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# Access to Suicide Prevention Resources:

## Understanding Ways to Reach Utah's Veterans

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# Access to Suicide Prevention Resources: Understanding Ways to Reach Utah's Veterans

## Analysis in Brief

Suicide is a leading cause of death in both the United States and Utah, and data show Veterans are at increased risk for suicide-related deaths. Research also shows veteran service organizations have a difficult time engaging some of the most at-risk service members, Veterans, and their families with mental health or suicide prevention resources.

Barriers to engaging with these resources are personal, such as the "warrior ethos" or fear that active service members or Veterans will be seen as weak. Other barriers are more systemic, such as long wait times and fear that accessing services could limit military careers. Veterans recommend focusing on personal connection as a way to overcome these barriers and improve engagement with suicide prevention resources.

This research aims to understand how active service members and Veterans access suicide prevention resources in Utah. Expanding this understanding can help improve the Utah Department of Veterans and Military Affairs (UDVMA) suicide prevention reach and outreach strategies.

### Key Findings

- **Accessing resources remains a challenge -** While most Veterans are accessing mental health and suicide prevention resources, 25% have never looked for this information and 17% are unsure how to access these resources.
- **Veterans trust personal connection -** When it comes to trustworthy sources of information, Veterans rely on personal communication and connection. They tend to trust both their non-military and VA affiliated physicians and therapists, their friends and family, and their military peers.
- **Trust in services varies –** While only 36% of all survey respondents reported they personally trust mental health crisis response (such as crisis line or 988), over 50% of those who had called the crisis line found the response helpful.
- **Barriers are systemic and personal -** Major barriers Veterans face in accessing mental health or suicide prevention resources include: (1) the time it takes to get into care; (2) the "warrior ethos"; (3) concerns of how others see them; and (4) concerns that accessing services or seeking help may impact career advancement.

### Trustworthy Sources of Information

| I most trust information about caring for my physical or mental health coming from (select all that apply)… | n=1,524 | % |
|---|---|---|
| Private doctor or therapist (not military affiliated) | 752 | 49.3% |
| My friends/family | 575 | 37.7% |
| The Federal VA | 508 | 33.3% |
| A military doctor or therapist | 396 | 26.0% |
| UDVMA | 282 | 18.5% |
| My military peers | 277 | 18.2% |
| Other Veteran or Military Service Organizations | 246 | 16.1% |
| Other (Please specify.) | 113 | 7.4% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

### Barriers to Accessing Mental Health Resources

| Please select the GREATEST or BIGGEST barriers to accessing mental health services or suicide prevention resources for you or others in the military community. (Select all that apply) | n=1,376 | % |
|---|---|---|
| It takes too long to get into care. | 454 | 33.0% |
| I can take care of myself. | 410 | 29.8% |
| My friends, family, or community will know my business. | 376 | 27.3% |
| Exposing my mental health could keep me from advancing my career. | 304 | 22.1% |
| Others will think I am weak. | 289 | 21.0% |
| Too expensive. | 273 | 19.8% |
| I am unsure how to access resources. | 237 | 17.2% |
| Services are not helpful. | 219 | 15.9% |
| Other (Please specify.) | 208 | 15.1% |
| Services are not available in my area. | 144 | 10.5% |
| Exposing my mental health could keep me from being deployed. | 69 | 5.0% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

- **Reaching active service members and Veterans –** Suggestions for connecting active service members and Veterans with suicide prevention resources include better aligning efforts and pooling resources, targeting rural communities, and reducing stigma.

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# Introduction

The Utah Department of Veterans and Military Affairs (UDVMA) contracted with the Kem C. Gardner Policy Institute to conduct research related to how active service members and Veterans access suicide prevention resources in Utah. This research aims to contribute to UDVMA's understanding of how suicide prevention resources can be effectively disseminated to service members, Veterans, and their families. Expanding this understanding will help improve the department's suicide prevention outreach strategies and plan for the *Governor's Challenge to Prevent Suicide among Service Members, Veterans, and their Families*.[1]

Suicide is a leading cause of death in both the United States and Utah, and data show Veterans are at increased risk for suicide-related deaths.[2] Research also shows Veteran service organizations generally have a difficult time engaging Veterans in mental health services. According to the U.S. Department of Veterans Affairs, there were "on average 17.6 Veteran suicides per day in 2022, seven of which were among Veterans who received care from the Veterans Health Administration (VHA or VA) in 2021 or 2022."[3]

As a result, the VA is focused on increasing access to services and support for those who are not receiving care in hopes of preventing more suicides.[4] Addressing suicide is a top priority for the VA as it develops clinical interventions and community-based outreach strategies.[5] As noted above, the state of Utah is also committed to reducing suicide among active service members and the Veterans through the Governor's challenge and other efforts.

### Research Design

The Gardner Institute utilized a sequential mixed methods research design to understand: (1) if, how, and where active service members and Veterans access suicide prevention resources; (2) barriers to accessing these resources; and (3) preferred methods for receiving information about these resources.

This research design included three phases: (1) interviews with organizations supporting active service members and Veterans to inform survey development; (2) a survey to measure general attitudes and experiences among active service members and Veterans in Utah; and (3) focus groups to better understand and provide nuance to survey findings.

### Limitations

A significant limitation of this study is the under-sampling of active service members. Given the low response rate, the findings disproportionately reflect the experiences and viewpoints of Veterans. The report's narrative reflects this limitation and frames most findings in the context of Veterans' experiences alone.

This sample may also not accurately represent service members, Veterans, and their families living in rural communities. Future research could take a more targeted approach to recruit participants living in rural areas to ensure better representation.

Interview, survey, and focus group participants also self-selected. As a result, findings may more strongly reflect the opinions of individuals with thoughts or interest in mental health or suicide prevention efforts. See Appendix 1 for more information about the research design and additional limitations.

# Key Findings

Project findings validate and offer additional insight into disseminating mental health and suicide prevention resources to active service members and Veterans. Veterans currently access information in a variety of spaces, including VA hospitals and clinics, their doctor or mental health clinician, from friends and family, community organizations, mental health specific websites, and social media.

### Finding Information

When looking for mental health and suicide prevention information, Veterans primarily turn to the VA, their physician or mental health therapist, and family and friends. That said, survey findings show just over 25% of Veterans have never looked for this information and about 17% of survey respondents indicated their greatest barrier to accessing mental health services or suicide prevention resources was being unsure of how to access such resources.

### Trustworthy Information Sources

The most common trustworthy sources of information for Veterans are their private (non-military affiliated) doctor or therapist, friends or family, the VA, and a military doctor or therapist. Survey participants also described UDVMA, military peers, other Veteran or military service organizations, and faith-based resources as trustworthy. Focus group participants further emphasized the importance of peer-to-peer networks, peer support specialists, and one-on-one communication when it comes to distributing suicide prevention or mental health resources to active service members and Veterans.

While about a quarter of survey respondents see or find information related to caring for their mental health on social media, a few focus group participants requested that Veteran service organizations rely less on the use of social media as a tool for disseminating important mental health information. They noted that some Veterans are leaving social media as a way to improve their mental health and suggested utilizing additional modes of communication such as peer-to-peer, billboards, or radio ads.

### Trust in Mental Health or Suicide Prevention Resources

Veterans have mixed experiences with mental health or suicide prevention resources. Both interview and focus group participants noted that they feel some mental health or suicide prevention resources are unhelpful and untrustworthy, but only 15% of survey respondents indicated this as a barrier to accessing suicide prevention resources.

As an example, while only 36% of all survey respondents indicated that they personally trust mental health crisis response (a rating of 4 or 5), just over 50% of those who had experience calling the crisis line found the response helpful (a rating of 4 or 5). In other words, while some participants found these services helpful and trustworthy, others found them unhelpful and lacked trust in them. The variation in these exploratory findings may warrant additional research to better understand if trust in mental health crisis response services is related to accessing resources.

### Barriers to Accessing Care

Major barriers Veterans face in accessing mental health or suicide prevention resources include: (1) the time it takes to get into care (both in the community and VA clinics); (2) the "warrior ethos" or the idea that Veterans can or should be able to take care of themselves; (3) concerns that others will know they have mental health issues or think that they are weak; and (4) concerns that exposing their mental health could hinder their military career advancement.

Focus group participants offered suggestions for overcoming some of these barriers to accessing mental health and suicide prevention resources. They emphasized the need to better coordinate efforts among federal, state, and community-based initiatives. They suggested reducing the stigma associated with accessing mental health services by addressing misinformation that receiving such services could impact their military career. Additionally, they highlighted the importance of sharing information on mental health resources before military members conclude their service (perhaps during their transition program) and suggested specifically targeting information to active service members and Veterans in rural communities. Focus group participants also suggested treatment approaches that "un-program" the soldier mindset and focus on holistic healing and community involvement.

### Importance of Personal Communication

A consistent theme emerged across all three research phases: the importance of person-to-person communication. Whether through family, friends, or peer-to-peer networks, these connections may be a critical component to both crisis response and resource sharing.

## Detailed Findings: Phase One

Phase one interviews gathered initial input and perspectives regarding active service members and Veterans' current and preferred modes of communication when it comes to mental health and suicide prevention resources. Interviewees were asked to suggest questions regarding accessing mental health and suicide prevention resources for the survey. Phase two survey questions were designed based on the issues and suggestions that emerged from these interviews.

### Modes of Dissemination

Interview participants were asked to describe how they are currently disseminating information to active service members and Veterans. The most mentioned modes of communication were word of mouth, social media, community events, and through community coalitions, the VA, and 988. They also described the role of law enforcement and first responders in sharing information but noted that a Veteran liaison is often needed when first responders are reporting to a crisis.

Participants mentioned they attend resource fairs around the state and described collaboration among the VA and partner organizations to expand the reach of their suicide prevention resources. They described distributing safe environment materials (e.g., gun locks and medication storage bags) at physicians' offices and hosting events specifically for the Veteran community. Interview participants also shared that they distribute information through university platforms, including the Utah State University HEART Initiative, the University of Utah, and the Ohio State University telehealth program.

### Barriers to Accessing Information and Care

Participants described several system-level barriers to active service members and Veterans accessing information and care, including budget constraints, poor communication among organizations, and a shortage of mental health care providers around the state. They described rural areas as being more likely to experience provider shortages and transportation difficulties.

In addition to system-level barriers, participants described personal barriers to accessing information and care such as active service members and Veterans feeling like they can handle mental health issues themselves, stigma, distrust in crisis response, challenges transitioning out of the military, and fear that seeking mental health related information or care could impact their career advancement.

### Veterans' Preferred Modes of Communication

While interviewees recognized that it is helpful to have a quick crisis response team, they also emphasized the need to be proactive and reach Veterans long before they are in crisis. This could include encouraging case management and peer-to-peer networks where Veterans connect with people who understand and relate to them. The interviewees described one-on-one connection and networking as an important mode of communication among active service members and Veterans. They also emphasized the VA, community organizations, and fellow Veterans as the most trustworthy sources of information.

Additional preferred modes of communication include flyers, social media campaigns, through friends and family, town halls, and television and radio ads.

## Detailed Findings: Phase Two and Three

Findings from phase one interviews were used to develop survey questions in collaboration with UDVMA (phase two). The survey focused on five subject areas:

1) Finding information
2) Crisis response
3) Trust
4) Access to care
5) Willingness to respond

Once the survey closed, the Gardner Institute conducted additional focus groups and interviews to gather more in-depth information to help add nuance to some of the survey findings (phase three). Survey and follow-up focus group and interview findings are included in this section.

As noted above, over 90% of survey respondents indicated they were prior service members or Veterans. This section's narrative reflects this limitation and frames most findings in the context of Veterans' experiences alone.

The largest share of respondents indicated their most recent branch of service was active duty in the Army (26.9%), followed by active duty in the Air Force (16.3%) and Army National Guard (13.1%). See Appendix 2 for additional demographic information, figures, and tables, and Appendix 3 for all survey questions and findings.

### Finding Information

#### *Existing Information Sources*

Survey respondents were asked to identify the places where they find information regarding caring for their mental health. The most common places they find information are the VA, doctor or mental health clinician offices, and in conversation with family or friends (Table 1). Other sources of information include Veteran service organizations (such as American Legion and the VFW), work, and faith-based organizations (such as church or in conversation with a bishop).

**Table 1: Where to Find Information Related to Mental Health**

| Even if rarely, where do you currently see or find information related to caring for your mental health? (Select all that apply) | | |
|---|---|---|
| | n=1,534 | % |
| The Federal Veterans' Affairs office (The VA or Veterans Administration) | 606 | 39.5% |
| Doctor's or mental health clinician's office | 481 | 31.4% |
| In conversation with family, friends, or military peers | 426 | 27.8% |
| I have never seen or have never looked for this information. | 418 | 27.2% |
| Websites | 355 | 23.1% |
| Social media | 339 | 22.1% |
| Television | 192 | 12.5% |
| Other (Please specify.) | 117 | 7.6% |
| Calling 988, 911, or another crisis resource | 89 | 5.8% |
| Billboards | 84 | 5.5% |
| Community gatherings | 78 | 5.1% |
| Radio | 66 | 4.3% |
| Schools | 36 | 2.3% |
| Law enforcement | 21 | 1.4% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

A little over 25% of respondents indicated they had never looked for this information.

Most focus group and interview participants felt these findings reflected their experience with looking for information and provided additional insight into the results. When discussing accessing information at the Salt Lake City VA, many highlighted the Peer Support Specialist program as a key resource. In terms of the VA call line, many referenced the redundant messages, noting that these messages can be repetitive and unhelpful if someone calls often. Others described receiving information via email from the VA.

While many focus group and interview participants reported being able to find information at the VA, a few expressed frustrations with mental health screening assessments (PHQ-9 and GAD 7), which they felt were poorly executed and repetitive.

In addition to the sources listed in the survey, focus group and interview participants identified specific military-related events (such as the Irreverent Warrior March and the Til Valhalla Project) as important opportunities to share information. Some noted that other community events such as rodeos were also places where active service members and Veterans may find information.

When discussing social media as a source of information, participants mentioned Veteran service organizations (such as Wounded Warrior), Live On, LinkedIn, and My Health Vet as common sources of information.

### *Trustworthy Information Sources*

Survey respondents were asked to identify what they would consider to be trustworthy sources of information. Almost half indicated that they would trust information coming from their private doctor (49.3%), followed by friends and family, and the Federal VA (Table 2). "Other" trustworthy sources of information include faith-based sources (such as a church or pastor), self-directed research efforts, and other community-based services.

Focus group and interview participants discussed additional and more specific trustworthy information sources. They described 988, peer-to-peer resource sharing, the VA newsletter, and direct mail. While participants felt 988 was a trustworthy source of information, they noted that some Veterans were not familiar with 988 and mobile crisis outreach teams (MCOT). Others felt 988 is not reaching the right audience. They described the importance of having a peer-to-peer network in sharing information, with one participant noting that "we tend to trust each other more than we trust a bureaucracy."

Participants also offered insight into sources they would not trust. A few pointed out that some Veterans are spending less time on social media. As one stated, "A large swath of Veterans from different eras are consuming different types of media. I don't like what social media is doing to everyone's brains." Another participant indicated that the news is not a reliable source of information stating, "I watch the news a lot lately. A lot of those channels are just not trustworthy at all."

Others expressed distrust toward any source of information they believed might compromise their personal data. For example, one participant shared, "Data is the number one export from the United States. Anywhere you call, any data you share with them is going to end up being marketed." Another participant shared that they would not trust an information source they had to scan QR codes to access.

### Crisis Response Line

Survey respondents were asked to describe their experience with a mental health crisis response line (such as 988 or 911). About 15% of all respondents indicated that they had called a mental health crisis response line. Of those who had called a crisis line, just over half (54.7%) indicated that the response was helpful (a rating of 4 or 5). Over 25% reported that the response was unhelpful (a rating of 1 or 2) (Table 3).

Survey respondents were asked to explain their responses. Of those who felt the crisis line was unhelpful, they described feeling that the staff were unqualified, dismissive to their needs, or provided unhelpful or generic advice. Some felt their interaction with crisis response was impersonal or cited privacy concerns. Others described a delayed response or lack of follow-up. See Appendix 3 for a complete list of themes.

Focus group and interviewee opinions generally aligned with these survey findings. As described above, some felt 988 underperforms when it comes to addressing Veteran suicide prevention. One participant stated, "I have found that a lot of Veterans are uninformed about the 988 option with MCOT here locally in Utah as being an option…I think that service, that national hotline 988, is underperforming, not reaching the right audiences."

Some participants felt that 988 staff are not prepared to deal with military mental health or suicide crisis issues. As one participant shared, "I've used it several times, but every time that I have used it (I've pressed one for the Veterans), the person…I don't think they're well trained… So, I've found that it's easier to call like a specific phone number for Veterans. And there's one through Wounded Warrior."

### Trust

Respondents were asked to rate their trust in mental health crisis response and in the Federal VA. Across both efforts, over 50% of respondents rated their trust as three or higher (Tables 4 and 5). Respondents indicated more trust in the Federal VA (52.2% rating it a 4 or 5, with a mean score of 4.47) compared to general mental health crisis response (35.9% rating it a 4 or 5,

**Table 2: Trustworthy Sources of Information**

| I most trust information about caring for my physical or mental health coming from (select all that apply)… | | |
|---|---|---|
| | n=1,524 | % |
| Private doctor or therapist (not military affiliated) | 752 | 49.3% |
| My friends/family | 575 | 37.7% |
| The Federal VA | 508 | 33.3% |
| A military doctor or therapist | 396 | 26.0% |
| UDVMA | 282 | 18.5% |
| My military peers | 277 | 18.2% |
| Other Veteran or Military Service Organizations | 246 | 16.1% |
| Other (Please specify.) | 113 | 7.4% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

**Table 3: Is Crisis Response Helpful**

| How would you rate the response you received? | | |
|---|---|---|
| | n=234 | % |
| 1 (Very Unhelpful) | 37 | 15.8% |
| 2 | 27 | 11.5% |
| 3 | 42 | 17.9% |
| 4 | 50 | 21.4% |
| 5 (Very Helpful) | 78 | 33.3% |
| Mean | 3.45 | |
| Mode | 5 | |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

with a mean score of 4.29). However, this lower rating may be due to the larger share of respondents who indicated "don't know" regarding mental health crisis response (29.3%).

About 20% of respondents reported they did not trust mental health crisis response and/or the Federal VA (Figure 1). That said, there are discrepancies within the data. While some respondents indicated they do not trust mental health crisis response or the VA, both mental health clinicians and the VA were identified as trustworthy sources of information.

While focus group and interview participants were not directly asked about their trust in mental health crisis response or the VA, their discussions regarding the effectiveness of mental health crisis response and VA services provide some context. Some participants indicated they did not feel 988 was meeting their needs as a crisis response option. They did, however, identify the VA and other Veteran service organizations as helpful resources and continued to identify them as trustworthy sources of information. There were mixed responses regarding how long it takes to get into care at the VA.

### Table 4: Trust in Mental Health Crisis Response

| Even if you have had very little or no contact, please base your answer on your general impression. On a scale from 1 to 5, how much do you personally trust mental health crisis response (such as a crisis line or the 988 Suicide Prevention Hotline)? | n=1,508 | % |
|---|---|---|
| 1 (not at all) | 168 | 11.1% |
| 2 | 117 | 7.8% |
| 3 | 240 | 15.9% |
| 4 | 320 | 21.2% |
| 5 (completely) | 221 | 14.7% |
| Don't know | 442 | 29.3% |
| Mean | 5.08 | |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

### Table 5: Trust in the Federal VA

| Even if you have had very little or no contact with the Federal Department of Veterans Affairs (The VA, Veterans' Administration), please base your answer on your general impression. On a scale from 1 to 5, how much do you personally trust the Department of Veterans Affairs? | | |
|---|---|---|
| **Rating** | **n=1,509** | **%** |
| 1 (not at all) | 139 | 9.2% |
| 2 | 174 | 11.5% |
| 3 | 302 | 20.0% |
| 4 | 465 | 30.8% |
| 5 (completely) | 323 | 21.4% |
| Don't know | 106 | 7.0% |
| Mean | 4.65 | |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

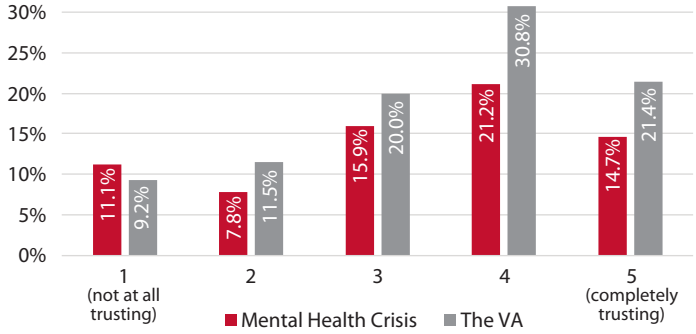
## Accessing Care

Survey respondents were asked to describe how often they visit the Federal VA for health care needs. Over half visit the VA for at least some of their health care needs, with 40% accessing it for most of their health care needs (Table 6).

Survey respondents were asked to consider how likely they would be to access mental health or suicide prevention resources (such as calling 988 or talking to a therapist). Most respondents indicated they would likely access these resources (73.1%, Table 7).

Those who said they were likely or very likely to access mental health or suicide prevention resources said they would do this because they had positive experiences with the VA or general mental health resources in the past, are aware of mental health risks, and care about helping others.

### Figure 1: Trust in Mental Health Crisis Response and the VA




Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

### Table 6: Frequency Accessing Services at the VA

| How often do you/your family member access Federal VA (Veterans Affairs/Veterans Administrations) services or visit the Federal VA for physical or mental health care needs? | n=1,404 | % |
|---|---|---|
| Never | 495 | 35.3% |
| For some of my health care needs, but not all. | 340 | 24.2% |
| For most of my health care needs. | 280 | 19.9% |
| For all of my health care needs. | 289 | 20.6% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

### Table 7: Likelihood to Access Resources

| Please indicate how likely you would be to access mental health or suicide prevention resources (such as calling 988, talking to a therapist, talking to your doctor, etc.). | n=1,417 | % |
|---|---|---|
| Very unlikely | 93 | 6.6% |
| Unlikely | 110 | 7.8% |
| Neutral | 178 | 12.6% |
| Likely | 469 | 33.1% |
| Very likely | 567 | 40.0% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

### Table 8: Mental Health Resources Likely to Use

| If you were going to access mental health resources for yourself or someone else, which of the following would you be likely to use? (Select all that apply) | n=1,430 | % |
|---|---|---|
| Primary care doctor | 665 | 46.5% |
| VA therapist/counselor | 615 | 43.0% |
| Therapist/Counselor (not at the VA) | 508 | 35.5% |
| Suicide Prevention Hotline (988) | 424 | 29.7% |
| Other (Please specify.) | 131 | 9.2% |
| I would not look for additional resources. | 114 | 8.0% |
| Live On Online Military Playbook | 27 | 1.9% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

### Table 9: Barriers to Accessing Mental Health Resources

| Please select the GREATEST or BIGGEST barriers to accessing mental health services or suicide prevention resources for you or others in the military community. (Select all that apply) | n=1,376 | % |
|---|---|---|
| It takes too long to get into care. | 454 | 33.0% |
| I can take care of myself. | 410 | 29.8% |
| My friends, family, or community will know my business. | 376 | 27.3% |
| Exposing my mental health could keep me from advancing my career. | 304 | 22.1% |
| Others will think I am weak. | 289 | 21.0% |
| Too expensive. | 273 | 19.8% |
| I am unsure how to access resources. | 237 | 17.2% |
| Services are not helpful. | 219 | 15.9% |
| Other (Please specify.) | 208 | 15.1% |
| Services are not available in my area. | 144 | 10.5% |
| Exposing my mental health could keep me from being deployed. | 69 | 5.0% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

### Table 10: Focus Group and Interview Responses to Survey Findings on Barriers

| Survey Finding | Deeper Dive |
|---|---|
| It takes too long to get into care. | "I'm still on the wait list, and every time, it's almost a year. I'm feeling like, why even pursue this… It's not accessible…" |
| Others will think I'm weak | "Yes, especially in the Marine Corps. It's always enforced that you're weak if you say anything, and as soon as you do, you're out of service. You're isolated." |
| I am unsure how to access resources | "In the Coast Guard… when it was time for me to get out, they just said, 'bye bye' and I had no idea what services were available." |
| Could keep me from advancing my career | "I see active duty personnel clinically that pay out of pocket. They do not go through the military at all because they will lose their jobs." |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Focus Group Results

Survey responses to why someone would be unlikely to access resources include negative prior experiences, fear of repercussions, skepticism regarding treatment effectiveness, and a "tough-it-out" mentality (i.e., warrior ethos). See Appendix 3 for a full list of themes related to open-ended responses.

Participants were then asked where they would access mental health resources for themselves or someone else. The largest share of respondents indicated they would access mental health resources through their primary care doctors, followed by a VA therapist/counselor, and then a therapist or counselor not associated with the VA (Table 8). "Other" responses included family and friends, online resources, support groups, military peers, and clergy (such as a pastor or bishop).

While focus group and interview participants were not directly asked about their use of mental health services, the majority discussed their personal experiences accessing mental health or suicide prevention resources. The survey findings are generally representative of their experiences.

### Barriers to Accessing Care

Survey participants were asked to identify the greatest barriers to accessing mental health services or suicide prevention resources for people in the military. There was relatively even distribution among the top six responses, but the most common barriers to accessing mental health services were: (1) that it takes too long to get into care; and (2) the feeling that "I can take care of myself" (Table 9). "Other" responses included resistance to being put on medication, preferring self-help, feeling the help is impersonal, and feeling that therapy itself is a difficult process. Most focus group and interview participants felt these findings represented their experience (see Table 10).

In general, many focus group and interview participants felt that Veterans living in rural areas have a more difficult time getting into care. They also discussed other barriers to accessing care, including inconsistent care via telehealth and expensive community care.

There were mixed responses regarding accessing mental health care at the VA. Some felt that mental health services were readily available, discussing their success in accessing VA care. Others recommended leveraging peer specialists to get access to VA care. One participant stated, "Man, I would really suggest, if you ever find somebody that's having a hard time getting in, really, really utilize that peer support folks. They're all Veterans of all different kinds, all different ages, and they will knock on doors."

Participants also discussed barriers related to the "warrior ethos." "The whole thing is backwards. It's not that it takes too long to get into care. [It's that] the others will think I'm weak." One participant tied the warrior mentality to concerns about not wanting to risk their career and being kept from deployment.

Another felt their experience with the warrior ethos in the Marine Corps was unique compared to other experiences in other branches of the military (Table 10).

With a few exceptions, there was general sentiment among focus group and interview participants that accessing mental health services in the VA could jeopardize their military career. Others agreed that some Veterans and active service members are willing to pay more money to access mental health care that is not associated with the VA.

Some focus group and interview participants provided additional detail into their thoughts on the helpfulness of services that are available, with many focusing on VA mental health services. While survey results indicated that most respondents trust the VA, some focus group and interview participants discussed the VA's approach to mental health as a barrier to accessing care. One participant felt the VA overgeneralizes their treatment approach, as if all Veterans have the same needs. Another felt the VA's structure is ineffective. They shared, "We've got to do something different. Yeah, it's a conundrum, because how do you build a killer and then turn around and say, 'Oh, you're having a problem with this thing we're having you do.'… So, you're going to break Humpy Dumpty, and then try and put them back together again?"

**Willingness to Respond**

Survey participants were asked to indicate if they would be willing to help someone who was considering suicide. Over 90% of respondents indicated they would be willing to ask to hold someone's firearm, ask if they were thinking about suicide, and check in on them.

**Additional Thoughts/Comments**

Survey respondents were invited to share additional thoughts or comments. Many expressed appreciation for existing resources, including services provided by the VA, community-based mental health services, and the 988 crisis response line. As one participant shared "Therapy has helped me heal a past trauma. It will be a lifetime to keep moving forward and know I am able to use my voice now."

Many comments echoed points made earlier in the survey, particularly concerns about reductions in VA funding under the current administration. Respondents also emphasized the need to improve the quality of care within the VA and in community-based therapy settings. As indicated earlier, respondents emphasized the importance of improving access to care by streamlining and reducing bureaucratic barriers and increasing the availability of providers around the state.

Respondents also stressed the need to reduce stigma and address misinformation, including among active service members, to ensure they understand that seeking help for mental health issues will not jeopardize their military careers. Respondents also highlighted the need to address the root causes of mental health challenges and suicide prevention before they become a crisis (such as improving leadership response and training) and discouraged an overreliance on medication.

Respondents encouraged system collaboration and addressing mental health issues while still in the military. This was amplified by focus group and interview participants who suggested that mental health and suicide prevention play a larger role in transition services from the military. See Appendix 3 for a full list of themes related to responses.

**Suggestions for Reaching Active Service Members and Veterans**

Focus group and interview participants were asked to share ideas for connecting active service members and Veterans with suicide prevention resources. Participants suggested that the VA and other Veteran service organizations better align efforts and pool resources. They also suggested targeting rural communities, as these communities often face more barriers to accessing services.

Participants recommended taking steps to reduce stigma associated with accessing mental health services, including tackling the issue of career advancement.

Finally, focus group and interview participants suggested taking more time to reach people before they leave the military. They suggested increasing efforts to raise awareness of Veteran mental health and access to suicide prevention resources.

# Appendix 1: Research Design

**Methodology**

The Gardner Institute utilized a sequential mixed methods research design to understand: (1) if, how, and where active service members and Veterans access suicide prevention resources; (2) barriers to accessing these resources; and (3) preferred methods for receiving information about these resources.

This research design included three phases: (1) interviews to inform survey development; (2) a survey to measure general attitudes and experiences among active service members and Veterans in Utah; and (3) focus groups to better understand and provide nuance to survey findings. The study took place from March to June 2025. This study protocol received exempt status from the University of Utah Institutional Review Board.

**Phase One: Interviews**

Phase one included seven in-depth interviews with individuals from organizations supporting active service members and Veterans (conducted from March 25 to April 17, 2025). The purpose of these interviews was to better understand the Veteran and active service member population, communication nuances, and areas related to accessing suicide prevention resources that would benefit from more information collected through a survey.

The Gardner Institute designed the interview guide and UDVMA aided in recruitment for the interviews. Interviewees included individuals who work or volunteer for federal, state, and community service organizations supporting active service members and Veterans. Many of the interviewees were current or former service members themselves. Findings from the interviews were used to inform the development of an online survey.

**Phase Two: Survey**

Phase two included design, administration, and analysis of the *Accessing Suicide Prevention Resources* survey. The Gardner Institute collaborated with UDVMA to draft and beta test the survey. This survey focused on five subject areas:

1) Finding information
2) Crisis response
3) Trust
4) Access to care
5) Willingness to respond

After finalizing the questionnaire, the Gardner Institute programmed the survey into Qualtrics and developed a recruitment plan with UDVMA. The UDVMA team facilitated all survey recruitment efforts. The survey was open from Tuesday, April 29 to Friday, May 30, 2025.

In terms of response rates, 1,701 respondents began the survey. About 80% (n=1,377) completed the survey in its entirety, while 1,434 respondents (84%) completed approximately 70% of the survey. The average completion time was approximately 10 minutes.

**Phase Three: Focus Groups and Interviews**

Once the survey closed, the Gardner Institute conducted three focus groups with Veterans and three interviews with active service members in June 2025. The Gardner Institute developed the focus group and interview scripts with input from UDVMA. The purpose of these focus groups and interviews was to dive deeper into findings from phases one and two of the study.

**Limitations**

A significant limitation of this study is the under-sampling of active service members. Given the low response rate, the findings disproportionately reflect the experiences and viewpoints of Veterans. The lack of active service member representation is primarily due to survey recruitment challenges.

Interview, survey, and focus group participants also self-selected. As a result, findings may more strongly reflect the opinions of individuals with thoughts or interest in mental health or suicide prevention efforts.

It is uncertain if the survey sample is representative of Veterans living in rural communities. That said, rural communities were identified as being particularly in need of mental health and suicide prevention resources. Future research efforts could specifically focus on Veterans living in rural regions of the state to better understand their unique needs.

In terms of the focus groups and interviews, it is important to note that the aim of qualitative research is to gain a deeper understanding of opinions and attitudes on an issue—the "why" behind responses. As such, responses are more nuanced, less quantifiable, and not generalizable. These focus groups and interviews were limited to a small sample of individuals. This report describes key themes mentioned by the participants. These themes should not be considered a representative public assessment of the topics discussed.

Finally, this mixed methods study employed a cross-sectional design, capturing perspectives at a single point in time. This approach does not account for changes in attitudes or access to resources over time, which may be influenced by evolving policies, personal experiences, or broader societal shifts.

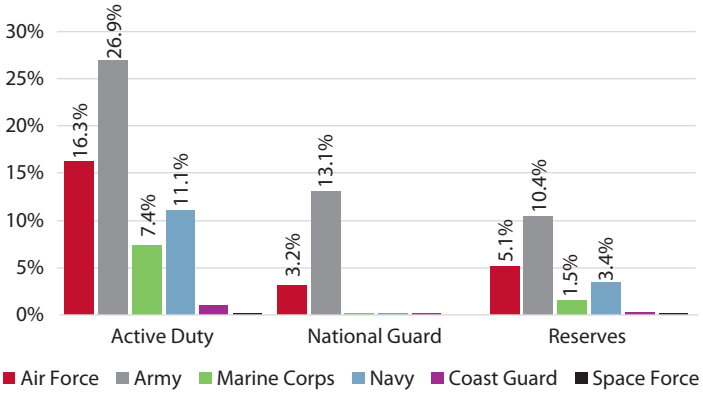
# Appendix 2: Survey Demographics

Over 90% of respondents indicated they were prior service members or Veterans (Table 11). Military service among individuals ranged from one to 60 years with the average being 13 years.

When Veterans were asked if they self-identified as a Veteran, almost all responded that they do (98.2%) with a small portion (1.8%) indicating they did not or were unsure (Table 12).

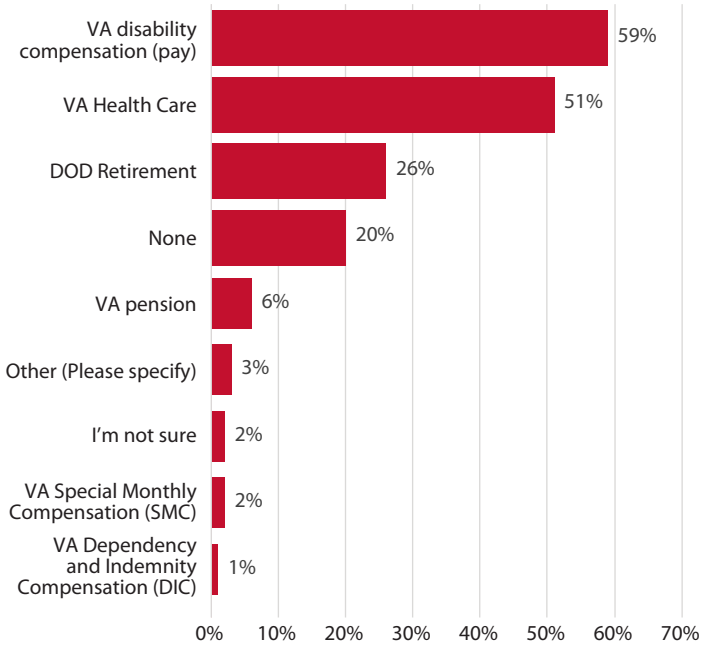
The largest share of respondents indicated their most current or recent branch of service was active duty in the Army (26.9%), followed by active duty in the Air Force (16.3%) and Army National Guard (13.1%) (Figure 2). Although UDVMA made efforts to distribute the survey to current National Guard members, the response was low among this service component.

**Figure 2: Military Branch and Service Component**




Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

**Figure 3: Benefits Utilization**




Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

**Table 11: Military Status**

| | n=1,637 | % |
|---|---|---|
| Prior service member (Veteran, retiree) | 1,513 | 92.4% |
| Current service member (active duty, reserves, or National Guard) | 70 | 4.3% |
| Spouse of a prior service member | 27 | 1.6% |
| Other | 25 | 1.5% |
| Spouse of a current service member | 8 | 0.5% |
| Dependent of a prior service member | 5 | 0.3% |
| Dependent of a current service member | 1 | 0.1% |
| Parent of prior or active service member | 2 | 0.1% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

**Table 12: Respondents Who Self-Identify as a Veteran**

| If your military status is "prior service member," do you self-identify as a Veteran? | | |
|---|---|---|
| | n=1,473 | % |
| Yes | 1,446 | 98.2% |
| No | 16 | 1.1% |
| Unsure | 11 | 0.7% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

**Table 13: Age Distribution**

| | n=1,395 | % |
|---|---|---|
| 18-24 | 22 | 1.6% |
| 25-34 | 50 | 3.6% |
| 35-44 | 153 | 11.0% |
| 45-64 | 410 | 29.4% |
| 65-74 | 320 | 22.9% |
| 75+ | 424 | 30.4% |
| Prefer not to answer. | 16 | 1.1% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

**Table 14: Gender Distribution**

| | n=1,393 | % |
|---|---|---|
| Male | 1,213 | 87.1% |
| Female | 151 | 10.8% |
| Prefer not to answer | 25 | 1.8% |
| Other | 4 | 0.3% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

**Table 15: Income Distribution**

| | n=1,392 | % |
|---|---|---|
| Less than $49,999 | 252 | 18.1% |
| $50,000 to $74,999 | 285 | 20.5% |
| $75,000 to $99,999 | 226 | 16.2% |
| $100,000 to $150,000 | 262 | 18.8% |
| $150,000 or more | 155 | 11.1% |
| Prefer not to answer | 212 | 15.2% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

Respondents were also asked if they or their family members receive any of the benefits listed in Figure 3. Over half (59%) indicated they received VA disability compensation. A slightly smaller share (51%) indicated they received VA Health Care. Around 20% indicated they received no VA benefits.

Respondents represented a range of ages, with most respondents age 45 or older (82.7%, Table 13). The majority of respondents were male (87%, Table 14).

Income representation among survey respondents was well distributed, with over 10% of respondents reporting income in each category. The highest percentage of respondents reported an income between $50,000 and $74,999 (20.5%). The lowest share reported a household income of $150,000 or more (11.1%) (Table 15).

Almost 90% of respondents identified as White alone, followed by about 5% of respondents who identified as Hispanic/Latino of any race (Table 16).

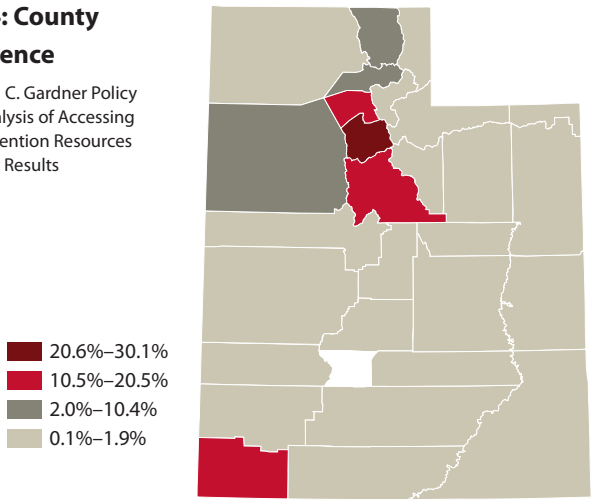
**Table 16: Race/Ethnicity Distribution**

| | n=1,367 | % |
|---|---|---|
| White alone, not Hispanic or Latino | 1,220 | 89.2% |
| Hispanic/Latino (of any race) | 67 | 4.9% |
| Black/African American alone | 12 | 0.9% |
| American Indian/Alaska Native alone | 29 | 2.1% |
| Asian alone | 12 | 0.9% |
| Native Hawaiian and other Pacific Islander alone | 15 | 1.1% |
| Some other race alone | 17 | 1.2% |
| Two or more races | 65 | 4.8% |

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results

**Figure 4: County of Residence**

Source: Kem C. Gardner Policy Institute analysis of Accessing Suicide Prevention Resources 2025 Survey Results



# Appendix 3: Survey Results by Active Military and Veterans

**Accessing Suicide Prevention Resources Survey**

Thank you for your time. This survey will take up to 7 minutes to complete. Your survey responses are confidential and will be anonymously analyzed with others' responses. Findings will be reported to the Utah Department of Veterans and Military Affairs (UDVMA). A final report will be made publicly available, and you will be able to see the results with a description of how findings will be used. The goal of the survey is to measure: If, how, and where veterans, active military, and other service members are accessing suicide prevention resources; Barriers to accessing these resources; and Preferred methods for receiving information about these resources.

**1. Which describes your military status?**

| | n=1,637 | % |
|---|---|---|
| Prior service member (Veteran, retiree) | 1,513 | 92.4% |
| Current service member (active duty, reserves, or National Guard) | 70 | 4.3% |
| Spouse of a prior service member | 27 | 1.6% |
| Other | 25 | 1.5% |
| Spouse of a current service member | 8 | 0.5% |
| Dependent of a prior service member | 5 | 0.3% |
| Dependent of a current service member | 1 | 0.1% |
| Parent of prior or active service member | 2 | 0.1% |

**2.** [Displayed if "Which describes your military status?" = Prior service member (veteran, retiree)]
**If your military status is "prior service member," do you self-identify as a veteran?**

| | n=1,473 | % |
|---|---|---|
| Yes | 1,446 | 98.2% |
| No | 16 | 1.1% |
| Unsure | 11 | 0.7% |

**3. What is your/your family member's current/most recent branch of service?**

| | All Respondents | | Active Military | | Veterans | |
|---|---|---|---|---|---|---|
| | n=1,607 | % | n=70 | % | n=1,478 | % |
| Air Force | 391 | 24.3% | 18 | 25.7% | 355 | 24.0% |
| Army | 795 | 49.5% | 46 | 65.7% | 721 | 48.8% |
| Marine Corps | 151 | 9.4% | 2 | 2.9% | 143 | 9.7% |
| Navy | 249 | 15.5% | 3 | 4.3% | 239 | 16.2% |
| Coast Guard | 19 | 1.2% | 0 | 0.0% | 19 | 1.3% |
| Space Force | 2 | 0.1% | 1 | 1.4% | 1 | 0.1% |

**4. Which is your/your family member's current/most recent service component?**

| | All Respondents | | Active Military | | Veterans | |
|---|---|---|---|---|---|---|
| | n=1,491 | % | n=68 | % | n=1,371 | % |
| Active Duty | 934 | 62.6% | 11 | 16.2% | 894 | 65.2% |
| National Guard | 247 | 16.6% | 49 | 72.1% | 187 | 13.6% |
| Reserves | 310 | 20.8% | 8 | 11.8% | 290 | 21.2% |

**5. Even if rarely, where do you currently see or find information related to caring for your mental health? (select all that apply)**

| | All Respondents | | Active Military | | Veterans | |
|---|---|---|---|---|---|---|
| | n=1,534 | % | n=65 | % | n=1,418 | % |
| The Federal Veterans' Affairs office (The VA or Veterans Administration) | 606 | 39.5% | 25 | 38.5% | 565 | 39.8% |
| Doctor's or mental health clinician's office | 481 | 31.4% | 29 | 44.6% | 437 | 30.8% |
| In conversation with family, friends, or military peers | 426 | 27.8% | 36 | 55.4% | 373 | 26.3% |
| I have never seen or have never looked for this information. | 418 | 27.2% | 6 | 9.2% | 400 | 28.2% |
| Websites | 355 | 23.1% | 26 | 40.0% | 316 | 22.3% |
| Social media | 339 | 22.1% | 28 | 43.1% | 296 | 20.9% |
| Television | 192 | 12.5% | 5 | 7.7% | 179 | 12.6% |
| Other (Please specify.) | 117 | 7.6% | 14 | 21.5% | 93 | 6.6% |
| Calling 988, 911, or another crisis resource | 89 | 5.8% | 9 | 13.8% | 76 | 5.4% |
| Billboards | 84 | 5.5% | 9 | 13.8% | 68 | 4.8% |
| Community gatherings | 78 | 5.1% | 8 | 12.3% | 63 | 4.4% |
| Radio | 66 | 4.3% | 3 | 4.6% | 61 | 4.3% |
| Schools | 36 | 2.3% | 6 | 9.2% | 27 | 1.9% |
| Law enforcement | 21 | 1.4% | 1 | 1.5% | 20 | 1.4% |

**Other Response (All Respondents)**

- Other Veteran service organizations (e.g., American Legion and the VFW)
- Work/employer
- Faith-based organizations (church and bishop)
- Email
- Print materials
- During active military
- Everywhere
- Support groups
- Military OneSource
- Telephone resources
- As part of their degree

**6. I most trust information about caring for my physical or mental health coming from.... (select all that apply)**

| | All Respondents | | Active Military | | Veterans | |
|---|---|---|---|---|---|---|
| | n=1,524 | % | n=65 | | n=1,408 | % |
| Private doctor or therapist (not military affiliated) | 752 | 49.3% | 31 | 47.7% | 690 | 49.0% |
| My friends/ family | 575 | 37.7% | 32 | 49.2% | 524 | 37.2% |
| The Federal VA | 508 | 33.3% | 15 | 23.1% | 483 | 34.3% |
| A military doctor or therapist | 396 | 26.0% | 19 | 29.2% | 366 | 26.0% |
| UDVMA | 282 | 18.5% | 10 | 15.4% | 265 | 18.8% |
| My military peers | 277 | 18.2% | 17 | 26.2% | 253 | 18.0% |
| Other Veteran or Military Service Organizations | 246 | 16.1% | 13 | 20.0% | 226 | 16.1% |
| Other (Please specify.) | 113 | 7.4% | 11 | 16.9% | 97 | 6.9% |

| Other Response (All Respondents) | |
|---|---|
| - Faith-based sources (church or pastor) | - Have not looked for/found information |
| - Other community-based services | - Social media |
| - Government | - Taking classes |
| - Colleagues | - Scientific studies |

**7. Have you ever called a mental health crisis response line (such as 988 or 911) for yourself or someone you know?**

| | All Respondents | | Active Military | | Veterans | |
|---|---|---|---|---|---|---|
| | n=1,536 | % | n=65 | % | n=1,420 | % |
| Yes | 234 | 15.2% | 12 | 18.5% | 212 | 14.9% |
| No | 1,288 | 83.9% | 53 | 81.5% | 1,195 | 84.2% |
| Unsure | 14 | 0.9% | 0 | 0 | 13 | 0.9% |

**8.** [Displayed if "Have you ever called a mental health crisis response line (such as 988 or 911) for yourself or so..." = Yes] **On a scale of 1 to 5, with 1 very unhelpful and 5 very helpful, how would you rate the response you received?**

| | All Respondents | | Active Military | | Veterans | |
|---|---|---|---|---|---|---|
| | n=234 | % | n=12 | % | n=212 | % |
| 1 (Very Unhelpful) | 37 | 15.8% | 4 | 33.3% | 32 | 15.1% |
| 2 | 27 | 11.5% | 2 | 16.7% | 24 | 11.3% |
| 3 | 42 | 17.9% | 2 | 26.7% | 37 | 17.5% |
| 4 | 50 | 21.4% | 3 | 25.0% | 46 | 21.7% |
| 5 (Very Helpful) | 78 | 33.3% | 1 | 8.3% | 73 | 34.4% |

**9.** [Displayed if "On a scale of 1 to 5, with 1 very unhelpful and 5 very helpful, how would you rate the response..." = 1 (Very Unhelpful) OR = 2 Or = 3]
**Please briefly describe what made the response unhelpful. [Open-ended]**

| Code |
|---|
| Unqualified Staff |
| Dismissive |
| Hard to Access Services |
| Unhelpful/Generic Advice |
| Lack of Follow-Up |
| Police Involvement |
| Privacy Concerns |
| Delayed Response Time |
| Impersonal Interaction |
| Lack of Resources |
| Language Barrier |
| Preference for In-Person |
| Focus on Medication |
| Stigma/Shame |
| Gender Discrimination |

**10. Even if you have had very little or no contact, please base your answer on your general impression. On a scale from 1 to 5, how much do you personally trust mental health crisis response (such as a crisis line or the 988 Suicide Prevention Hotline)?**

| | All Respondents | | Active Military | | Veterans | |
|---|---|---|---|---|---|---|
| | n=1,508 | % | n=62 | % | n=1,399 | % |
| 1 (not at all) | 168 | 11.1% | 7 | 11.3% | 159 | 11.4% |
| 2 | 117 | 7.8% | 7 | 11.3% | 99 | 7.1% |
| 3 | 240 | 15.9% | 10 | 16.1% | 220 | 15.7% |
| 4 | 320 | 21.2% | 15 | 24.2% | 296 | 21.2% |
| 5 (completely) | 221 | 14.7% | 7 | 11.3% | 208 | 14.9% |
| Don't know | 442 | 29.3% | 16 | 25.8% | 417 | 29.8% |

**11. Even if you have had very little or no contact with the Federal Department of Veterans Affairs (The VA, Veterans' Administration), please base your answer on your general impression. On a scale from 1 to 5, how much do you personally trust the Department of Veterans Affairs?**

| | All Respondents | | Active Military | | Veterans | |
|---|---|---|---|---|---|---|
| | n=1,509 | % | n=62 | % | n=1,399 | % |
| 1 (not at all) | 139 | 9.2% | 9 | 14.5% | 127 | 9.1% |
| 2 | 174 | 11.5% | 12 | 19.4% | 150 | 10.7% |
| 3 | 302 | 20.0% | 21 | 33.9% | 272 | 19.4% |
| 4 | 465 | 30.8% | 12 | 19.4% | 441 | 31.5% |
| 5 (completely) | 323 | 21.4% | 2 | 3.2% | 316 | 22.6% |
| Don't know | 106 | 7.0% | 6 | 9.7% | 93 | 6.6% |

**12.** [Displayed if "Which describes your military status?" = Prior service member (veteran, retiree), OR = Spouse of a prior service member, OR = Dependent of a prior service member]

**How often do you/your family member access Federal VA (Veterans' Affairs/Veteran's Administrations) services or visit the Federal VA for physical or mental health care needs?**

| | All Respondents | |
|---|---|---|
| | n=1,404 | % |
| Never | 495 | 35.3% |
| For some of my health care needs, but not all. | 340 | 24.2% |
| For most of my health care needs. | 280 | 19.9% |
| For all of my health care needs. | 289 | 20.6% |

**13. Imagine you or someone you cared about was having a difficult time. Please indicate how likely you would be to access mental health or suicide prevention resources (such as calling 988, talking to a therapist, talking to your doctor, etc.).**

| | All Respondents | | Active Military | | Veterans | |
|---|---|---|---|---|---|---|
| | n=1,417 | % | n=59 | % | n=1,316 | % |
| Very unlikely | 93 | 6.6% | 5 | 8.5% | 87 | 6.6% |
| Unlikely | 110 | 7.8% | 4 | 6.8% | 105 | 8.0% |
| Neutral | 178 | 12.6% | 10 | 16.9% | 164 | 12.5% |
| Likely | 469 | 33.1% | 16 | 27.1% | 439 | 33.4% |
| Very likely | 567 | 40.0% | 24 | 40.7% | 521 | 39.6% |

**14. What led you to respond this way? [Open-ended]**

| Rating Neutral, Unlikely, or Very Unlikely |
|---|
| **Code** |
| Negative Prior Experience |
| Fear of Repercussions |
| Skepticism or Doubt Effectiveness |
| Lack of Trust |
| Delayed Access to Services |
| Tough-it-Out Mentality |
| Depends on Severity of Issue |
| Prefer Alternative Treatments |
| Lack of Trust |
| Limited Resources |
| Perceived Lack of Need |
| Emotional Withdrawal or Suicidal Ideation |
| Issue with Current State/Federal Administration |
| Cannot Relate |
| Concerns About Confidentiality |
| Stigma |
| Religious Resources |
| Unfamiliar with Services |
| Need Female Specific Services |
| Too Expensive |

| Rating Likely or Very Likely |
|---|
| **Code** |
| Positive Experience with the VA |
| Positive Experience/Familiar with General Resources |
| Resource Appeal |
| Awareness of Mental Health Risks |
| Mixed/Neutral Experience with Suicide Prevention |
| Care for Others |
| Desire for Professional Help/Trust in the System |

**15. If you were going to access mental health resources for yourself or someone else, which of the following would you be likely to use? (select all that apply)**

| | All Respondents | | Active Military | | Veterans | |
|---|---|---|---|---|---|---|
| | n=1,430 | % | n=58 | % | n=1,327 | % |
| Primary care doctor | 665 | 46.5% | 19 | 32.8% | 625 | 47.1% |
| VA Therapist/ Counselor | 615 | 43.0% | 16 | 27.6% | 582 | 43.9% |
| Therapist/ Counselor (not at the VA) | 508 | 35.5% | 39 | 67.2% | 442 | 33.3% |
| Suicide Prevention Hotline (988) | 424 | 29.7% | 14 | 24.1% | 394 | 29.7% |
| Other (Please specify.) | 131 | 9.2% | 15 | 25.9% | 111 | 8.4% |
| I would not look for additional resources. | 114 | 8.0% | 3 | 5.2% | 109 | 8.2% |
| Live On Online Military Playbook | 27 | 1.9% | 2 | 3.4% | 24 | 1.8% |

| Other Response (All Respondents) | |
|---|---|
| - Family and friends | - Veteran service organizations |
| - Online resources | - University-based resources |
| - Support groups | - Military One Source |
| - Military peers | - Health insurance |
| - Clergy (such as a pastor or bishop) | |

**16. Imagine you or someone you cared about was having a difficult time. Please select the GREATEST or BIGGEST barriers to accessing mental health services or suicide prevention resources for you or others in the military community. (select all that apply)**

| | All Respondents | | Active Military | | Veterans | |
|---|---|---|---|---|---|---|
| | n=1,376 | % | n=57 | % | n=1,275 | % |
| Takes too long to get into care. | 454 | 33.0% | 26 | 45.6% | 408 | 32.0% |
| I can take care of myself. | 410 | 29.8% | 19 | 33.3% | 379 | 29.7% |
| My friends, family, or community will know my business. | 376 | 27.3% | 14 | 24.6% | 348 | 27.3% |
| Exposing my mental health could keep me from advancing my career. | 304 | 22.1% | 33 | 57.9% | 256 | 20.1% |
| Others will think I am weak. | 289 | 21.0% | 14 | 24.6% | 269 | 21.1% |
| Too expensive. | 273 | 19.8% | 15 | 26.3% | 241 | 18.9% |
| I am unsure how to access resources. | 237 | 17.2% | 11 | 19.3% | 218 | 17.1% |
| Services are not helpful. | 219 | 15.9% | 14 | 24.6% | 192 | 15.1% |
| Other (Please specify) | 208 | 15.1% | 14 | 24.6% | 186 | 14.6% |
| Services are not available in my area. | 144 | 10.5% | 8 | 14.0% | 124 | 9.7% |
| Exposing my mental health could keep me from being deployed. | 69 | 5.0% | 18 | 31.6% | 47 | 3.7% |

**Other Response (All Respondents)**

- Don't know
- None
- Lack of trust/confidence in providers or available help
- Stigma/shame
- Therapy is challenging
- Cost
- System delays (waitlist/ responsiveness)
- Resistance to being put on medication
- Difficult time using the VA
- Concerns about impact on employment
- Concerns getting help could limit rights
- Frustration with current administration
- Preferring self-help
- Feeling help is impersonal

**17. If you were aware that someone was thinking about suicide, would you be willing to...**

| | All Respondents | | Active Military | | Veterans | |
|---|---|---|---|---|---|---|
| Willing to… | n= 1,384-1,413 | % | n= 56-57 | % | n= 1,285-1,313 | % |
| Check in on them | 1,393 | 98.6% | 56 | 98.2% | 1,295 | 98.6% |
| Ask if they are thinking of suicide | 1,313 | 93.9% | 56 | 98.2% | 1,217 | 93.7% |
| Ask to hold their firearm | 1,244 | 89.9% | 54 | 94.7% | 1,153 | 89.7% |

**18. Do you have any comments, questions, or concerns regarding suicide prevention that you would like to share with military service organizations? [Open-ended]**

| Code |
|---|
| Frustration with Current Federal/State Administration |
| Appreciate Current Resources (Mental Health, VA, and Crisis Response) |
| Improve Quality of Care |
| Improve Access |
| Reduce Stigma and Address Misinformation |
| Treat Underlying Issues Rather Than Symptoms/Reduce Medication |
| Increase Connections |
| Prior Experience with Suicide Prevention |
| Expand Treatment Options |
| Move Upstream |
| Individualized Care |
| Support Active Service Members and Train Leadership |
| Consider Religious Resources |
| Address Social Determinants of Health |
| Engage Family |
| Recognize Purpose |
| Train First Responders |
| Feels Forgotten |
| Needs Additional Resources |
| System Collaboration |

**19. Do you/your family member receive any of the following benefits? (select all that apply)**

| | n=1,309 | % |
|---|---|---|
| VA Dependency and Indemnity Compensation (DIC) | 18 | 1% |
| VA Special Monthly Compensation (SMC) | 30 | 2% |
| I'm not sure. | 26 | 2% |
| Other (Please specify.) | 35 | 3% |
| VA pension | 76 | 6% |
| None | 267 | 20% |
| DOD Retirement | 337 | 26% |
| VA Health Care | 671 | 51% |
| VA disability compensation (pay) | 770 | 59% |

| Other Response (All Respondents) |
|---|
| - TRICARE<br>- Pharmacy access<br>- Retirement<br>- Social security |

### 20. How many total years have you/your family member been in the military?

| | n=970 |
|---|---|
| Mean | 13.28 |
| Median | 8.75 |
| Mode | 4 |
| Range | 0-60 years |

### 21. Please indicate your age.

| | n=1,395 | % |
|---|---|---|
| 18-24 | 22 | 1.6% |
| 25-34 | 50 | 3.6% |
| 35-44 | 153 | 11.0% |
| 45-64 | 410 | 29.4% |
| 65-74 | 320 | 22.9% |
| 75+ | 424 | 30.4% |
| Prefer not to answer. | 16 | 1.1% |

### 22. Please select your gender.

| | n=1,393 | % |
|---|---|---|
| Male | 1,213 | 87.1% |
| Female | 151 | 10.8% |
| Prefer not to answer | 25 | 1.8% |
| Other | 4 | 0.3% |

### 23. Please select your family household income.

| | n=1,392 | % |
|---|---|---|
| Less than $49,999 | 252 | 18.1% |
| $50,000 to $74,999 | 285 | 20.5% |
| $75,000 to $99,999 | 226 | 16.2% |
| $100,000 to $150,000 | 262 | 18.8% |
| $150,000 or more | 155 | 11.1% |
| Prefer not to answer | 212 | 15.2% |

### 24. Please describe your race/ethnicity. (select all that apply)

| | n=1,367 | % |
|---|---|---|
| White alone, not Hispanic or Latino | 1,220 | 89.2% |
| Hispanic/Latino (of any race) | 67 | 4.9% |
| Black/African American alone | 12 | 0.9% |
| American Indian/Alaska Native alone | 29 | 2.1% |
| Asian alone | 12 | 0.9% |
| Native Hawaiian and other pacific islander alone | 15 | 1.1% |
| Some other race alone | 17 | 1.2% |
| Two more races | 65 | 4.8% |

### 25. Which county do you reside in?

| | n=1,351 | % |
|---|---|---|
| Beaver County, Utah | 6 | 0.4% |
| Box Elder County, Utah | 20 | 1.5% |
| Cache County, Utah | 56 | 4.1% |
| Carbon County, Utah | 10 | 0.7% |
| Daggett County, Utah | 1 | 0.1% |
| Davis County, Utah | 155 | 11.5% |
| Duchesne County, Utah | 8 | 0.6% |
| Emery County, Utah | 4 | 0.3% |
| Garfield County, Utah | 4 | 0.3% |
| Grand County, Utah | 10 | 0.7% |
| Iron County, Utah | 41 | 3.0% |
| Juab County, Utah | 11 | 0.8% |
| Kane County, Utah | 11 | 0.8% |
| Millard County, Utah | 7 | 0.5% |
| Morgan County, Utah | 3 | 0.2% |
| Rich County, Utah | 1 | 0.1% |
| Salt Lake County, Utah | 406 | 30.1% |
| San Juan County, Utah | 12 | 0.9% |
| Sanpete County, Utah | 10 | 0.7% |
| Sevier County, Utah | 9 | 0.7% |
| Summit County, Utah | 23 | 1.7% |
| Tooele County, Utah | 35 | 2.6% |
| Uintah County, Utah | 21 | 1.6% |
| Utah County, Utah | 212 | 15.7% |
| Wasatch County, Utah | 10 | 0.7% |
| Washington County, Utah | 147 | 10.9% |
| Wayne County, Utah | 4 | 0.3% |
| Weber County, Utah | 114 | 8.4% |
| Total | 1,351 | 100.0% |

**Endnotes**


1. Substance Abuse and Mental Health Services Administration. (n.d.). *Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and Their Families.* U.S. Department of Health & Human Services. https://www.samhsa.gov/technical-assistance/smvf/challenges
2. Centers for Disease Control and Prevention. (March 26, 2025). *Suicide Data and Statistics*. U.S. Department of Health & Human Services. https://www.cdc.gov/suicide/facts/data.html
3. U.S. Department of Veterans Affairs. (2024*). 2024 National Veteran Suicide Prevention Annual Report: Part 2 of 2 – Report findings*. https://www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-2-of-2_508.pdf
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5. U.S. Department of Veterans Affairs. (n.d.). Suicide prevention. https://www.mentalhealth.va.gov/suicide_prevention/

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