About the Military Teen Experience Survey

In 2021, NMFA and Bloom: Empowering the Military Teen (Bloom), now a program of NMFA, launched the annual Military Teen Experience Survey (MTES). The survey provides valuable insight into a previously understudied group: military-connected teens and young adults. Now in its third year, the MTES continues to explore the overall experience of our military-connected adolescents allowing NMFA to continue research-driven advocacy and programs that get to the heart of what military families need to survive.

The survey covers mental health, food security, future career plans, and propensity to serve in the uniformed services while examining the importance of peer connections, sports and extracurriculars in military-connected teens’ lives.

We now have an increasingly comprehensive understanding of the unique challenges of military-connected youth, including their mental health, food security, and general experiences.

Study Design

The MTES is a mixed-method cross-sectional study using quantitative (numerical) and qualitative (descriptive) measures to capture a detailed, comprehensive picture of the experiences of our military-connected youth. Mental well-being and food security were measured with the short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) and the Self-Administered Food Security Survey Module for Youth Ages 12 and Older (USDA Short Form developed and validated by the U.S. Department of Agriculture [USDA]). To dig deeper into our previous findings surrounding suicide and self-harm, The Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), was added this year. While we can’t draw conclusions about causation from cross-sectional designs, we can make comparisons across groups and analyze trends in responses.
This was a voluntary survey with the only requirement being the child of a military service member between the ages of 13-24. Because this is a convenience sample, our sample may not be fully representative of the greater military teen population. However, this data still offers important insight into the experiences of today’s military teens.

A majority of our respondents were teens aged 13-18 (n = 1,021) and we had 837 young adult respondents aged 19-24.

Most respondents identified as:

- **WHITE** 79%
- **BLACK** 9%
- **BI- OR MULTIRACIAL** 5%
- **ASIAN** 4%
- **AMERICAN INDIAN OR NATIVE ALASKAN** 1%
- **HAWAIIAN OR PACIFIC ISLANDER** 1%
- **HISPANIC OR LATINO** 20%
- **NON-HISPANIC OR LATINO** 80%

This sample was representative of the wider military demographic.

The majority of respondents (69%) reported their parent or guardian is serving on active duty status. Additionally, nearly half (44%) of respondents come from dual military families (i.e., both parents are currently serving, or previously serving). Most respondents had experienced at least two deployments with the average being close to three. On average, respondents reported experiencing nearly four permanent changes of station or military-related moves. Respondents have attended an average of five schools since kindergarten due to military moves.
Findings

**Mental Health**

Population studies conducted pre-pandemic using the SWEMWBS found²:

Military-connected teen sample found:

- 15% of respondents fell into the high category
- 71% of respondents fell into the moderate category
- 14% of respondents fell into the low category
- 53% of respondents fell into the moderate category
- 40% of respondents fell into the low category
- 7% of respondents fell into the high category

Changing schools, having two parents serving in the military, being the child of a wounded, ill, or injured WII service member (a Hidden Helper), and being food insecure were associated with lower mental wellbeing. Startlingly, Hidden Helpers (which comprised 77% of our sample) were 2.5x more likely to report low mental well-being compared to respondents without a WII service member.

We asked military teens about their experiences with thoughts of suicide, or suicidal ideation (SI). When examining thoughts of suicide in the past 30 days, we found an SI rate of 11% for our sample. The Centers for Disease Control estimates a rate of 26% for ages 16-24³. Some studies have found that military-connected youth were at greater risk for SI than their civilian peers, although we did not replicate this finding⁴. However, when looking at subpopulations within our sample, we discovered that 1 in 4 Hidden Helpers with a visibly wounded service member or a service member with both an invisible and visible wound, illness, or injury reported passive SI (i.e., wanting to die but not actively planning) in the past month.

While some of our findings regarding the mental health of military teens are worrying, our findings examining mental healthcare access were heartening. 85% of military-connected teens reported getting the mental healthcare they needed. Nearly half of respondents sought care for their concerns (44%) and 41% reported they did not need mental healthcare.

Only 8% reported not getting the care they needed because they didn’t tell their parents, and nearly 5% did not receive needed mental healthcare because their parents were unwilling or unable to help them get care.
Food Security

Food security continues to be an area of growing concern for military families. A majority of our teen respondents reported issues with access to food; 51% of our sample is classified as food insecure by the USDA Short Form (a validated measure for adolescents). The USDA population estimate of food insecurity was 10% in 2021, making the prevalence of insecurity in our sample especially troubling. As discussed above, food security has an impact on mental health, as well as physical health and overall functioning. When examining our subpopulation of Hidden Helpers, we found they had a statistically significant increased likelihood of reporting food insecurity compared to peers with a non-wounded, ill or injured service member.

Peer Connections and Sports and Extracurriculars

Because of the importance of peer connections to wellbeing, we wanted to see how our military teens felt about their friendships and ability to make friends. We found 77% of respondents felt that their friends made them feel good about themselves and 90% of respondents were confident in their ability to make and keep friends. Peer connections have a positive impact on mental health. Our military-connected teens with more positive friendships reported better mental well-being than those with fewer positive friendships. Additionally, respondents who were more confident in their friendship abilities reported better mental well-being than those who were less confident.

The majority of our respondents participated in team and individual sports and extracurricular activities (between 71 and 81%). Additionally, most of these respondents believed participating in these sports and activities had a positive impact on their lives. Our respondents also did not feel their access to sports and activities were limited due to their military connection. The most prevalent reason for not participating was lack of interest.
Recommendations

- Continue advocating for improved access to and awareness of mental healthcare resources.

- Continue advocating for policy to limit food insecurity by excluding BAH (basic allowance for housing) in overall income calculations to increase service member eligibility for SNAP.

- Increase awareness of food insecurity among military leadership and policymakers and destigmatize service member use of SNAP and WIC.

- Family connection and support are strong protective factors against poor mental health. Continue investing in programs that support family connection such as Operation Purple® Programs.

- Challenges related to their parents' military service will always exist for military-connected teens. Encourage them to get involved in sports and extracurricular activities to develop strong peer connections.
Endnotes


