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SURVEY**



Health Care Access and Quality

2021 Military Family Lifestyle Survey Comprehensive Report

Military Children's Mental Health

In collaboration with



Syracuse University

**D'Aniello Institute for
Veterans & Military Families**



JPMorgan Chase & Co., Founding Partner

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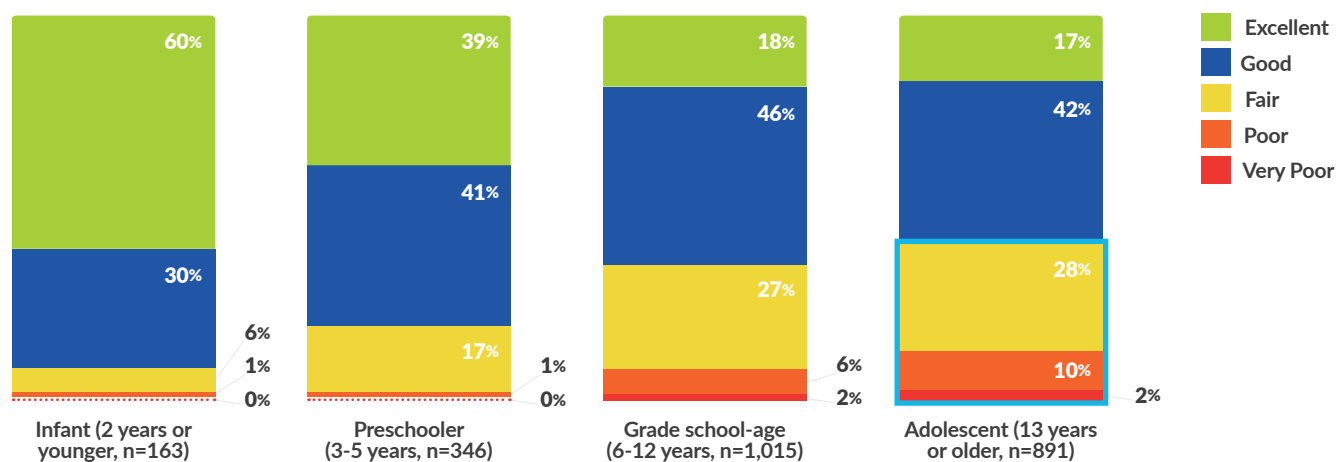


While active-duty family respondents report the average mental health of children in their family is good, they report poorer mental health for adolescents; families experiencing a separation or those reporting concerning relationship behaviors also report lower average mental health of their children.

There are several complex contributing factors at play when examining the overall state of military children's mental health. After over a year of the COVID-19 pandemic, children's mental health is at a crisis level^{1,2} nationwide. The same is true for many military children.³ Despite this, most active-duty family respondents to the 2021 Military Family Lifestyle Survey (MFLS) report their children's mental health is "good" or "excellent," averaging 3.93 on a scale of 1 (Poor) to 5 (Excellent).^a A notable proportion (43%), however, rate at least one child's mental health as "fair," "poor," or "very poor," and a small proportion (5%) of active-duty family respondents report their child has expressed suicidal thoughts in the past year. Among active-duty family respondents with children, a pattern of decreasing "good" and "excellent" mental health ratings by the age grouping of the oldest child indicates that older children may be experiencing greater challenges than their younger peers (see Figure 1). The impacts of physical distancing and increased virtual presence might have a disproportionate effect on adolescents, an age group for whom peer interaction is a vital aspect of emotional and mental health.^{4,5}

Figure 1: Mental Health of Oldest Child, by Age Grouping

Active-Duty Family Respondents with Children



In addition to the challenges experienced by their civilian peers across the world as a result of the COVID-19 pandemic, military children also experience multiple challenging factors due to the lifestyle of frequent moves, deployments, and socioeconomic impacts, which can be a source of psychological stress.^{6,7} Despite the challenges of military life, most military

^aRespondents were asked to rate each child's mental health individually, from oldest child to youngest child. Respondents could select "not applicable" or "I don't know," with guidance that "if your child is not old enough for you to evaluate their mental health, please select 'not applicable.'" Family mean of child mental health is calculated by summing the mental health rating for all children reported by a respondent (on a scale of 1 to 5, with "1" indicating "very poor" mental health and "5" indicating "excellent" mental health), and dividing by the number of children for which the respondent selected a valid option (e.g., 1 to 5, excluding those who selected "I don't know" or "Not applicable").



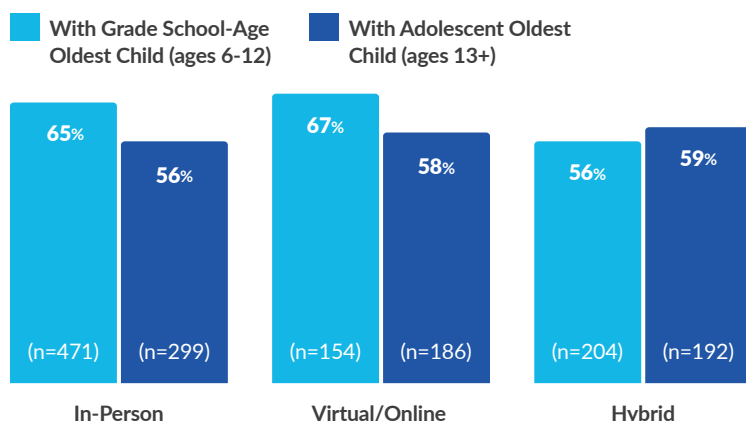
children are resilient⁸ and may be better prepared than their civilian counterparts to manage the stressors of the pandemic.⁹ However, some conditions may impact military children's mental health.

Virtual Education Delivery

Despite considerable concern that the method of education delivery (online/virtual, in-person, or hybrid) is impacting children's mental health,¹⁰ there are few notable differences in active-duty family respondents' perceptions of their oldest child's mental health between those who report their oldest child was in virtual education, in-person education, or hybrid education at the time of survey fielding; although active-duty family respondents with an adolescent oldest child generally report lower mental health than those with a grade-school-age oldest child. For grade-school-age children, a smaller proportion of those in hybrid education report "good" or "excellent" mental health than those in other educational delivery modalities.

Figure 2: Percent Who Report Their Oldest Child's Mental Health is "Good" or "Excellent," by Education Modality

Active-Duty Family Respondents with School-Age Oldest Child



to a child's mental health.¹¹ However, military families experience separations from their service member for a number of reasons beyond deployment — including temporary duty travel (TDY), training, workups, and geobatching. Among military families who were not separated or who were experiencing a deployment at the time of survey fielding, the family mean for children's mental health is higher (average of 3.96 on a scale of 1-5 for both types of separation, see Figure 3), than among families experiencing TDY/training/other military-related separations and geobatching.^{b,c}

^bMany families who geobach do so for their children's education, and therefore may have older children, who may have poorer mental health than their younger peers.
^cFamily means of child mental health (referenced in footnote "a" above) were compared across groups, among active-duty family respondents who report they were currently experiencing a deployment, a TDY/training or other military separation, geobatching, or they were not currently separated from their service member at the time of survey fielding.

"First 6 weeks of Kindergarten were all remote/ virtually taught and wreaked havoc on what my daughter expected for school. She absolutely hated it and it was tough to watch a 6 year old on a computer for 7 hours per day. It improved remarkably, **but a surprise PCS made us move to an area where schools remain primarily virtual.** As a result, we are geobatching until the end of the school year, so my daughter can live in a place that schools are open 4 days per week and 1 day virtual."

Active-Duty Navy Service Member

"This year **I have seen growth in my daughter and she has been absolutely thriving in her new learning environment.** She has come out of her shell, makes sure to answer the teachers when they ask questions (virtually), turns her camera on when it's not required and has had a wonderful experience with online only."

Air National Guard Spouse

"My daughter has suffered tremendously from not being in school. She has struggled with social interaction, self-worth, and belonging. **Virtual school was not good for her mentally.** My son needed to be in school because he does better at school with listening and engaging."

Active-Duty Coast Guard Spouse

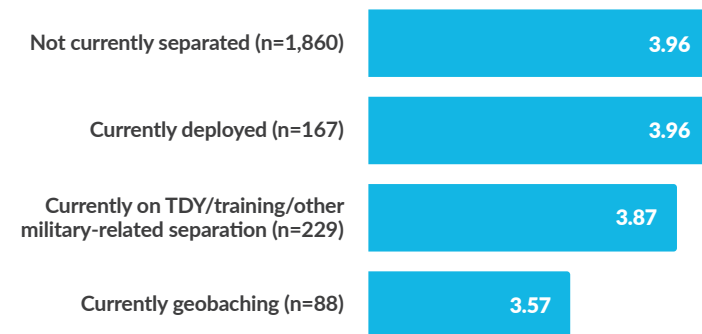
Separation from Service Member

Military families and military children endure frequent and sometimes lengthy separations from their service member. There has been considerable concern that separations from the service member, particularly during deployment, can be detrimental



Figure 3: Family Mean for Child Mental Health by Type of Separation

Active-duty family members with children



Family Mean for Child Mental Health on a Scale of 1 (Very Poor) to 5 (Excellent)

Furthermore, as the military continues to deploy to combat zones around the world,^{12,13} there is interest in the impact of a combat deployment compared to a non-combat deployment on children's mental health. In this sample, there is not a statistically significant difference in the family means for child mental health for active-duty family respondents who report one or more separations due to combat deployment in the last 18 months and those who report one or more separations not due to combat deployments.^d This may indicate that for families and children, whether the deployment is considered a "combat deployment" is not the most salient factor.

Family Stress

Military families are inevitably exposed to stressors, and stress is dispersed within the family; parents' stress impacts children, and children's stress impacts parents. While it is not possible to determine the direction of the relationship, a weak to moderate negative correlation exists between children's mental health (rated by the parent or guardian) and the active-duty service member's or active-duty spouse's perceived stress. The parent's stress may be impacting either the parent's perception of their child(ren)'s mental health or the child(ren)'s mental health. Conversely, having a child with poor mental health may increase the parent or guardian's stress.

Unhealthy Relationship Behaviors

Active-duty family respondents who have experienced unhealthy relationship behaviors, including threats or verbal abuse, economic control, isolation from family or friends, and/or controlling behavior^e from their partner over the past year also report lower average mental health for their children.^f While concerning relationship behaviors do not necessarily rise to the level of physical violence, it is important to note that they still may be associated with greater perceived stress among active-duty spouses and poorer mental health among children. There may be an opportunity to intervene and support parents' and children's mental health before a crisis occurs.

Barriers to Care

Access to care has been a consistent challenge for military families seeking mental health treatment for themselves or their children, especially for those whose assigned installation is in a rural community with minimal medical/mental health services.¹⁴ While increased telehealth services as a result of the COVID-19 pandemic may have increased access to mental health care for some,¹⁵ many active-duty family respondents report they do not believe telehealth mental health care would be effective for their child (see Figure 4). Behavioral health services in the local community are

^dFamily means of child mental health (referenced in footnote "a" above) were compared across groups, among active-duty family respondents who report they had experienced one or more combat deployments in the last 18 months and families who report one or more separations that were not combat deployments.

^eSee Finding on Spouse Health and Well-being.

^fFamily means of child mental health (referenced in footnote "a" above) were compared across groups, among active-duty family respondents who responded "No" to all four items measuring threats or verbal abuse, economic control, controlling behavior, and/or isolation in the past year (n=1996) and active-duty family respondents who responded "Yes" to at least one of these items (n=242).



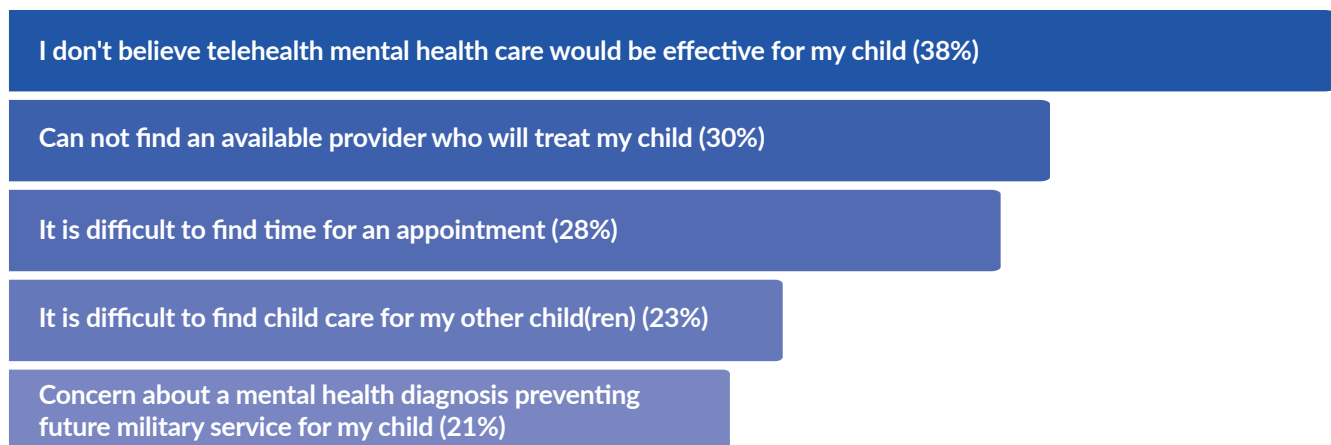
among the lowest ranked community services for active-duty family respondents; nearly a third of active-duty family respondents (29%) rate behavioral health in their community as inadequate. While access to children's mental health

17% of active-duty family respondents report their child(ren) is **currently receiving mental health care.**

17% report that they **would like their child to receive mental health care, but they currently do not.**

care is a challenge for all communities, recent research indicates almost half (44%) of TRICARE members report difficulty getting mental health care treatment for their children.^{16,g} Furthermore, caregivers of TRICARE-covered children who have ever had a mental or behavioral health care need report substantially more difficulty accessing specialty care than families with children who do not have mental/behavioral health needs, including difficulty getting referrals (38%) and specialist care (39%).¹⁷

Figure 4. Top Reasons for Not Receiving Mental Health Care



^gCompared to caregivers of children covered by commercial (48%) and public (42%) insurance. https://www.rand.org/pubs/research_reports/RRA472-1.html



Limitations

Respondents were asked to rate each of their child(ren)'s mental health separately, in order from oldest to youngest. Respondents were also instructed to select "Not applicable" if they felt their child was too young to evaluate their mental health, or they could select "I don't know." Average child mental health is calculated by summing the mental health rating for all children reported by a respondent (on a scale of 1 to 5, with "1" indicating "very poor" mental health and "5" indicating "excellent" mental health), and dividing by the number of children for which the respondent selected a valid option (e.g., 1 to 5, excluding those who selected "I don't know" or "Not applicable").

Though the findings from this survey echo and extend findings from previous research on military children's mental health, there are important differences and limitations to note. Data in this survey are from parent-report, rather than self-report from military youth, and address children in multiple age groups and in family units. There may also be differences in samples of the children and families studied, such as branch, rank, race/ethnicity, or socioeconomic status, that can influence children's mental health.

When analyses are limited to the oldest child, it is important to consider there may be sample differences between active-duty family respondents whose oldest child is an adolescent (13 or older), or grade-school-age (ages 6-12), or younger child.

Definitions of "deployment" may differ by branch.

While active-duty family respondents who report experiencing at least one type of unhealthy relationship behavior in the past year note lower family means of child mental health than their counterparts who did not report experiencing unhealthy relationship behaviors, the direction of this relationship is not clear.

Recommendations

*More information in Recommendations Chapter of Comprehensive Report



Military

- Establish a grace period policy, allowing for the short-term continuation of therapy services via telehealth until new care can be established following a PCS move.
- Provide co-located hourly or drop-in child care at mental health care and military treatment facilities.
- Commission a report on mental health in military children, paying particular attention to children who are separated from a military parent, whether by deployment, training, or geobatching.
- Remove children's mental health records from consideration for recruitment.



States/Defense State Liaison Office

- Increase access to crucial mental health care by facilitating the enactment of interstate compacts that allow for practice via telehealth and for provider license acceptance across state lines.*



- 1 American Academy of Pediatrics. (2021, 10 19). *AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health*. American Academy of Pediatrics. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health>
- 2 Department of Health and Human Services. (n.d.). *Protecting Youth Mental Health: The US Surgeon General's Advisory*. HHS.gov. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- 3 National Military Family Association. (2021). *The Military Teen Experience*. National Military Family Association. <https://www.militaryfamily.org/the-military-teen-experience>
- 4 Ragelienė, T. (2016, May 1). *Links of Adolescents Identity Development and Relationship with Peers: A Systematic Literature Review*. National Center for Biotechnology Information. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4879949>
- 5 Tarrant, M. (2002), Adolescent Peer Groups and Social Identity. *Social Development*, 11: 110-123. <https://doi.org/10.1111/1467-9507.00189>
- 6 Sogomonyan, F., & Cooper, J. L. (2010, May). *Trauma Faced by Children of Military Families: What Every Policymaker Should Know – NCCP*. National Center for Children in Poverty. <https://www.nccp.org/publication/trauma-faced-by-children-of-military-families>
- 7 National Academies of Sciences, Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Board on Children, Youth, and Families; Committee on the Well-Being of Military Families; Le Menestrel S, Kizer KW, editors. *Strengthening the Military Family Readiness System for a Changing American Society*. Washington (DC): National Academies Press (US); 2019, Jul 19. 5, Stress, Risk, and Resilience in Military Children. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK547598>
- 8 Easterbrooks, MA, Ginsburg, K., Lerner, RM. (2013). Resilience among military youth. *The Future of Children*. 2013; 23(2):99–120. DOI: 10.1353/foc.2013.001
- 9 DeHaan, J. (2021, April 6). *Experts say military kids uniquely prepared for pandemic experiences*. U.S. Army. https://www.army.mil/article/245027/experts_say_military_kids_uniquely_prepared_for_pandemic_experiences
- 10 Blue Star Families. 2021. *Pain Points Poll Deep Dive: Understanding the Impact of COVID-19 on Mental Health*. https://bluestarfam.org/wp-content/uploads/2020/08/BSF-COVID-PPP-DeepDive-MentalHealth_ver2.pdf
- 11 Paris, DeVoe, Ross, and Acker (2010). When a parent goes to war: Effects of Deployment on Very Young Children and Implications for Intervention. *American Journal of Orthopsychiatry* (0002-9432), 80 (4), p. 610.
- 12 Philipps, D. (2021, September 20). U.S. Troops Are Still Deploying to Iraq, Even as Afghan War Ends. *The New York Times*. <https://www.nytimes.com/2021/09/20/us/troops-deploy-iraq.html>
- 13 Cooper, H. (2022, February 24). Pentagon Orders 7000 More Troops to Europe. *The New York Times*. <https://www.nytimes.com/2022/02/24/us/politics/us-troops-deploy-europe.html>
- 14 Centers for Disease Control. *Mental Health Services for Children Policy Brief | CSELS | OPHSS*. CDC. <https://www.cdc.gov/ruralhealth/child-health/policybrief.html>



- 15 Child Mind Institute. (2020, October). *2020 Children's Mental Health Report: Telehealth in an Increasingly Virtual World*. Child Mind Institute. <https://childmind.org/awareness-campaigns/childrens-mental-health-report>
- 16 Hero, Joachim O., Courtney A. Gidengil, Nabeel Qureshi, Terri Tanielian, and Carrie M. Farmer, Access to Health Care Among TRICARE-Covered Children. Santa Monica, CA: RAND Corporation, 2021. https://www.rand.org/pubs/research_reports/RRA472-1.html.
- 17 Ibid.