



**BLUE STAR
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**MILITARY
FAMILY
LIFESTYLE
SURVEY**

2020 Military Family Lifestyle Survey Comprehensive Report

Finding 7

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Despite the increased use of telehealth services, active-duty families continue to report barriers to obtaining mental health care.

The COVID-19 pandemic has changed the way the military health system provides health care to its more than three million active-duty service members and family recipients.¹ TRICARE revised its policy on telehealth services, allowing greater access to care during the pandemic,² and the Defense Health Agency (DHA) pivoted to offer telehealth appointments to active-duty service members at military treatment facilities.³ Despite these changes, one-fifth (21%) of active-duty family respondents reported they would like to receive mental health care but do not, indicating that despite this move to increase telehealth accessibility, there are still obstacles to receiving mental health care. The reasons for not receiving care differed between active-duty service member respondents and active-duty spouse respondents, with service member respondents indicating more difficulty getting time off work, concerns about confidentiality, and the potential to harm their career, while spouse respondents expressed difficulty scheduling appointments, finding child care, and difficulty knowing where to get help — help that is sensitive to their needs.

Fewer than one in 10 active-duty family respondents (9%) who receive mental health care have done so through telehealth before COVID-19, though nearly one quarter (23%) indicated receiving services through telehealth since the pandemic began. Additionally, one in four of all active-duty family respondents (26%) indicated a preference for receiving mental health care via telehealth over

Active-Duty Service Member Respondents' Reasons For Not Receiving Care

16% of active-duty service member respondents (n=80) would like to receive care but do not

It is difficult to get time off work for treatment (42%)

I have concerns about confidentiality of treatment (39%)

It is difficult to schedule an appointment (39%)

It would harm my career (35%)

Active-Duty Spouse Respondents Reasons For Not Receiving Care

21% of active-duty spouse respondents (n=556) would like to receive care but do not

It is difficult to schedule an appointment (45%)

It is difficult to find child care (40%)

I do not know where to get help (26%)

Treatment is not sensitive to my needs (24%)

“I’m a flyer. I’d love to start medication, but I can’t afford the DNIF [Duty Not Involving Flying]. Also, it’s impossible to make time for appointments; they increased my clinic’s workload 5x and simultaneously cut our manning.” — Active-Duty Service Member

an in-person visit. For many, access to telehealth has been positive, though for others, telehealth is not a preferable substitute for in-person mental health care. Nearly one-fifth (18%) of active-duty family respondents who prefer in-person services would like to receive mental health care but do not.

28% of active-duty family respondents **have used telehealth** for mental health services during/since COVID-19 (up from 9% prior to COVID-19)

While the majority of active-duty family respondents (61%) do not need/want mental health care and do not have a current mental health diagnosis (64%), nearly one-fourth of active-duty spouse respondents and 16% of active-duty service member respondents indicated having a current diagnosis for generalized anxiety disorder, a rate that is higher than the overall civilian pre-pandemic rate of 3%,⁴ though there are important differences between the groups. The higher levels of anxiety are consistent with civilian reports of increasing anxiety diagnoses amid the COVID-19 pandemic.⁵

Respondents Who Report a Current Diagnosis		
	Active-duty Service Member Respondents	Active-duty Spouse Respondents
Generalized anxiety disorder	16%	23%
Major depressive disorder	7%	9%
PTSD	11%	7%
Sleep disorder	15%	6%

THE IMPORTANCE OF SLEEP

Lack of quality sleep has been shown to have both short-term and lasting effects on mental and physical health.⁶ Despite guidance supporting

the need for sleep among service members⁷ and common knowledge that fatigue can result in deadly accidents,⁸ 43% of active-duty service member respondents indicated they did not get enough sleep to function effectively. Active-duty spouse respondents (37%), veteran respondents (40%), and respondents who are spouses of veterans (39%) reported the same. Disturbances in sleep may be an early symptom of an underlying health concern or can co-occur with a mental health disorder.⁹ For active-duty families, it may also be the result of stressors such as OPTEMPO.¹⁰ Seven in ten (71%) active-duty family respondents indicated their/their spouse’s OPTEMPO was stressful or very stressful for healthy work/family life. Only one-third (33%) of those who reported OPTEMPO was stressful or very stressful for healthy work/family life agreed they got enough sleep to function effectively, compared to 51% of those who said OPTEMPO was an acceptable level of stress or no stress at all for healthy work/family life.

43% of active-duty service member respondents report they **do not get enough sleep to function effectively**



SUICIDAL THOUGHTS AMONG MILITARY FAMILIES

Suicide is the tenth leading cause of death in the United States, and the overall suicide rate has been trending upwards for several decades.¹¹ Despite universal health care providing greater access to diagnosis and treatment of mental health disorders, the military has also noted increased suicides, with just under 500 troops dying by suicide in 2019¹² and a reported 20% increase in suicides during the first three quarters of 2020.¹³ COVID-19 is thought to be adding increased stress to an already strained force,¹⁴ and rates of suicidal ideation during COVID-19 are higher among youth¹⁵ than other civilian populations. To meet both existing need and increasing stress levels from the pandemic, timely access to quality mental health care has been identified as an area of need across the DoD,¹⁶ yet just over half (51%) of active-duty family respondents with one or more children under the age of 18 indicated that they were able to access high-quality mental health care for their child.

Respondents Reporting Suicidal Thoughts During Past 12 Months			
Active-Duty Service Members	Active-Duty Spouses	Active-Duty Children*	Recently Transitioned Veterans**
4%	4%	6%	11%

*6% of active-duty family member respondents with children reported that their child had expressed suicidal thoughts
 ** Separated from service less than 3 years prior to survey fielding

RECOMMENDATIONS



MILITARY/DHA/VA

- Establish a grace period policy, allowing for the short-term continuation of therapy service done via telehealth until new care can be established following a PCS.
- Coordinate with states to ensure all Americans can receive mental health care through telehealth by addressing broadband inequity and, where possible, extending provider licensure across state lines.
- Provide co-located hourly child care at mental health locations and military treatment facilities.



CONGRESS

- Ensure that military dependents are not being unfairly penalized (relative to their civilian peers) for utilizing mental health care, if and when they choose to join the military.*
- Commission a report on the number of military dependents who have been denied entry to the military because of information placed in their medical records when they were minors.

*More information in Recommendations Chapter of Comprehensive Report

LIMITATIONS

The COVID-19 pandemic has resulted in increased need for mental health services throughout the world.¹⁷ Government lockdowns, travel restrictions, extended deployments, and the Stop Movement Order may all have been related to the higher levels of anxiety and suicidal ideation levels reported by respondents. The rate of active-duty family respondents reporting a current diagnosis of generalized anxiety disorder exceeds the rate for the overall civilian population, but several factors can influence diagnosis in these two groups. The active-duty population has access to universal health care, potentially increasing the number of mental health diagnoses, while disorders may go undiagnosed in the civilian population without accessible, affordable health care. Conversely, the active-duty military population differs demographically from their civilian peers and may be less at risk of mental health disorders due to socioeconomic status.¹⁸ Additionally, the sample size for respondents reporting suicidal ideation is very small. Of those surveyed, 130 active-duty family member respondents and 33 recently transitioned veterans (veterans who separated from service in the three years prior to survey fielding) reported suicidal thoughts in the past year. Finally, because respondents must be 18 years of age or older to participate in the survey, data on children's suicidal ideation is reported by a parent or guardian, which is subject to bias.¹⁹

Additionally, it was not possible to determine the age or number of children being referred to by active-duty family respondents when reporting on children's suicidal thoughts.

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