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U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Rural Health

4.3 Impact of Transition to Civilian Life on Veterans' Mental Health

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Mental Health Impact on Veterans and Their Families

According to the Veterans Health Administration (VHA) Office of Rural Health, close to one-quarter of all Veterans in the United States (4.7 million) return from military careers to live in rural communities. Veterans may live in rural areas due to several motives (Figure 4.3a).



Figure 4.3a

Benefits of Living in Rural Areas

Source

U.S. Department of Veterans Affairs, 2019

Living in rural areas may benefit Veterans, but it may also pose challenges to accessing healthcare. These challenges are intensified by combat-related injuries and or illnesses (VHA Office of Rural Health, n.d.).



The most common mental health diagnoses for rural Veterans are post-traumatic stress disorder (PTSD), and depressive disorder, as well as one or more service-connected disabilities. Veterans in rural areas face many barriers to accessing mental health services.

[To Apply for VA Healthcare](https://www.va.gov/health-care/apply/application/)

<https://www.va.gov/health-care/apply/application/>

The Transition from Active to Civilian Live

Transitioning from active duty to civilian life can pose challenges for service members. Even though Veterans are often thankful to be returning home, they may find it difficult to relate and connect with others who have not experienced life in the military. Veterans may also find that their families have created new routines and traditions while they were away, which can take time to process and adjust. Lastly, career changes can be hard for Veterans as well (*Challenges of Transitioning from Active Duty to Civilian Life, 2023*).



[VA Transition Assistance Program](https://www.benefits.va.gov/transition/tap.asp#)

<https://www.benefits.va.gov/transition/tap.asp#>

Other challenges Veterans might face upon leaving the military are difficulties in determining how the skills and job duties they developed while on active duty can be used in jobs in civilian life. Reintegration, therefore, involves reuniting with their family and stepping back into a role or establishing a new one. This process can be a source of joy or extreme stress and can cause anxiety and depression for both the veteran and their spouse and/or family (Clemmensen, 2022).

Readjustment of Mindset

Coming home after being deployed into a war zone commonly involves a period of readjustment. Many Veterans find that they do not just "pick up where they left off" when they get home. Things that used to be natural may feel unfamiliar. For example, driving a car, the day-to-day responsibilities of being a spouse or a parent or planning what to do with free time. With time, most Veterans make the transition. However, transitioning from a "war zone" mindset to a civilian perspective may cause difficulties during reintegration (*Veterans Employment Toolkit: Common Challenges During Re-adjustment to Civilian Life*. 2021).

Poor Mental Health

Suicide rates and depression are higher among Veterans. One of the main reasons those who have served do not seek help is the associated stigma attached to it (Challenges Veterans Face When Leaving the Military, 2019).

Results from the 2021 National Veteran Suicide Prevention Annual Report revealed that Veteran suicide is the 13-leading cause of death for Veterans in 2021 (Figure 4.3b).

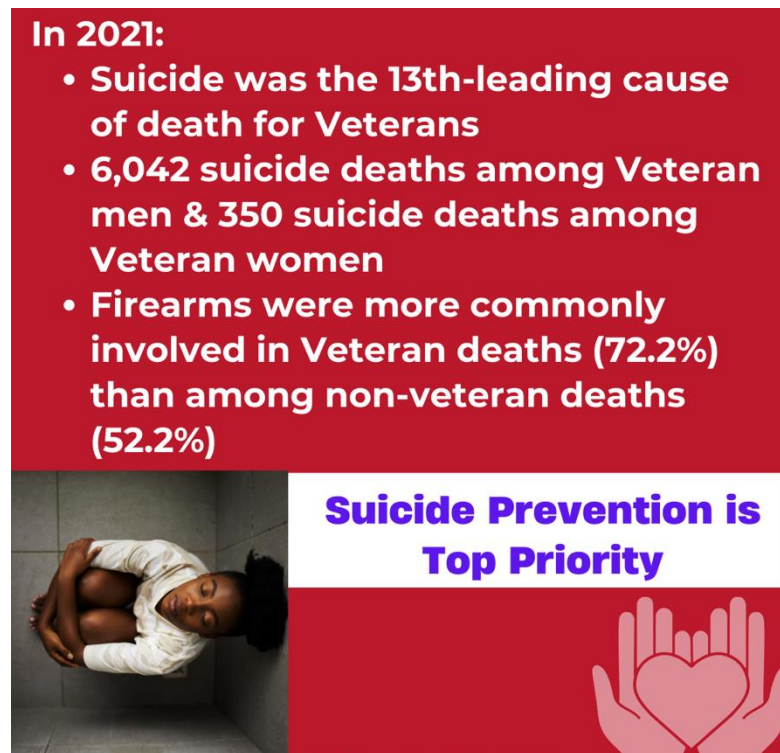


Figure 4.3b

Veteran Suicide in the Context of 2021

Source

U.S. Department of Veterans Affairs, 2023

[Veteran Stigma](https://greenhousetreatment.com/Veterans-and-addiction/military-culture-stigma/)

<https://greenhousetreatment.com/Veterans-and-addiction/military-culture-stigma/>

Transitional Stress

Transitional stress is the intensified stress that a service member will undergo when transitioning from active duty to civilian life during an initial period. Transitional stress symptoms are centered on readjusting to present life, such as losing purpose and sense of identity, difficulties in finding employment or conflicted relationships with family and friends (Figure 4.3c). However, transitional stress can lead to anxiety, depression, or other behavioral problems (Stern, 2019).

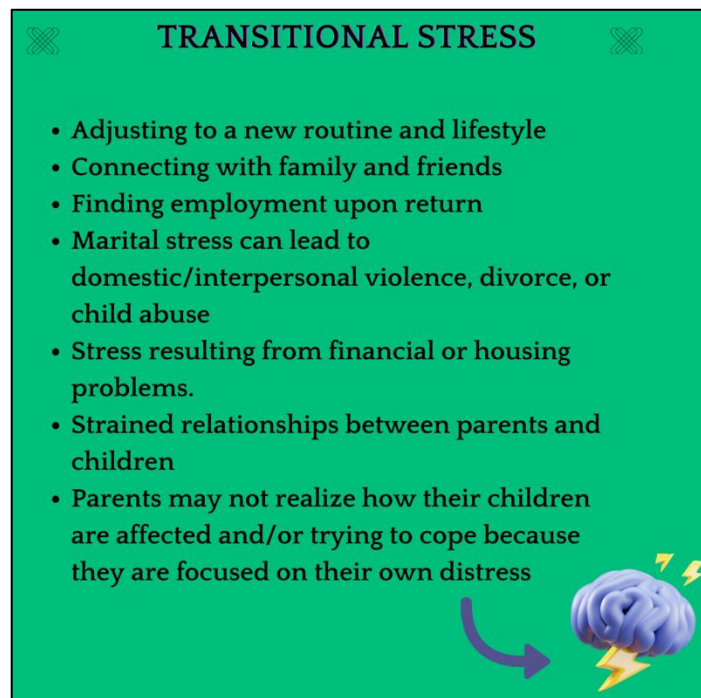


Figure 4.3c
Transitional Stress
Source
Stern 2019

Homelessness

HOMELESSNESS AMONG VETERANS



One of the most significant problems a veteran can face is being homeless or being at risk for homelessness. According to a study conducted in 2015 by the VA Connecticut Health Care System and researchers from Yale University, female and male Veterans are at higher risk for homelessness than the non-veteran population. They also have higher risk factors for substance abuse, severe mental illness, and low income (US Department of Veteran Affairs, n.d.).

Homeless Veterans are at high risk for co-occurring disorders (COD). Having a co-occurring disorder is defined as a mental illness that includes at least one alcohol or other drug use disorder and at least one non-drug related mental disorder that occurs simultaneously or in a different timeframe to the same person. An example of this would be if a veteran has a diagnosis of PTSD and a diagnosis of alcohol dependence or amphetamine dependence (Ding et al., 2018).

Physical Handicaps

Many Veterans sustain injuries while in service to their country. Amputation, scars, and disfigurement are common physical injuries that people may have due to combat. These physical handicaps can make it difficult for a veteran to get a job, and they can also lower their self-esteem. Families of service members and Veterans may face mental health risks of their own, especially those who play a caregiving role. These can include declines in mental health, increased behavioral problems among children, higher divorce rates, and increased risk of suicide (Challenges Veterans Face When Leaving the Military, 2019).

Barriers to Accessing Mental Health Services

After leaving the military, service members must seek private or non-VHA public health coverage (e.g., through Medicaid or community health centers), or they can enroll in the VA Health Care System. Transitioning towards the VA system requires completing several key steps from Department of Defense (DoD) providers and facilities to Veterans Health Administration (VHA) providers and facilities: enrollment in the VA system, identification of and enrollment in programs, and the successful transfer of medical records. Although the DoD and the VHA use electronic health records, the two systems still need to be fully integrated. Therefore, one of the main limitations is the inability to share information across systems (National Academies of Sciences, Engineering, and Medicine et al., 2018).

This situation can create multiple problems for the Veterans trying to seek care. Barriers to accessing mental health services can significantly impact the effects of an individual's mental illness. Challenges to accessing services can be internal or external. For instance, individuals' perceptions, beliefs, and values will affect a person's motivation to seek out and participate in counseling/therapy. Mental health stigma has been identified as a barrier to help-seeking behaviors, especially for military personnel and Veterans (McGuffin et al., 2021).

[Mental Health Stigma and Help-Seeking Behaviors](https://americanaddictioncenters.org/Veterans/stigma-impacts)

<https://americanaddictioncenters.org/Veterans/stigma-impacts>

On the other hand, external factors such as geography, socioeconomic circumstances, insufficient information for eligibility for mental health services, the lack of healthcare insurance or

understanding of how the VA healthcare system works or what they are eligible for can present obstacles that limit or impede access to mental health services (Biles, 2021).

There are many barriers that may prevent service members, Veterans, and their families from seeking and accessing mental health services (Figure 4.3d)

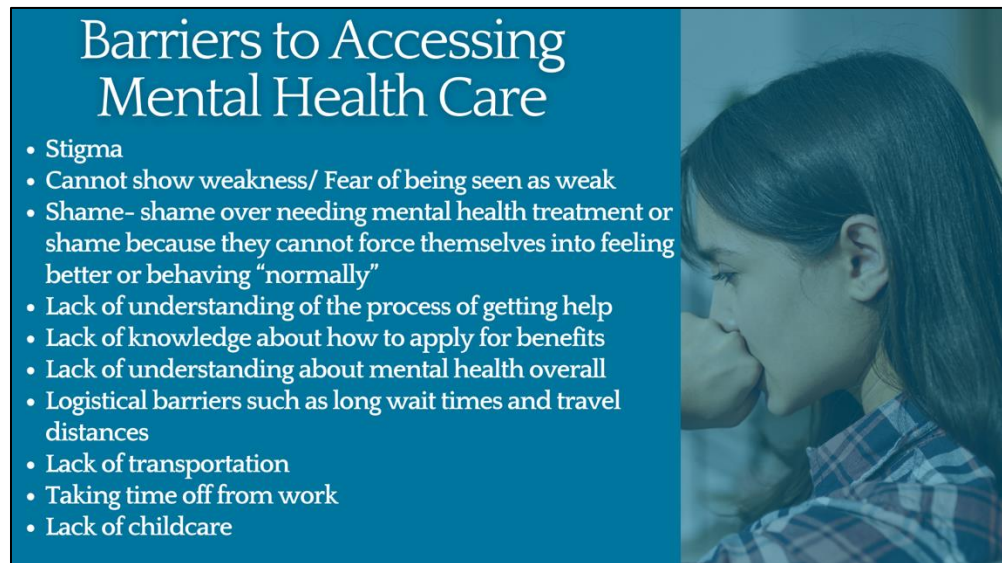


Figure 4.3d

Barriers to Accessing Mental Healthcare

Source

Veterans' Barriers to Care, n.d.; Cheney et al., 2018

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