmentation and improve the overall experience for veterans.

> *"The goal is not just to make care available, it is to make it accessible, acceptable, and effective."*

Strategic Implications

Addressing barriers to mental health care has implications beyond individual wellbeing. Improved engagement can lead to reduced healthcare costs, increased workforce participation, and stronger community integration. It also enhances national resilience by ensuring that those who have served are supported effectively upon their return to civilian life.

Conclusion

The challenge of veteran mental health is not defined by a lack of resources, but by a failure to address the conditions that prevent those resources from being used. Despite increased funding and expanded services, many veterans continue to face barriers that discourage engagement with care.

A meaningful solution requires a shift in perspective, from expanding access to enabling utilization. By focusing on the systemic factors that influence help-seeking behavior, policymakers and practitioners can create a more effective and responsive mental health system.

The path forward is clear. It involves reducing stigma, simplifying access, building trust, and integrating care into the broader fabric of veteran life. Only by addressing these barriers can we ensure that the support provided to veterans is not only available, but accessible, acceptable, and effective.

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