



STAND **SMART** FOR HEROES

Spotlight on Military Children's Mental Health

ISSUE/CHALLENGE

Children's mental health is a national crisis.¹ Surveys by the Centers for Disease Control and Prevention found that one in three high school students experienced poor mental health during the COVID-19 pandemic. In addition, 44 percent of high school students reported persistent feelings of sadness or hopelessness, 20 percent reported seriously considering suicide, and 9 percent attempted suicide.²

Those numbers are even more jarring because previous research has found that mental health issues among children and adolescents are associated with immediate and long-term physical health problems and chronic disease, health-risk behaviors, challenges with social relationships, and poor education and employment outcomes.³ Even before the pandemic, mental health challenges were the leading cause of disability and negative outcomes for young people, with one in five U.S. children ages 3 to 17 having a mental, emotional, developmental, or behavioral disorder.⁴

For children in military and veteran families, mental health challenges are compounded by frequent moves, deployments, barriers to care, and other service-related stressors. Military children are also more likely than their civilian peers to experience financial instability, food shortages, or housing instability and to have parents or caregivers who are frontline workers—all of which are risk factors for poor mental health.⁵

KEY FINDINGS

The Military Family Lifestyle Survey conducted by the Blue Star Families organization found troubling conditions among active-duty families who responded to the survey in recent years:

- 43 percent rated at least one of their children's mental health as "fair," "poor," or "very poor."⁶
- 41 percent rated their oldest adolescent child's mental health as "fair," "poor," or "very poor," implying that parents perceived that their older children might be experiencing greater challenges than their younger children.⁷
- 5 percent reported that their child had expressed suicidal thoughts in the past year.⁸
- 23 percent with at least one child enrolled in grades K-12 reported that at least one child was currently receiving mental health care.⁹
- 16 percent with at least one child in grades K-12 reported that they would like their child to receive mental health care, but such care was not being provided. The major reasons included challenges finding an available provider who would treat their child, trouble finding time for an appointment or finding child care for other children during an appointment, concerns about the effectiveness of treatment, and delays while their child was waitlisted for services with a provider.¹⁰

Self-reported data about teenagers in military families are also concerning. The National Military Family Association's 2022 Military Teen Experience Survey found that 28 percent of military teens scored low on mental well-being, and 37 percent reported that they had thought about harming themselves or others.¹¹

In many cases, high-quality mental health care is unavailable. A study by analysts at the Naval Postgraduate School illustrated that although military families have government insurance that covers mental health treatment, up to 35 percent of them lack adequate access to psychiatric care.¹² Similarly, although 32 percent of the active-duty families who responded to Blue Star Families' lifestyle survey in 2021 indicated a need for mental health resources, 29 percent said they had inadequate behavioral health care in their community.¹³

DISCUSSION & GOALS FOR THE FUTURE

Mental health is an essential part of overall health. It is crucial to recognize that fact and to support children's mental health by ensuring that every child has access to high-quality, affordable, and culturally competent mental health care. Transforming mental health also requires addressing the social determinants of behavioral health, investing in community services, and fostering an environment that broadly promotes mental wellness and recovery. For children in military and veteran families, addressing the economic and social barriers that contribute to poor mental health is especially important.



RESOURCES

¹ The White House, *Fact Sheet: President Biden to Announce Strategy to Address Our National Mental Health Crisis, As Part of Unity Agenda in His First State of the Union* (March 1, 2022), <https://tinyurl.com/3jfaxy72>.

² Sherry Everett Jones and others, "Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic—Adolescent Behaviors and Experiences Survey, United States, January–June 2021," *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, vol. 71, sup. 3 (April 1, 2022), pp. 16–21, <http://dx.doi.org/10.15585/mmwr.su7103a3>.

³ Ibid.

⁴ Department of Health and Human Services, *Protecting Youth Mental Health: The U.S. Surgeon General's Advisory* (2021), p. 8, <https://tinyurl.com/mr337fmu>.

⁵ Ibid., p. 10.

⁶ Blue Star Families, *2021 Military Family Lifestyle Survey Comprehensive Report* (March 2022), p. 14, <https://tinyurl.com/dndxf844>.

⁷ Ibid., p. 80.

⁸ Ibid., p. 40.

⁹ Blue Star Families, *Military Family Lifestyle Survey: 2022 Comprehensive Report* (March 2023), p. 53, <https://tinyurl.com/2fmkf2bb>.

¹⁰ Ibid., pp. 15 and 53.

¹¹ National Military Family Association, *The Military Teen Experience Survey, 2022 Findings and Insights: The Current State of Military Teens, America's Future Force* (2022), pp. 6 and 13, <https://tinyurl.com/4asphxhn>.

¹² Marigee Bacolod, Jennifer Heissel, and Yu-Chu Shen, "Spatial Analysis of Access to Psychiatrists for U.S. Military Personnel and Their Families," *JAMA Network Open* (January 3, 2023), <http://dx.doi.org/10.1001/jamanetworkopen.2022.49314>.

¹³ Blue Star Families, *2021 Military Family Lifestyle Survey Comprehensive Report* (March 2022), p. 21 and 43, <https://tinyurl.com/dndxf844>.

¹⁴ The White House, *Fact Sheet: President Biden to Announce Strategy to Address Our National Mental Health Crisis, As Part of Unity Agenda in His First State of the Union* (March 1, 2022), <https://tinyurl.com/3jfaxy72>.

¹⁵ Department of Health and Human Services, *Protecting Youth Mental Health: The U.S. Surgeon General's Advisory* (2021), p. 29, <https://tinyurl.com/mr337fmu>.

¹⁶ Ibid., p. 31.

About Stand SMART For Heroes

The Bob Woodruff Foundation is proud to partner with best-in-class scientific organizations to provide important research findings to the community of organizations that represent and serve post-9/11 veterans, service members, families, and caregivers.

For more information on the Bob Woodruff Foundation and Stand SMART For Heroes, please see bobwoodrufffoundation.org.

DISCUSSION & GOALS FOR THE FUTURE *CONT.*

The federal government has launched a strategy to address the nation's mental health crisis.¹⁴ Consistent with that strategy, public, private, and nonprofit organizations should collaborate to improve how mental health is understood, accessed, treated, and integrated—both in and out of health care settings—by focusing on the following areas:

- *Strengthening system capacity.* Increase the supply, diversity, and cultural competency of the professionals who treat mental health and substance use disorders.
- *Connecting more Americans to care.* Expand health navigation resources, decrease cost barriers to mental health services, and leverage community-based settings (such as schools, community centers, and homeless shelters) to expand access to mental health providers.
- *Creating a continuum of support.* Address children's mental health holistically and equitably by improving the nation's health and social services infrastructure.

Toward that effort, **providers of community-based mental health services can take the following actions:**¹⁵

- Educate the public about the importance of mental health and reduce negative stereotypes, biases, and stigmas about mental illness.
- Implement evidence-based programs and rigorously evaluate mental health outcomes.
- Build strong referral partnerships with schools and youth-focused community organizations to increase awareness of and connections to care.
- Identify and work to resolve the barriers that prevent children from getting care, including barriers related to families' time, transportation, and finances.

Funders can take important actions as well:¹⁶

- Make capacity-building investments that address the shortage of qualified children's mental health clinicians and improve the expertise of the mental health care workforce
- Fund programs that focus on preventing mental health problems, improving families' ability to navigate health care resources, and increasing children's access to high-quality care.
- Create incentives for grantees to coordinate and foster cross-sector partnerships that take a multipronged approach to addressing children's mental health.
- Support programs that address the economic and social barriers that contribute to poor mental health outcomes.
- Target gaps in geographic access to care by investing in telehealth programs.