Blue Star Families

Military Family Lifestyle Survey

2023 Comprehensive Report

Health Care Access

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Access to timely specialty health care can be a challenge for military families, often exceeding average wait times in the U.S. as a whole. Four in 10 active-duty family respondents reported that the family member needing specialty care waited more than two months from the time they sought an appointment to the date of the appointment.

Health Care Shortages

The frequent relocations that are an inherent part of military life make continuity of care, which is known to have positive health care benefits,[1,2] challenging for many active-duty families. Military families are accustomed to locating and scheduling appointments with new health care providers with each military move. However, with the shortage of health care providers across the country,[3] the plan to "right-size" military treatment facilities,[4] and moving military dependents to care in the civilian community,[5] military families are struggling to locate and schedule all types of health care.

Increasing wait times and physician shortages are a common theme in U.S. health care and are not limited to military families.[6] With military families moving on average every 25½ months,[7] continuity of care is difficult, if not impossible. Active-duty family respondents overwhelmingly report TRICARE Prime (76%) and TRICARE Select (27%) as the health insurance they/their dependents use. Following a relocation, families must find new providers that accept TRICARE, as access to care at Military Treatment Facilities (MTF) is often unavailable or requires a substantial wait time.[8]

While the majority (83%) of active-duty service member respondents regularly receive routine care from a military health care provider/Military Treatment Facility, receipt of care from a civilian provider is quite common. For active-duty spouse respondents, half receive care from either a civilian provider or a military health care provider[a] (51% and 52% respectively). Challenges to finding civilian providers within the TRICARE network, especially post-COVID-19 pandemic, have been vocalized by military families and noted by the Department of Defense,[9] who recently reversed the previous policies that pushed military family members out of MTFs and into the civilian community to receive health care.[10] While accessing primary care can be a challenge, difficulties accessing specialty care is also a well documented

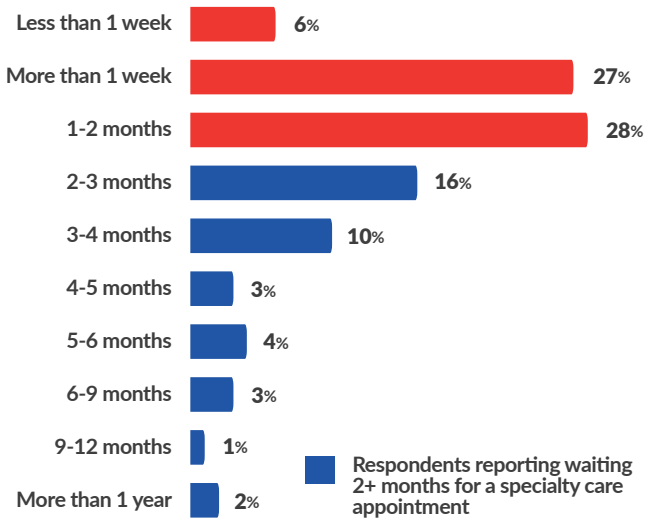
[a] Respondents may be receiving care through multiple sources, and were able to select multiples places where they typically receive routine medical care.

"I have so many referrals that I can't use because the civilian physicians I'm referred to don't take TRICARE and there isn't any space on post for me to be seen."

Active-Duty Army Spouse

Figure 1: Wait Time for Specialty Care Appointment

Active-duty family respondents (n=2,315)



Question text: Considering your family's most recent need for specialist health care, how long was your wait for an appointment, from the time you sought an appointment to the appointment date?

challenge for military families.[11,12] For active-duty family respondents who reported they or their family members sought a specialist health care appointment, 40% said it took more than two months to see a specialist, which is longer than the average specialist care appointment wait time for civilians.[13] Of those active-duty family respondents who reported the wait for their family's most recent specialist health care appointment to be one to two months,[b] 48% "agreed" or "strongly agreed" with the statement "We were able to get a referral (if needed) and see a specialist in a reasonable amount of time for myself/my child/my spouse," compared with 19% of those who reported their wait to be two months or longer.

4 in 10 active-duty family respondents "disagree" or "strongly disagree" that they were able to get a referral and see a specialist in a reasonable amount of time.[c]

Mental Health Care Delays

Children's Mental Health Care

While some delays are potentially more frustrating than harmful, delayed access to mental health and other types of specialty care can have immediate detrimental impacts.[14] Families seeking mental health care, whether for themselves or for their children, often struggle to find providers who accept TRICARE[15] and

[b] From the time they sought the appointment to the appointment date.
[c] Question text: Please indicate your level of agreement with the following statement, considering the most recent time that you, your spouse, or dependent needed a specialist health care appointment: We were able to get a referral (if needed) and see a specialist in a reasonable amount of time for myself/my child/my spouse. Not applicable option not included in analysis.

Table 1: Top Reasons for Child Not Receiving Mental Health Care
Active-duty family respondents (n=315)

Can not find an available provider who will treat my child	46%
It is difficult to find time for an appointment	35%
I don't believe telehealth mental health care would be effective for my child	27%
Currently on a waitlist for a provider	24%
It is difficult to find child care for my other child(ren)	20%

Question text: If your child/children does not currently receive mental health care, but you would like them to, what are the reasons they do not receive mental health care?

then face long waitlist times once a provider is found.[16] Sixteen percent of active-duty family respondents report they would like their child, 20 years of age or younger, to receive mental health care, but they currently do not. The most commonly cited reason is difficulty in finding a provider to treat their child (see Table 1).[17]

For those that are able to find care for their child(ren), lengthy waitlists are common. More than half (53%) of active-duty family respondents with a child 20 years of age or younger who is currently receiving mental health care reported that it took more than two months from seeking care to beginning that mental health treatment. The expansion and standardization of telehealth benefits have allowed beneficiaries an additional means of accessing care. Nearly half (46%) of active-duty family respondents report telehealth appointments are offered when appropriate. However, 27% of active-duty family respondents report one of the reasons they are not receiving care is they do not believe that telehealth would be effective for their child.

There are 6,091 mental health practitioners needed to eliminate the national shortage.[21]

Adult Mental Health Care

Adults seeking mental health care face similar challenges. Navigating mental health care in the United States is difficult for many when "less than one-third of the U.S. population (28%) lives in an area where there are enough psychiatrists and other mental health professionals available to meet the needs of the population."[18] For TRICARE beneficiaries, the lack of availability is equally difficult, with 35% living in communities with a shortage of both military and civilian psychiatrists.[19]

There is an increased demand for mental health care nationwide, further straining an already stretched provider network.[20] While 24% of both active-duty spouse respondents and active-duty service member respondents currently receive mental health care, there

Concerns for Current and Future Military Service

15% (n=315) of active-duty family respondents report that one of the reasons their child(ren) do not currently receive mental health care, but they would like them to due to **"Concern about a mental health diagnosis preventing future military service for my child."**

16% (n=315) of active-duty family respondents report that one of the reasons their child(ren) do not currently receive mental health care, but they would like them to due to **"Concern about a mental health diagnosis for my child limiting my/my service member's military career"**

Table 2: Those Who Would Like to Receive Mental Health Care, but Do Not by Region in Which They Live
Active-duty family respondents (n=577)

Region	Proportion Who Do Not Currently Receive Mental Health Care but Would Like to Receive Care
Northeast	24%
Midwest	30%
South	25%
West	25%
Other (U.S. Territories/Outside of the U.S.)	27%

Question text: Do you currently receive mental health care? (By region in which they live)

Northeast: Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin

South: Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia

West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

are similar proportions (26% and 23% respectively) who report they are not currently receiving mental health care but would like to receive care.

In addition to the increased need for access to mental health care, the overall suicide rate continues to trend upward.[22,23] Resources to help combat this increasing rate, such as the 988 Suicide and Crisis Lifeline, have seen dramatic usage since its implementation in July 2022.[24] Nearly 1 in 10 (8%) active-duty service member respondents and 5% of active-duty spouse respondents seriously considered suicide in the past year, in comparison to 4.84% of adults in the overall U.S. population.[25] For military families in crisis, especially when accessing formal mental health care can be challenging, having a strong support system is crucial.[26] Informal programs and support systems can equip military families with the tools necessary to confidently intervene in a crisis.[27]

8% of active-duty service member respondents and 5% of active-duty spouse respondents seriously considered suicide in the past year.

The Secondary Implications of Waiting for Care for EFMP Families

As noted in a recent report from the DOD Office of the Inspector General,[28] access to health care is a key quality-of-life issue for service members and their families. These access to care concerns may be exacerbated in families with a member who has special needs and requires specialty care. Existing DOD programs are intended to help alleviate challenges related to health care access and continuity of care for those families enrolled in the Exceptional Family Member Program (EFMP) (see EFMP finding for more details), but these programs do not cover all military families, nor can they address nationwide provider shortages. One-quarter of active-duty family respondents report enrollment in EFMP. However, for these families, the proportion of respondents who were likely to recommend military service to young family members decreased as wait times for specialty care increased (see Table 3).

Table 3: Proportion Likely to Recommend Military Service to a Young Family Member, by Wait Time for Specialty Health Care
Active-duty family respondents enrolled in EFMP who have needed a referral for specialty care (n=580)

Length of Wait	Unlikely to Recommend (0-3)	Neutral (4-6)	Likely to Recommend (7-10)
Less than one month	24%	39%	37%
1 to 2 months	37%	31%	32%
Waited 2-6 months	39%	32%	30%
Waited 6+ months	45%	36%	19%

Question text: "How likely are you to recommend that a young family remember (child, niece, nephew, etc.) join the military?" Range: 0=very unlikely to recommend, — 10=very likely to recommend.

PACT Act

The effects of exposure to environmental toxins has been the focus of efforts aimed at ensuring service members and Veterans receive the medical care they need.[29] The PACT Act, codified into law in 2022, expanded the eligibility to apply for care and benefits due to toxic exposures such as burn pits. While a small percentage (2%) of active-duty service member respondents reported they had been diagnosed with a service-related cancer, a greater percentage have filed PACT Act claims (8%).

Table 4: Proportion of Respondents Reporting Service Related Cancer Diagnosis and PACT Act Claims

	Have you/Has your service member, Veteran, or retired service member been diagnosed with a service-related cancer?	Have you/Has your service member filed a PACT ACT claim?
Active-duty service member respondents	2% (n=492)	8% (n=493)
Active-duty spouse respondents	0.9% (n=2,052)	4% (n=2,054)

Reproductive Care

Difficulty accessing some specialty care, such as reproductive health care, is also compounded by state laws, a unique challenge for military families who have limited control over where they live. In response, the Department of Defense has enacted a controversial policy[30] to ensure that all service members are able to access the health care they need[31] for themselves or their dependents.[32] A small proportion (2%) of active-duty family respondents have reported that they, their spouse, or their dependents utilized the "Ensuring Access to Reproductive Health" policy,[33] though more than one-quarter (27%) of active-duty family respondents reported that they or their spouse have considered access to reproductive health care in decisions regarding base/installation preferences.

Limitations

The data set has a disparate sample size of respondents for how long a child has been on the waitlist for mental health care, as well as for those who report having a child who identifies as transgender, which may exaggerate differences between groups. Additionally, the options for wait times have slightly overlapping options (e.g., one to two months, two to three months, etc.), making it impossible to pinpoint exactly how long respondents waited for an appointment. Furthermore, the survey instrument did not ask specifically for which type of specialty care the respondents/their family members needed. The overall U.S. averages for wait time vary depending on the specialty. For questions about considering reproductive health care in relocation decisions — it is unclear what respondents were considering when thinking of this subject. Questions on this topic were intentionally left open to interpretation, allowing respondents to view the questions through their own experiences. Additionally, 9% of respondents reported "I don't know" when answering the "Ensuring Access to Reproductive Health" policy question, and it is unclear whether they were unsure if they have used the policy or if they were unsure of what the policy is. Finally, while explanation about the PACT Act was provided in the question, it is possible that respondents considered other efforts related to toxic exposures (such as the Burn Pit Registry) when answering questions about filing claims for the PACT Act.

Recommendations

Congress

- Commission a report on increasing the reimbursement rates for mental health care issued by TRICARE and the Department of Veterans Affairs as a means of incentivizing civilian providers to accept these methods of payment/reimbursement.
  - Eliminate the cap on the number of providers who accept TRICARE in locations.
  - Reduce the bureaucratic burdens that slow payment to providers.
- 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.
- **Fund community-based suicide prevention efforts for active-duty service members and their families like *Blue Star Support Circles | Upstream Solutions to Crisis* funded under the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program which is part of the Commander John Scott Hannon Act of 2019.***

Department of Defense & Department of Veterans Affairs

- Ensure that use of mental health care as military children will not unfairly prevent military service as an adult, in comparison to their civilian peers.
- Expand telemedicine for specialty care, where possible and appropriate, while continuing to allow for and prioritize in-person care.

Federal and Civilian Providers

- Licensing agencies and organizations should require providers who serve military-connected children to take continuing education courses related to military cultural competency.

*More information in Recommendations Chapter of Comprehensive Report

Endnotes

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