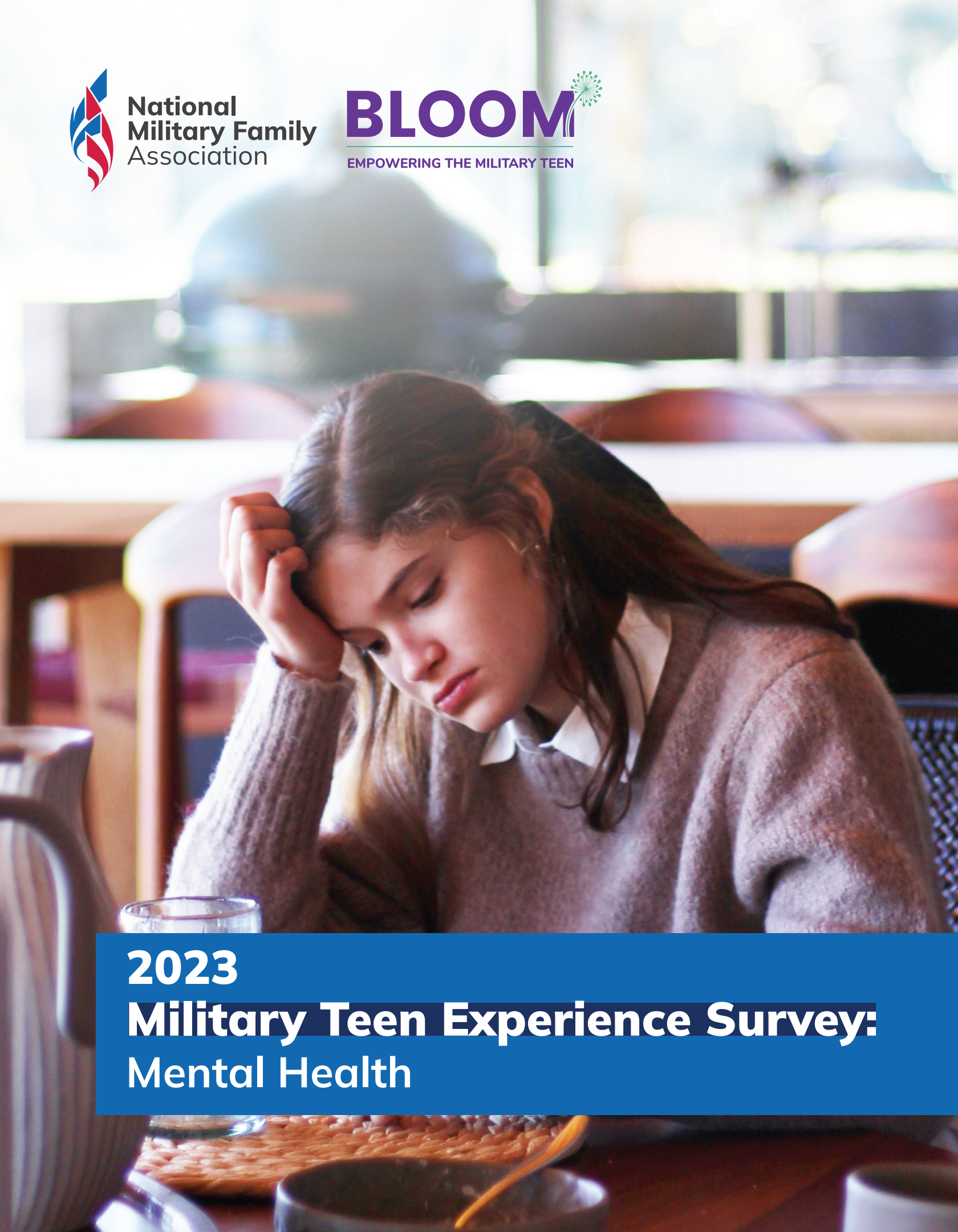
National Military Family Association

BLOOM
EMPOWERING THE MILITARY TEEN



2023 Military Teen Experience Survey: Mental Health

Even before the COVID-19 pandemic, adolescents were struggling with their mental health. Three years later, studies on the pandemic's impact on mental health are emerging. The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association declared a National State of Emergency in Children's Mental Health in 2021. The National Institute of Mental Health estimates that 20% of adolescents have experienced a major depressive episode in 2020 and 32% were diagnosed or had been diagnosed with an anxiety disorder. Additionally, rates of suicidal ideation in youth have increased to nearly 1 in 4 during the past two years. Overall, the pandemic has resulted in soaring numbers of adolescents suffering from mental health difficulties.

Previous Findings

In 2022, we found that 9% of teens reported having high mental well-being, 63% had moderate mental well-being, and 28% scored low on mental well-being. We also found 37% of survey respondents said they had thought about harming themselves or others.

In order to get a clear picture of the mental health of our military-connected youth, we directly assessed suicidal ideation and self-harm in this year's survey.

Suicidal Ideation

The Centers for Disease Control (CDC) define suicidal ideation (SI) as "thinking about, considering, or planning suicide." Passive SI specifically refers to thinking about or wishing for death without planning to end your life. Suicide is a leading cause of death for adolescents and young adults. The CDC found 15% of the deaths of youth ages 15-24 were due to suicide in 2021.

Self-Harm

Self-harm is the act of hurting yourself on purpose. Most individuals who self-harm are not attempting suicide. Self-harm is a maladaptive coping mechanism to deal with stress, anger, sadness, and emotional pain. It arises from difficulty managing emotions and lack of healthy or adaptive coping strategies. Patterns of self-harm behavior are not always associated with SI.

What We Asked

Mental Well-Being

For the third year, we employed the Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS). The SWEMWBS is a validated, 7-item scale which measures the well-being and psychological functioning of youth. This instrument captures a wide concept of well-being, including emotional, cognitive, and psychological components. Mental well-being is a broad construct that involves life satisfaction, happiness, and overall positive functioning. NMFA is licensed to deliver this measure for non-commercial purposes.

Categories used in the current report to provide meaningful interpretation of the SWEMWBS include high, moderate, and low mental well-being, which have been established in previous research.

Suicidal Ideation

The Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), was a new addition for this year. The C-SSRS is a validated, 6-item scale used to screen for suicidal ideation. This instrument assesses suicidal ideation, preparations for suicide, and suicide attempts.

Self-Harm

In addition to examining suicidal ideation, we also assessed self-harm (SH) thoughts and behaviors. The two items (listed below) were taken from a study of adolescent SH. Respondents reported the number of times they engaged in these thoughts or behaviors, ranging from “Never” to “More than 10 times.”

”Have you ever thought about hurting yourself, even if you would not really do it, in the last 6 months?”

”Have you ever hurt yourself on purpose in any way (e.g., by taking an overdose of pills or by cutting yourself) in the last 6 months?”

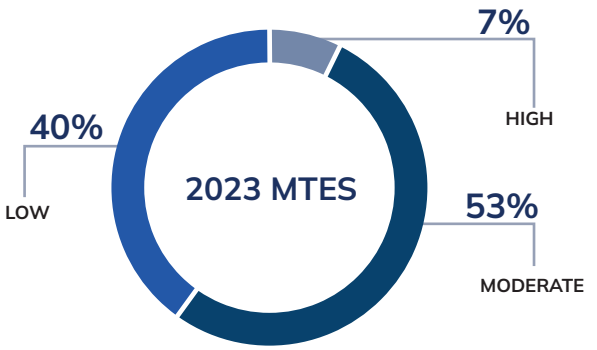
What We Found

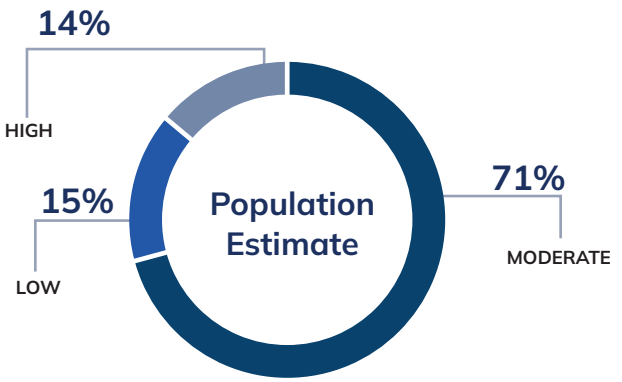
Mental Well-Being

Based on the questions asked in the SWEMWBS, teens who reported high mental well-being generally experienced feelings of optimism, relaxation, and closeness with others. Additionally, they dealt with problems well, felt that they could make up their mind about decisions, and felt that they were thinking clearly. Alternatively, teens who reported low mental well-being generally experienced difficulty thinking clearly and making up their mind. They also rarely felt optimistic, did not often feel relaxed, and felt disconnected from others. These experiences are aligned with descriptions of depressive symptoms, so it is important to understand the experiences of these teens and what resources they can access.

Population studies utilizing the SWEMWBS find that around 71% of participants fall into the moderate mental well-being category and 29% fall into the high and low categories (14% and 15% in each category respectively).

We found that 53% of respondents were classified as having moderate mental well-being, with 47% in the high and low categories (7% with high, and 40% with low mental well-being). Overall, our sample reports greater rates of low mental well-being than their counterparts in the general population although population numbers were gathered before the pandemic. Compared to our 2022 numbers, reports of moderate and high mental well-being decreased, while reports of low mental well-being increased by nearly 12 percentage points. It's important to note that our data is cross-sectional, meaning the same respondents are not completing the survey both years.





Demographic Differences

Age
When splitting our sample by age, we discovered more young adults were experiencing low mental well-being than teens (42% vs. 38%). However, this difference is not significant. There were no differences in the experiences of moderate and high well-being.

Gender
We found some gender differences in mental well-being.

Girls were 1.5x more likely to be classified with low mental well-being than boys, and 1.3x more likely to be classified with moderate well-being.

This finding is well-established in the literature. Girls struggle more with their mental health than boys.

Race
Overall, different racial groups do not report significantly different mental well-being.

Gender and Sexual Minorities
The gender and sexual minority (GSM) population includes individuals that identify with the LGBTQ+ community. GSM individuals often struggle with poor mental health due to discrimination and stigmatization. Overall, we found that our GSM respondents did not report significantly different mental well-being from their peers.

Service-Connected Factors Impacting Well-Being

Pay Grade
We did not find any significant associations between service member pay grade and mental well-being.

Number of Schools
Military youth well-being is impacted by school transitions.

Respondents who had changed schools more frequently generally reported lower mental well-being.

Previous research has consistently shown that frequent school changes can have a negative impact on adolescents by hindering their peer relationships, presenting academic challenges in transferring schools, and missing opportunities for extracurricular activities.

Dual-Military Status

Teens with multiple parents who are currently serving generally reported lower mental well-being. Although this could be for many reasons (e.g., experiencing separation from multiple parents, living apart from one parent if parents are stationed at different installations), dual-military families are a severely understudied population and the need for more research on dual-military families has been consistently noted.

Hidden Helpers

Hidden helpers are children, teens, and young adults who are part of the household of a wounded, ill, or injured (WII) service member or veteran.

Respondents with a WII service member parent or guardian (of any kind) were 2.5x more likely to report low mental well-being compared to respondents with non-WII service members in the household.

When exclusively examining those with an injured service member, we found respondents with a service member with a visible wound were significantly more likely to report high and moderate well-being compared to those with a service member with an invisible wound. Several studies have found similar relationships, with children of invisibly injured service members (i.e., diagnosed with PTSD; psychologically injured) reporting poorer mental health. This may be due to the increased level of support service members with visible (i.e., physical) wounds receive or the stigma present in military culture that impacts help-seeking of service members with invisible wounds. Another important notion is the child's understanding of their service member's injury. Invisible wounds are more difficult to understand, and can impact a service member's ability to positively communicate with their child. You can learn more about the hidden helpers in our sample here. www.militaryfamily.org/wp-content/uploads/2023-MTES-Hidden-Helpers.pdf

Relation to Food Security

When examining the link between mental well-being and food security, we discovered greater food insecurity was related to lower well-being.

This finding is unsurprising considering the negative impact food insecurity has on quality of life and the stress and worry it causes. You can read more about the food security of our military-connected youth here.
www.militaryfamily.org/wp-content/uploads/2023-MTES-Food-Security.pdf

Suicidal Ideation

Most respondents (85%) have not experienced passive SI in the past month, nor have they had actual thoughts of suicide in the past month (89%). Of respondents that reported SI (11%), three-quarters (76%) have been thinking of how they will carry out their plans and more than half had intentions of carrying out their plans (60%).

Our findings regarding SI track with civilian population estimates, although we found SI was less prevalent among our military-connected sample. The CDC found the SI rate among individuals aged 18-24 was 26% in 2020. Some studies have found that military-connected youth were at greater risk for SI than their civilian peers.

Most respondents (60%) have never made any plans to commit suicide. Only a small percentage (1%) have made plans to commit suicide in the past three months. More than one third (38%) of respondents reported preparing to end their life at some point across their lifetime.

Demographic Factors

Age

When examining age group differences, we found most teens (78%) have never planned to commit suicide. In 2020 the CDC reported an overall SI rate of 19% in high school students, this tracks with our rate of 17% of teens. Our young adult rate of SI (13%) also tracks with 2020 CDC estimates of 11% in ages 18-25. There do not appear to be significant differences in SI between our military-connected sample and the civilian population.

Startlingly, most young adults (58%) reported having had plans to commit suicide at some point in their lives. Young adults were 3.2x more likely to report preparing to end their life in the past 3 months, and 5.3x more likely to report preparing to end their life at some point in their lifetime.

While teens were 0.7x less likely to report passive SI than young adults, they were 1.6x more likely to report actual thoughts of suicide than young adults. Of respondents that report SI, teens were 2x more likely to report intending and planning to carry out their suicidal thoughts than young adults.

Gender

Girls reported more SI overall, but of respondents that reported active SI, boys had greater intentions to act on their thoughts and carry out their plans. We found that girls were 1.6x more likely to report passive SI than boys. Girls and boys were not significantly different in their likelihood of actual thoughts and thinking about how they would commit suicide. Gender differences in SI are well-established; girls are more likely to attempt suicide, while boys are more likely to succeed.

Race

Non-white respondents reported more SI overall, but of respondents that reported active SI, white respondents had greater intentions to act on their thoughts and carry out their plans.

We did not find any significant race differences in likelihood of reporting SI. Research findings regarding race and ethnic differences in SI are inconsistent. For the most part, it does not appear that these factors are strongly associated with risk of SI or attempts.

GSM

GSM individuals were 0.1x less likely to report passive SI and 0.2x less likely to report actual thoughts of suicide. However, of individuals with current SI, GSM individuals were 1.6x more likely to report thinking about how they would commit suicide and intending to act on and carry out their suicidal thoughts. Overall, GSM individuals were more represented among individuals who were currently experiencing SI and they were 2.6x more likely to report preparing to end their life in the past 3 months. Military-connected GSM individuals are particularly vulnerable. A survey conducted by the Trevor Project in late 2022 found that 23% of their military youth LGBT sample had attempted suicide in the past year. The researchers found that family support was a strong protective factor for these military youth, greatly reducing risk of suicide and other mental health concerns. We did not ask our sample about family support, but it likely played a role.

Self-Harm

Most respondents (64%) have never thought of harming themselves and even more (74%) have never actually harmed themselves. Thoughts of SH were more common than actual SH behavior. Of respondents that reported SH behavior, most only harmed themselves once, meaning there is not a pattern of SH behavior. Additionally, we found no relationship between SH behavior and SI.

Demographic Differences

Age

Teens and young adults did not differ significantly in their likelihood of SH thoughts. Teens were 1.3x more likely to report SH behavior than young adults.

Gender

When examining gender differences, we found girls and boys did not differ significantly in likelihood of SH behavior. Girls were 1.4x more likely to report thoughts of SH than boys, and they reported more frequent thoughts of SH, with 8% experiencing more than six thoughts of SH in the past six months (compared to 4% of boys). Gender differences in the prevalence of SH are inconsistent in the literature, although the risk factors (i.e., depression, anxiety) are the same for both boys and girls.

Race

SH thoughts and behavior are more prevalent among non-white respondents. There was greater SH frequency among non-white respondents, especially Asians.

GSM

GSM individuals were 0.2x less likely to report thoughts of SH and 0.4x less likely to report SH behavior. While these are promising findings, considering the vulnerability of the GSM population, it may be due to the limited number of GSM individuals in our sample (13%; n = 230).

Seeking Mental Healthcare

Nearly half of our respondents sought care for their mental or behavioral health concerns 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. In 2022 we found that 67% of our respondents reported getting the help they needed, nearly 10% did not disclose their concerns with their parents, and 8% reported not getting the help they needed because their parents were unwilling or unable to help them get care.

In the Past 12 Months Have You Sought Care for a Mental or Behavioral Health Concern?

Response	Percent %	Total (n)
Yes	44	705
No - Not needed	41	659
No - Did not disclose to parents	8	133
No - Parents unable to find care	2	35
No - Parents unwilling to find care	3	40

Note: These numbers exclude those that responded "Prefer not to answer" (n = 30).

While it's encouraging to see many of our military-connected youth receiving needed mental healthcare, some individuals are still not receiving the care they need. Encouraging safe and trusting relationships between parents and adolescents is important for the disclosure of mental and behavioral health concerns. **When adolescents feel safe and supported, they will be more comfortable seeking help.**

When examining age differences, we found more young adults (90%) received the mental healthcare they needed, but this may not be significantly different than teens (81%).

More teens than young adults reported not needing care for a mental or behavioral health concern (53% vs. 28%).

Recommendations

Continue Advocating for Improved Access to Mental Healthcare

Military families have long reported issues with accessing mental and behavioral health care. In part, this is due to a national shortage of providers, and the reality that demand for care has outpaced supply. However, TRICARE policies can further hinder military families' ability to access the right care from the right provider at the right time. We've called on Congress to take the following steps to improve military families' access to care:

- Require Managed Care Support Contractors (MCSCs) to build and maintain robust provider networks. Increase reimbursement rates as needed to encourage more providers to accept TRICARE.
- Update inaccurate and outdated provider directories, which make it difficult for families to identify an appropriate care provider.
- Decrease copays for mental health care. Cost should never be a barrier to a military family member seeking needed mental or behavioral health care.
- Remove barriers, including those related to licensing, that prevent military spouses from entering mental health fields.
- Increase availability of telemedicine.
- Increase awareness and utilization of non-medical counseling services provided through Military OneSource.

Continue Advocating for Policy to Limit Food Insecurity

We found that food insecurity was linked to poor mental well-being. NMFA is committed to advocating for the exclusion of BAH in overall income calculations to increase service member eligibility for SNAP and decrease food insecurity. You can read more about our 2023 food security findings here. www.militaryfamily.org/wp-content/uploads/2023-MTES-Food-Security.pdf

Encourage Stronger Family Connections

Family connection and support are strong protective factors against poor mental health. Many of our military-connected youth are struggling with their mental health and helping them connect more with their families may be helpful for improving their mental health. Through NMFA's Operation Purple Program, NMFA works to strengthen both family members and the family unit, supporting communication, connection, and tools for well-being that can keep military families strong. Direct-service providers in the military community should continue to support communication and connection-building activities for families as well.

Encourage Stronger Family Connections, Peer Relationships, and Friendships

While family science researchers, family policy experts, and DoD acknowledge military-connected challenges will always exist for the military teen population, there are programs to support this population. Strong peer connections and friendships have long been identified as a protective factor for adolescent mental health and have been related to decreased depression and anxiety. You can learn more about our peer connection findings here.
www.militaryfamily.org/wp-content/uploads/2023-MTES-Peer-Connections.pdf

NMFA's signature Operation Purple Camp program, along with its virtual counterpart, are designed with programming solutions to respond to those challenges. Following the 2022 Military Teen Experience study, NMFA tailored our camps and family programs to create targeted opportunities to directly support teen mental and physical wellness. Additionally, BLOOM, now an NMFA program, continues elevating military teens' voices while ensuring the connections BLOOM fosters continue to thrive.

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