



Military Family Lifestyle Survey



Community and Social Context

2022 Comprehensive Report

Support Circles

In collaboration with

S Syracuse University

D'Aniello Institute for
Veterans & Military Families

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Social support and mental health services are important to helping military families through common life stressors.

Common Life Stressors

Military families encounter stressful life events common to all Americans, such as injury, illness, or loss, in addition to the common stressors of military life, such as relocation and deployment or separation. In the 12 months prior to survey fielding, 81% of active-duty family respondents reported they had a close friend or loved one experience one or more stressful situations (see Table 1). A similar proportion of National Guard (80%) and Reserve (75%) family respondents reported the same. In addition, 1 in 5 active-duty family respondents (20%) reported having an adult friend or family member who expressed suicidal thoughts, made a suicide attempt, or died by suicide in the year prior to survey fielding.

LGBQ+ Active-Duty Families

A higher proportion of lesbian, gay, bisexual, or queer (LGBQ+)-identifying^a active-duty family respondents (n=144) reported having a friend or loved one experience a mental health crisis (40%), substance abuse (23%), and/or an abusive relationship (22%) in the past year than non-LGBQ+ identifying active-duty family respondents (n=2378, 22%, 14%, and 12%, respectively).^b Caution should be used when comparing these two groups due to the disparate sample sizes. However, this does suggest a need for further research on the experiences of LGBQ+ active-duty families.

Table 1: Proportion Who Had a Close Friend or Loved One Experience the Following Life Events Within the 12 Months Prior to Survey Fielding

Active-duty family member respondents (n=2,536)

Deployments / TDY	56%
Death of a family member	54%
Divorce or separation	32%
Miscarriage or stillbirth	25%
Mental health crisis, such as suicidal thoughts or attempts	23%
Substance abuse problem	14%
An abusive relationship / intimate partner violence	12%

Question Text: In the past 12 months, have you had a close friend or loved one experience: (select all that apply)

^a See the Methodology section for more information on respondents included in this population.

^b It is important to note that while the respondent identifies as LGBQ+, it is not possible to determine if the friends or loved ones experiencing the stressful events also identify as LGBQ+.

Military Families Supporting One Another

Military families may first turn to each other during times of stress, such as deployment,^c but not all active-duty family respondents reported they feel or would feel “very confident” helping a friend or loved one through different stressful situations (see Table 2). Overall, only one-quarter (25%) reported they feel “very confident” helping their friend or loved one through a mental health crisis.

Notably, a higher proportion of active-duty family respondents who reported they had a friend or loved one experience a mental health crisis (such as suicidal thoughts or attempts) in the 12 months prior to survey fielding said they feel “very confident” helping a close friend or loved one through a mental health crisis (35% compared with 21% who did not report they had a friend or loved one experience a mental health crisis in the 12 months prior). This suggests that individuals with personal experience, either directly or indirectly, with mental health crises may feel more confident helping another through a mental health crisis.

Table 2: Confidence in Supporting a Friend or Loved One^d
Active-duty family respondents

How confident do you feel helping a close friend or loved one experiencing:	% Very Confident	% Somewhat Confident	% Not At All Confident
Deployment/TDY (n=2,536)	57%	37%	6%
Death of a family member (n=2,515)	35%	52%	13%
Miscarriage or stillbirth (n=2,515)	27%	41%	31%
Mental health crisis, such as suicidal thoughts or attempts (n=2,511)	25%	48%	28%
Divorce or separation (n=2,521)	23%	51%	25%
An abusive relationship / intimate partner violence (n=2,504)	23%	49%	28%
Substance abuse problem (n=2,503)	15%	39%	46%

While personal experiences may build confidence in helping another in crisis, with the disproportionate risk of a mental health crisis or suicide in military and Veteran populations,¹ military and Veteran families need to feel confident supporting one another. When asked “What would best help you support a close friend or loved one with those [stressful life] experiences?”,^e active-duty family respondents’ top three choices were: “Knowledge of how to have a conversation about the issue” (60%), “Rapid access to mental health care for friend or loved one” (53%), and “Knowledge of when to intervene” (51%). In an open-ended follow-up question, respondents discussed being unsure of what to do or what to say to help someone, and a lack of knowledge or access to timely local resources available for that friend or loved one.

^c The 2019 Military Family Life Survey data referenced shows that active-duty families turn first to a friend over formal supports when going through deployments. There is not currently data encompassing who military families turn to for all the life experiences examined in this finding. <https://bluestarfam.org/wp-content/uploads/2020/03/BSF-2019-Survey-Comprehensive-Report-Digital-rev200305.pdf>.

^d Percentages in this table were rounded to the nearest whole number, so not all rows will add to 100%.

^e This question was asked of all active-duty family respondents whether or not they had a close friend or loved one experience any of the stressful life experiences previously listed.

Twelve percent of active-duty family responses to the open-ended question stated the importance of “being there” for someone experiencing a mental health crisis. While being there for someone can look different to each

“... I had a phone call from someone [who was] states away and felt ill-equipped to address and assist in the situation because I was so far away ... Veterans feel alone and when they’re left alone, sometimes this situation happens. **We say ‘I’m here for you’ but you’re really not.**”

Active-duty Army Spouse

person, being physically present for someone in crisis can be a challenge for military families. Military families often live at a distance from their loved ones, and can’t physically be present to support them. In an open-ended

question, respondents shared barriers to being there for their loved one which included “finances for travel”, “time off of work”, and “child care for their children” so they could be both mentally and physically present with the person in crisis.

Creating a Safe Environment During Crisis

In response to an open-ended question, “What would best help you support a close friend or family member experiencing a mental health crisis?”, some respondents stated that they wanted to physically be with the person in crisis to create a safe space and/or remove potentially dangerous items.

Eighteen percent of active-duty family respondents stated that having “a safe place to store dangerous items (such as medications or firearms) until the crisis has passed” would best help them support a close friend or loved one experiencing stressful life events. In 2019, 69% of Veterans who died by suicide died from gunshot wounds.² Firearms are the most common lethal means for suicides, with 90% of all firearm suicide attempts resulting in death, while only 4% of suicide attempts not involving a gun result in death.^{3,4} Very few people who have their suicide plans delayed or interrupted go on to die by suicide, so being able to safely store firearms and other lethal means in times of crisis can save lives.^{5,6}

“... loved ones should immediately be thinking about **locking up any weapons in a way that the loved one doesn’t have access to ...**”

Active-duty Navy Spouse

Mental Health Access

Times of crisis can impact not only the mental health of the person directly experiencing the crisis, but also those close to them. Suicide, in particular, has a complex aftermath that impacts surviving loved ones and their communities.⁷ It is estimated that for every person who dies by suicide, approximately 135 people are exposed and may need postvention,^f including mental health support.⁸ It is imperative, then, that mental health resources and psychoeducation are available to military-connected families directly or indirectly experiencing stressful life events.

^f Postvention is an intervention offered after a suicide to provide support for people who have been impacted by the death.

Despite efforts to expand mental health care for military families, military and Veteran families continue to face many barriers to accessing mental health services during these stressful events. Almost 1 in 4 active-duty family respondents to the 2022 MFLS (23%) stated they did not currently receive mental health care but would like to receive it. In the 2019 Military Family Lifestyle Survey Comprehensive Report,⁹ of those military-connected respondents⁸ who said they had either seriously considered suicide or attempted suicide in the prior year, less than half (48%) sought professional help. Stigma and fear of negative career impacts for seeking help still dissuade military families from seeking help, with 9% of active-duty family respondents to this year's survey referencing concerns with the military's culture around mental health in response to an open-ended question.

"In my experience, the most helpful thing is a supportive command that provides the time, space, and understanding necessary to deal with major mental health issues. My wife was diagnosed with bipolar disorder while I was in command ... **My boss and a few peers who knew what was going on are what really pulled us through that time.** Their grace and support made all the difference!"

Active-duty Army Service Member

There is a clear need for mental health support, and it is critical to increase the capacity of service providers throughout military communities. In addition, given the barriers to accessing mental health resources, and the tendency of military families to turn toward informal support, we should also activate and

encourage engagement with less formal mental health supports such as wellness centers, chaplains, and friends and families. These supports cannot and should not replace mental health care, but they can support and extend mental health if given psychoeducation about the signs and symptoms of mental health challenges and how to talk to someone about their mental health.

Limitations

The survey questions asked if a friend or a loved one experienced any of the stressful life events in the past 12 months. It is not specified whether that friend or loved one is a service member/Veteran, identifies as LGBTQ+, or any other demographic information, so there is no information on the individuals directly experiencing the stressors. It is also unclear if respondents are referencing multiple friends or loved ones. Respondents were asked about their confidence in supporting a friend or loved one through various life situations regardless of whether or not they have had a friend or loved one experience the situation in the 12 months preceding survey fielding. Respondents may have experienced the events themselves, in prior years, etc. Thus, respondents may have answered this set of questions as how confident they *did* feel or *would* feel in a given situation.

⁸ The sample for this statistic in the 2019 MFLS included active-duty, Veteran, National Guard, and Reserve family respondents. Additionally, military affiliation was captured differently in the 2019 MFLS. Comparisons to this year's sample are therefore limited.

Recommendations

For the Federal Government

- Engage in a robust and ongoing public health campaign to address lethal means restrictions and firearm safe storage.
- Continue promoting and encouraging the use of the 988 Suicide and Crisis Lifeline (988 +1).
- Launch an awareness campaign about telehealth and mental health care.
 - TRICARE and VA health care centers (and regional contracts) must clearly share and regularly update information about the process for accessing telehealth
 - Engage in outreach to civilian providers to encourage them to join the TRICARE and/or VA systems to provide telehealth
 - Work with states to help make local providers aware of state regulations related to telehealth

For Congress

- Increase capacity for mental health care by expanding opportunities for scholarships, internships, and other training opportunities for civilians and military personnel in the Veterans Health Administration and the Defense Health Agency.
- Commission a report on increasing the reimbursement rates for mental health care issued by TRICARE and the VA as a means of incentivizing civilian providers to accept these methods of payment/reimbursement.

For the Department of Defense and the U.S. Department of Veterans Affairs

- Gather information about and educate military and Veteran families on local resources for mental health care and suicide prevention, including lethal means restriction and crisis centers.
- Continue educating and encouraging commanders to support service members experiencing mental health crises. Establish and maintain a culture of acceptance echoed at every level of command.

For Federal and Civilian Providers

- Licensing agencies and organizations should require providers in communities with military personnel to take continuing education courses related to military cultural competency and lethal means restrictions for military- and Veteran-connected communities. These same organizations should encourage all providers to take military cultural competency courses to support National Guard and Reserve families who may not live in communities with active-duty personnel.
- Screen all patients for military- and/or Veteran-connected status to ensure proper care and access to benefits.
- Evaluate and improve the “no wrong door” approach to care by increasing providers’ knowledge of resources, ensuring local organizations and providers are aware of the greater risks and concerning behaviors for military- and Veteran-connected communities and self-harm.

For Communities and Individuals

- Create support groups for military family members and other community members that include psychoeducation, mental health first aid, lethal means restriction, gatekeeper training, and other specific and evidence-informed actions to support a person in crisis.*
- Provide training and resources (and self-educate) on recognizing the risk factors associated with self-harm and suicidality, including traumatic brain injuries and family, financial, or legal challenges.

*More information in Recommendations Chapter of Comprehensive Report

Endnotes

- 1 Office of Mental Health and Suicide Prevention. (September 2021). *2021 National Veteran Suicide Prevention Annual Report*. U.S. Department of Veteran Affairs. <https://www.mentalhealth.va.gov/docs/data-sheets/2021/2021-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-9-8-21.pdf>
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