
The Stigma of Seeking Mental Healthcare Among Servicemembers: A Scoping Review and Gap Analysis with Implications for Future Research

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Summary

This project is a scoping review of the research on the stigma of accessing mental healthcare among United States (U.S.) active duty servicemembers (ADSMs) that identifies knowledge gaps and proposes future research. Under the mentorship of clinical and research psychologists, this scoping review was conducted from a nurse scientist lens, demonstrating the value of a multidisciplinary, systems approach to studying stigma and other barriers to mental healthcare.

Background

Barriers to mental healthcare, like stigma, are pervasive in the military and may prevent servicemembers from pursuing the services they need. Despite recent initiatives, such as anti-stigma campaigns (Military Health System, 2025), telehealth expansion (Madsen et al., 2023), and the integration of behavioral health providers into primary clinics (Military Health System, 2023) and military units (Galloway & Martinez, 2024; Martinez et al., 2023), utilization rates among servicemembers are relatively low (Hom et al., 2017; Meadows et al., 2021; Nugent et al., 2020). Research indicates that 23–40% of soldiers who screened positive for a mental health disorder sought care, with many reporting stigma as a significant factor (Hoge et al., 2004; Kehle et al., 2010; Warner et al., 2011). However, challenges persist even when servicemembers do access mental health treatment. Millennials receiving care within the Military Health System are less likely than older generations to rate their mental health as “good” and report higher dissatisfaction with mental healthcare (Baker et al., 2020). Only half of the respondents reported experiencing no issues while accessing services, indicating that barriers, like stigma,

may hinder healthcare engagement for the other half (Baker et al., 2020).

Stigma—structural, public, and self-stigma—contributes to servicemembers’ level of engagement with formal mental healthcare. Structural stigma refers to policies and practices that create or reinforce barriers (Campbell et al., 2023; Hemeida et al., 2022). Public stigma is the negative perceptions or discrimination from others, while self-stigma involves internalized beliefs of weakness associated with mental health care (Acosta et al., 2018; Goffman, 1963; Skopp et al., 2012; Zinzow et al., 2013). The military emphasizes resilience, stoicism, and strength, which may exacerbate stigma, creating an environment where getting counseling or utilizing other formal resources is perceived as contradictory to military values (Acosta et al., 2018; Foster et al., 2021; Schiffer & Saucier, 2023; Zinzow et al., 2013).

While shared experiences exist across the military, servicemembers in each component encounter stigma differently due to variations in organizational structures and institutional norms. These differences influence perceptions of mental healthcare. Recognizing the need to consider these nuances, this scoping review focused exclusively on ADSMs. Future reviews could examine stigma among guard and reserve members to understand the challenges inherent to other components. The primary aim of this review was to examine the stigma surrounding mental healthcare as experienced by U.S. ADSMs, identify gaps in the literature, and compile recommendations for future research.

Method

The scoping review focused on stigma, recognizing it as a singular construct separate from other barrier subtypes (Adler et al., 2015; Britt et al., 2008; Hernandez et al., 2014; Nugent et al., 2020; Skopp et al., 2012; Vidales et al., 2021). Thus, the search strategy was developed with a medical librarian to ensure comprehensive identification of relevant stigma literature (see Table 1). The initial search was conducted on October 13, 2023, and the final search was on January 2, 2025. A total of 920 studies were identified (see Figure 1), and Covidence, a review management tool, was used for the screening and full-text review (Covidence, 2024). After duplicates were removed and studies were systematically screened, 80 articles met the inclusion criteria, and the data were manually extracted.

Eligibility Criteria

The scoping review included articles conducted within the U.S. that focused on ADSMs and examined the stig-

ma surrounding mental healthcare. Exclusion criteria included studies outside the United States, those involving piloted interventions, and research targeting non-active-duty populations.

Table 1
Keywords and Subject Headings

Database	Keywords and Subject Headings	Initial Results
PsycINFO	(DE “Mental Health Stigma” OR mental-health-stigma* OR ((MM “Mental Health” OR MM “Mental Disorders” OR MM “Anxiety Disorders” OR MM “Stress and Trauma-Related Disorders” OR depression OR anxiety OR ptsd OR post-traumatic-stress-disorder* OR posttraumatic-stress-disorder OR mental-health) AND (MM “Stigma” OR stigma*))) AND (DE “Military Personnel” OR DE “Air Force Personnel” OR DE “Army Personnel” OR DE “Coast Guard Personnel” OR DE “Commissioned Officers” OR DE “Enlisted Military Personnel” OR DE “Marine Personnel” OR DE “National Guard Personnel” OR DE “Navy Personnel” OR TI (military OR active-duty OR airmen OR army OR air-force OR navy OR marines OR marine-corp* OR coast-guard OR sailor* OR soldier* OR space-force OR personnel-reliability-program OR security-clearance OR service-member* OR service-member*)) Limiters - Published Date: 20000101-; English Language; Peer Reviewed	389
PubMed	(mental-health-stigma*[tiab] OR (“Mental-Health”[majr] OR “Mental Disorders”[majr] OR depression[tiab] OR anxiety[tiab] OR ptsd[tiab] OR post-traumatic-stress-disorder*[tiab] OR post-traumatic-stress-disorder[tiab] OR mental-health[tiab]) AND (“Social Stigma”[mh] OR stigma*[tiab])) AND (“Military Personnel”[majr] OR military[ti] OR active-duty[ti] OR airmen[ti] OR army[ti] OR air-force[ti] OR navy[ti] OR marines[ti] OR marine-corp*[ti] OR coast-guard[ti] OR sailor*[ti] OR soldier*[ti] OR space-force[ti] OR personnel-reliability-program[ti] OR security-clearance[ti] OR service-member*[ti] OR service-member*[ti]) AND english[lang] AND (2000:3000/12/12[pdat])	317
CINAHL	(mental-health-stigma* OR ((MM “Mental Health” OR MM “Mental Disorders+” OR depression OR anxiety OR ptsd OR post-traumatic-stress-disorder* OR posttraumatic-stress-disorder OR mental-health) AND (MM “Stigma” OR stigma*))) AND (MM “Military Personnel+” OR TI (military OR active-duty OR airmen OR army OR air-force OR navy OR marines OR marine-corp* OR coast-guard OR sailor* OR soldier* OR space-force OR personnel-reliability-program OR security-clearance OR service-member* OR service-member*)) Limiters - Published Date: 20000101-; English Language; Peer Reviewed	214

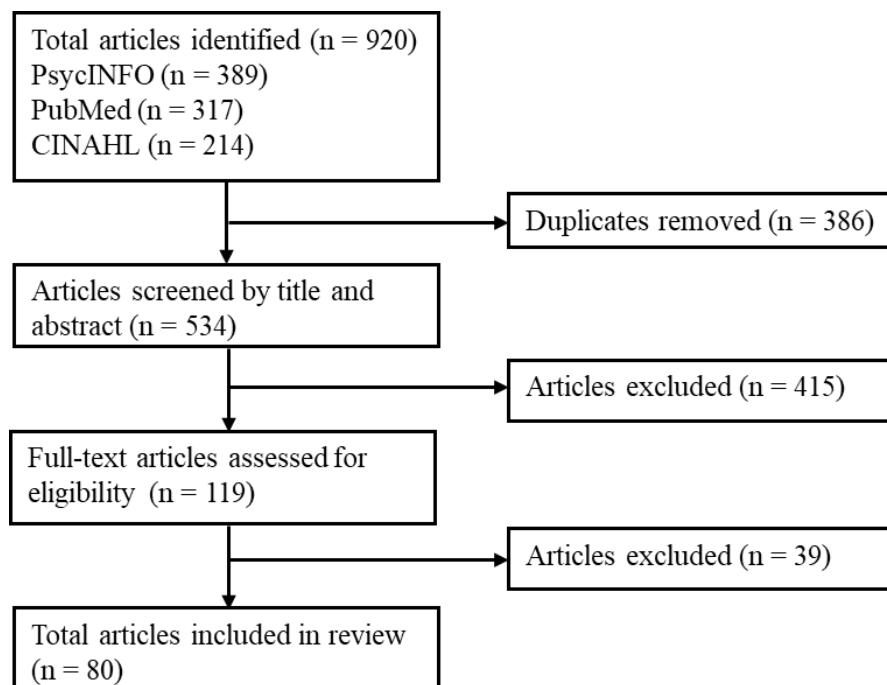


Figure 1. Search, Screening, and Selection Strategy Flow Diagram

Findings Summary of Literature Gaps and Recommendations for Future Research

The results of this review indicate that stigma remains a significant barrier to mental healthcare among U.S. ADSMs, with evidence suggesting that structural, public, and self-stigma deter engagement with mental health services (Ben-Zeev et al., 2012; Blais et al., 2014; Britt et al., 2015; Brown & Bruce, 2016; Skopp et al., 2021; Yamawaki et al., 2016; Zumwalde et al., 2023). The literature has primarily focused on ADSMs returning from combat deployments in regions like the Middle East; the evolving landscape of military conflict introduces new challenges. As the U.S. Department of Defense shifts its strategic priorities to address global conflicts involving near-peer adversaries, space warfare, and cyberspace operations, the cognitive and psychological pressures on servicemembers may intensify. Expanded information operations may intensify the mental and emotional strain on ADSMs, especially those in military intelligence (Cohen et al., 2020; LeMay Center for Doctrine, 2022).

The confidence afforded to ADSMs is high, triggering strain among them, who may repress emotions to avoid impacting their job performance (Van Dillen et al., 2022). Previous research has demonstrated that employees working in high-stress jobs are at an elevated risk of developing mental health problems (Britt et al., 2016). Also, ADSMs are more likely than the general population to experience severe psychological distress, which could be further exacerbated by additional stressors from impending conflicts (Center for Behavioral Health Statistics and Quality, 2018; Meadows et al., 2021).

This scoping review revealed that the stigma surrounding mental healthcare in military contexts has unique implications due to the emphasis on operational readiness. While stigma is a pervasive barrier in many settings, the military presents distinct challenges where structural stigma can intersect with self-stigma and public stigma in unique ways. The need for strategic interventions to address these stigma-related barriers is critical, particularly for those in high-stress roles such as intelligence, where the repercussions of mental health challenges may be perceived as career-threatening. These findings underscore the urgency for tailored approaches to reduce stigma, foster a supportive environment, and improve access to mental healthcare as the military navigates an evolving operational environment.

In addition, current research has yet to fully explore how military service-related factors influence the prevalence, mechanisms, and subgroup patterns of stigma, leaving a critical gap in the literature. Future studies should seek to quantify the prevalence of stigma and other barriers to mental healthcare about military service-related factors such as security clearances, occupational roles, and other structural factors. By addressing these gaps, researchers can provide the military with actionable insights to design targeted interventions, ultimately enhancing servicemembers' mental health and readiness.

Discussion and Conclusion

This scoping review highlights the continued role of stigma as a barrier to mental healthcare among U.S. ADSMs. Synthesizing existing literature highlights critical gaps in understanding the prevalence and mechanisms of stigma across the military, emphasizing the need for interventions tailored to unique structural dynamics and organizational differences. Structural stigma creates systemic barriers that can discourage ADSMs from seeking care. For example, policies can perpetuate stigma that contributes to a perception that accessing mental health services is professionally risky. In response to such challenges, initiatives like the Brandon Act have sought to improve access to care by addressing systemic barriers. However, its impact on reducing stigma and improving care availability remains underexamined.

Moreover, while stigma is a significant barrier, it becomes insurmountable when compounded by systemic issues like limited appointment availability and long wait times. Addressing stigma in the military will require a dual approach: implementing changes to reduce structural barriers while also developing interventions to mitigate stigma. The findings of this review emphasize the importance of reducing stigma through targeted strategies considering the military's operational and cultural contexts. As the U.S. Department of Defense adapts to evolving global conflicts, addressing mental health stigma and ensuring accessible, timely care are paramount to maintaining mission readiness among servicemembers.

Future research could prioritize quantifying stigma and other barriers to care while exploring how military service-related factors influence these dynamics. By filling these gaps, researchers can provide actionable insights to foster a supportive culture and reduce stigma, ultimately supporting mental healthcare for ADSMs. This review is a foundation for future studies that aim to advance the understanding of mental healthcare barriers in the military.

Author Note

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