Mental Health Utilization and Promotions

Career concerns, particularly concerns about getting promoted, are a top reason why service members may not seek mental health care.

Previous studies found:

- **60–70%** of service members with mental health symptoms do not seek treatment
- Up to **35%** believe that receiving mental health treatment would negatively impact their careers

Military leaders are even less likely than other service members to seek mental health care for this reason.

The Defense Health Agency and the Psychological Health Center of Excellence (PHCoE) have worked to reduce barriers so service members can receive care without the concern of negative consequences to career advancement.

As part of this effort, PHCoE evaluated the consequences of seeking mental health care on promotion to the senior enlisted ranks.

PHCoE analyzed the administrative health records of more than 25,000 service members who were promoted to E-8 between 2009 and 2014. The results showed a steady increase in the proportion of service members promoted to E-8 who had previously been in treatment for a mental health condition.

In the group promoted to E-8 in 2014, the proportion of individuals who received mental health treatment prior to their promotion matched the overall proportion of the active duty force with mental health contacts in that year (15%).

PHCoE also followed the subset of the E-8 cohort who went on to be promoted to E-9 (more than 25%) and examined mental health treatment occurring in between promotion to E-8 and E-9. The same pattern emerged – a steadily increasing proportion of those promoted to E-9 received mental healthcare as E-8s (around 22% in those promoted to E-8 in 2013 and 2014).

Overall, these findings suggest that seeking and receiving treatment for mental health concerns does not reduce a service member’s chances of getting promoted to senior enlisted ranks.

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