

THE MILITARY TEEN EXPERIENCE

A Snapshot of America's Military
Teenagers and Future Force





01

Introduction



Introduction

The National Military Family Association (NMFA) has again partnered with Bloom: Empowering the Military Teen to better understand the experience of America's military teens.

In 2021, we fielded our first Military Teen Experience Survey, and over 2,000 military-connected kids ages 13-19 gave us a snapshot of their lives. They shared information about moves, deployments, and transferring schools. They told us how hard it was to feel connected after a move, how they'd lost credits in school, struggled to get into the right classes, and were

unable to enroll in the extracurriculars they love. Using the Short-version Warwick Edinburgh Mental Well-Being Scale (SWEMWBS), a validated instrument, to measure their well-being, we learned that we needed to do a better job paying attention to our children's mental health. And they took us by surprise when, despite all the things that make military life difficult, over half declared their own intent to serve in the future.

Military life is hard – but it is also good.

At NMFA, we've been standing with military families for over 50 years – no matter what military life brings them. For the last two years, we have also been supporting military families as they navigate the unique stressors of military life during a pandemic. We've heard from military parents struggling to pay for child care and active duty families turning to food pantries to put food on the table. We knew the pandemic was affecting our military teens, too.

In October 2021, the American Academy of Pediatrics, the Children's Health Association, and the American Academy of Child and Adolescent Psychiatry went so far as to declare a "National State of Emergency in Children's Mental Health." The stresses associated with the pandemic, including school disruptions, isolation, and in many cases the loss of a caregiver, have placed children under unprecedented strain

(Viner et al., 2022). Military children and adolescents are experiencing these stressors as well. At the same time, they face the many challenges that accompany the military lifestyle including Permanent Change of Station (PCS) moves, repeated separations from the service member parent, and school transitions (McMahon, Creaven, & Gallagher, 2020).

It's no wonder that we're concerned about military teens' well-being.





That's why in 2022, we joined with Bloom again to survey military teens for another year to learn: How are our military teens doing in 2022?

In both years, we utilized a descriptive, cross-sectional study design, providing us with a snapshot of the military teen population at a point in time using a voluntary response sample. The limitation of this sample is that it is somewhat biased; some people will inherently volunteer more readily than others.

But the story they told was clear: Through military moves, school transitions, deployments, and adolescence, the majority of military teens are okay—but still too many struggle with mental well-being. Despite that, nearly half intend to serve one day—and nearly one in five plan to enlist when they finish high school.

They will be our force of tomorrow – but they are still our military teens today, and they need our help.



02

Methodology

Methodology

NMFA's research is primarily mixed-methods. In both our 2021 and 2022 Military Teen Experience surveys, NMFA used this approach in which researchers collect and analyze both qualitative and quantitative data within the same study (Shorten & Smith, 2017). Quantitative questions are numerical in nature and can be examined statistically. Qualitative research is used to pull out the stories that people want to share; their cultures, perspectives, and world-views are appreciated in this method (Allan, 2020). In our case, we used qualitative questions to take a deeper look at how and why military teens feel the way they do. As key policy makers, leaders, and non-profit organizations strive to support our military families, researchers can use mixed-methods data to explore challenges, trends, and diverse populations. It is important to note that NMFA designs, conducts, and analyzes our data in-house; we also seek input from other researchers at higher education institutions.

Study Design

A descriptive, cross-sectional study design was used to quantitatively depict how military teens were faring both in 2021, in the midst of a pandemic, and again in 2022, while transitioning from a pandemic to an endemic. The defining feature of a cross-sectional study is that it compares different population groups of interest at a single point in time. Findings are drawn from whatever fits into the frame of that snapshot. In cross-sectional designs, variables are not manipulated. Rather, our research describes characteristics of the military teen population including parent's military status, race, employment, age, sex, rank of service member parent, type of school attended, among other characteristics. The benefit of using a cross-sectional study design was that it allowed NMFA to compare these many different variables at the same time. We did not try to measure the effects of variables, but sought instead to describe them statistically. The drawback of using this methodology is that it did not allow for conclusions about causation.



Data Collection

NMFA collected data from military teens by creating and disseminating our Military Teen Experience Survey in tandem with Bloom: Empowering the Military Teen via email, social media, and web-based marketing. The survey contained 60 questions and took an estimated 8 minutes for each military teen to complete. Skip logic was used to ensure respondents only received questions that were relevant to them. Anonymity of survey respondents was assured; their answers could not be attached to any unique email address. Once collected, the unique identifiers (email addresses) were removed and clean data were exported. Data were analyzed using the Statistical Package for Social Sciences (SPSS). High-level analyses (e.g., descriptive statistics, correlations) were conducted for this sample.



03

Measures

Measures

In both our 2021 and 2022 Military Teen Experience (MTE) surveys, we utilized two validated instruments to ensure the credibility of our data.

To measure the mental well-being of military adolescents, we used the short version of the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS). The Short-Version Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) is a shortened version of WEMWBS, which is Rasch compatible.

The SWEMWBS is a validated, 7-item scale that measures the well-being and psychological functioning of youth. The measure is structured to focus on a positive approach and captures a wide concept of well-being, including emotional, cognitive, and psychological components. Statements approach mental well-being from a positive perspective related to feeling good about life, positive affect, and avoiding pain or negative affect (Haver et al., 2015). Although this measure does not provide clinical diagnosis for mental health concerns, low mental well-being on the SWEMWBS have been related to depressive symptoms when compared to other validated instruments that measure clinical mental health concerns (Shah et al., 2021).

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. Categories have been established in previous studies as one standard deviation above (high) and below (low) the mean, and these studies have identified the average mental well-being score as approximately 23.5 (Fat et al., 2016). The average score of 23.5 is used to understand where high, moderate, and low mental well-being scores fall in relation to each other. Thus, categories have been identified as teens having relatively low or poor mental well-being (scores between 7.0 – 19.5), teens having moderate or average mental well-being (19.6 – 27.4), and teens having relatively high or good mental well-being (27.5 – 35.0), with higher scores indicating higher mental well-being.

In addition to validated instruments, we developed multiple choice questions with input from experts in the field of family research and the teens from Bloom to capture a high-level snapshot of the military teen experience in 2022.



04

Sample

Sample

NMFA and Bloom: Empowering the Military Teen fielded two surveys for military-connected teens between the ages of 13-19 years old. The first survey was fielded in March 2021 and the second in February 2022, each for a two-week time frame. In 2021, over 2,000 ($n=2,116$) military-connected teens responded to the Military Teen Experience Survey and over 2,500 ($n=2,667$) responded to the second survey in 2022. The 2022 Military Teen Experience (MTE) survey opened on Feb. 1st, and closed on Feb. 16th. A voluntary response sample was utilized, mainly based on ease of access. Instead of the researcher choosing participants and directly contacting them, people volunteer themselves (e.g. by responding to an online survey). Voluntary response samples are always at least somewhat biased as some people are more likely to volunteer than others.

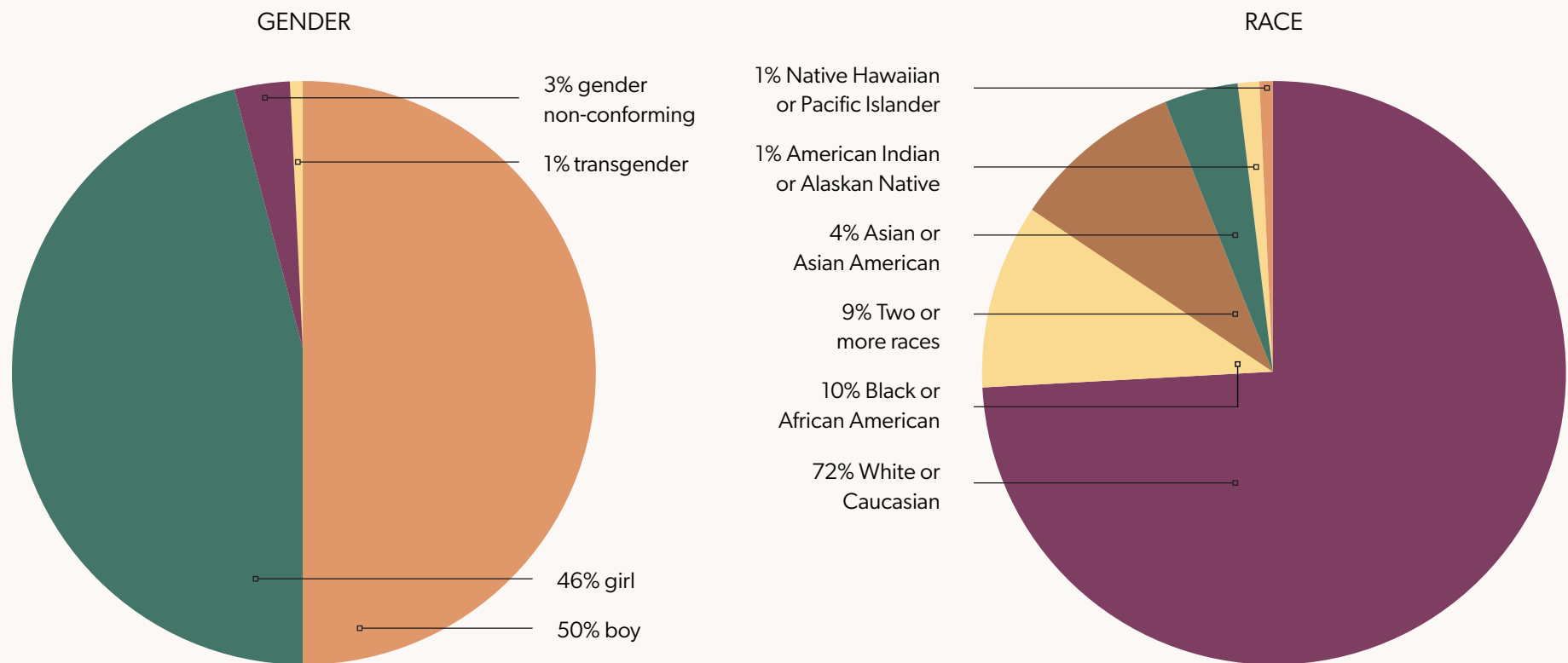




Findings

Demographics

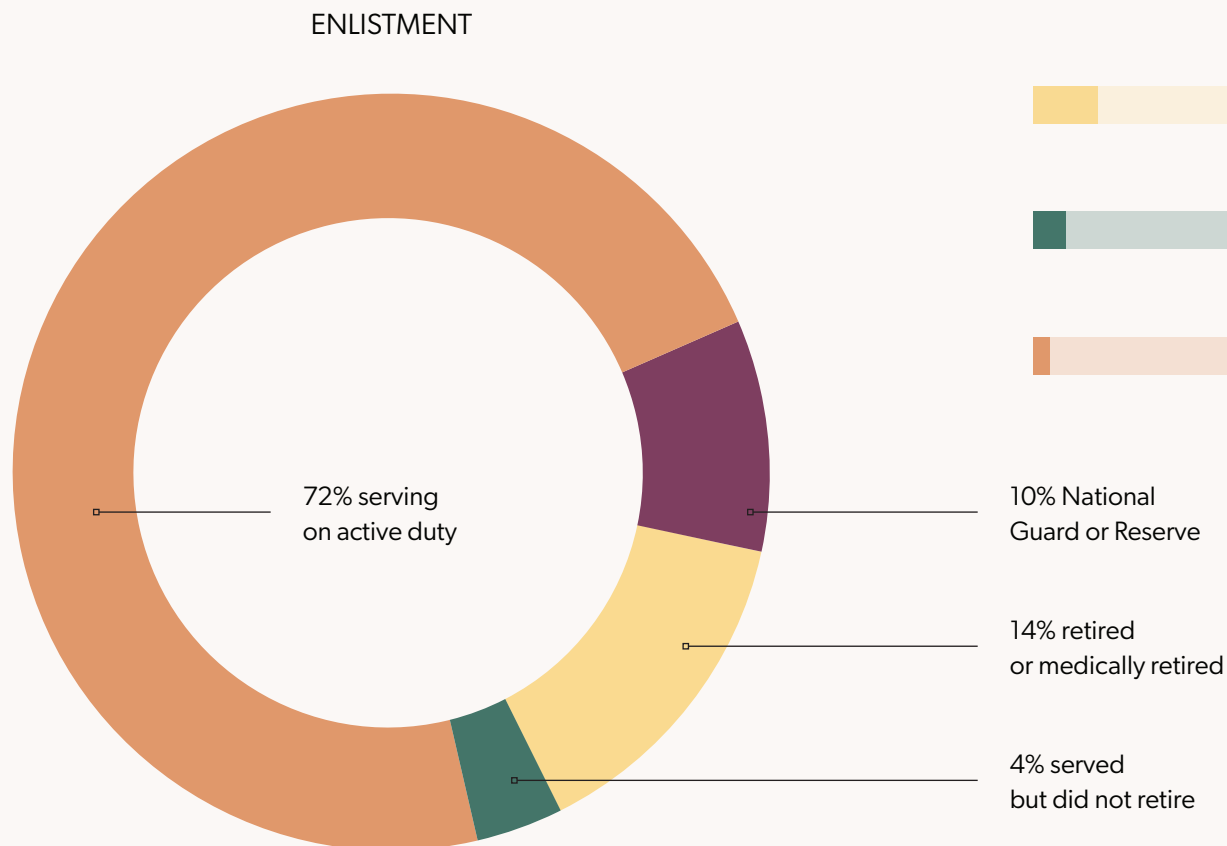
In the 2022 Military Teen Experience survey, we heard from over 2,500 (n=2,667) respondents. Of the total respondents, most of the military teens (n= 2,254) were between the ages of 13–19.



A third of teen respondents also identified as Hispanic or Latino/a/e, 33%.

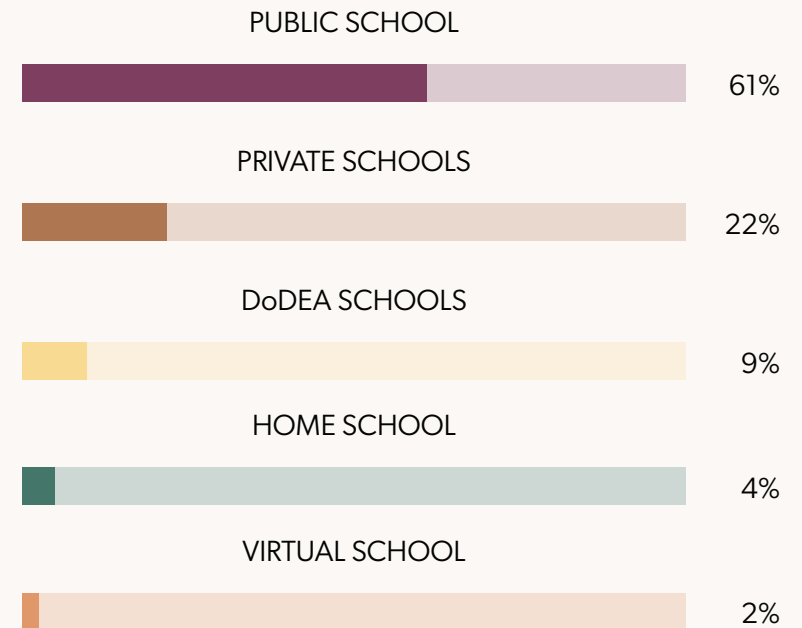
Military Experience

About half of teens indicated that their service member parent was enlisted (52%), while officers comprised the minority (34%). This is not necessarily an accurate representation of the U.S. military, as enlisted personnel make up about 82% of the armed forces and officers make up the remaining 18%.



Schooling

The majority of survey respondents were attending:



For 18% of teens, two or more of their parents or guardians have served in the military and in 39% of these families, both parents were currently serving on active-duty status.



Mental Well-Being

Mental Well-Being

The kids are not okay – that’s what our 2021 survey data told us, and what teens told us in 2022 has us concerned for a second consecutive year.

The SWEMWBS questions included in our Military Teen Experience Survey give us insight into how teens are faring, and teens who reported high mental well-being generally experienced feelings of optimism, relaxation, and closeness with others. Additionally, they deal with problems well, feeling that they can make up their mind about decisions, and that they are thinking clearly.

Alternatively, teens who reported low mental well-being generally experience difficulty thinking clearly and making up their mind. They also rarely feel optimistic, do not often feel relaxed, and feel 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 have access to.

While most of the teens who completed our survey (63%) indicated they had moderate levels of well-being, only 9% of respondents reported having high levels of mental well-being.

“The biggest struggle I have experienced as a military teen is the struggle of my mental health.”

ACTIVE-DUTY ARMY TEEN (O-3)
AGE 15, 10TH GRADE

Troublingly, 28% scored low on mental well-being, and separate of the SWEMWBS questions, 37% of survey respondents said they had thought about harming themselves or others.



“People don’t understand how growing up I saw my dad more through a computer screen and FaceTime than I did in person. They don’t understand that my dad was gone 300 days of the year. He missed years of Christmas and birthdays and school achievements. And as I grew older that sadness of my dad being gone so much turned into fear that one day instead of my dad walking through the door it would be an officer with a folded flag.

ACTIVE-DUTY NAVY TEEN (E-7)
AGE 16, 11TH GRADE

Clearly our military teens need help—and in more positive news, a substantial number of them are getting it. We asked the teens if, in the past year, they had sought care for a mental or behavioral health concern and 25% answered yes. But for many others, the help they needed was out of reach.

One in ten respondents who reported needing care did not get it because they did not ask their parents for help. Talking about mental health with a parent or guardian can feel uncomfortable and teens may worry about how parents will respond (Becker et al., 2014). Building safety and trust in parent-adolescent relationships can be foundational for ensuring that teens can communicate their needs to the adults in their lives and receive the mental or behavioral health care they need.

Another reason teens listed for not receiving needed care was that 5% of teens' parents or guardians were unable to find a mental or behavioral healthcare provider. Inability to find a mental healthcare provider has been consistently cited as a difficulty for military families due to lack of providers, high out-of-pocket costs, and time constraints (Becker et al., 2014).

Finally, 4% of teens reported that although they needed mental or behavioral health care, their parents or guardians were unwilling to connect them with the care they needed.



These barriers to care are troubling – particularly since some of the most basic challenges posted by military life were (statistically) related to lower mental well-being in the military teens we surveyed.

While military kids move every two to three years, school changes and transitions had a clear impact on military teens' lives. Teens 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 extra-curricular activities (Bradshaw et al., 2010).

Military teens who reported experiencing more deployments or separations lasting three months or longer from a military parent also generally reported lower mental well-being. The negative impact of parental deployment and separation has consistently been noted throughout research, particularly for younger children (Card et al., 2011). Although research has identified difficulties adolescents face during parental deployment (Huebner et al., 2007), less research has quantified the impact of these difficulties on adolescents.

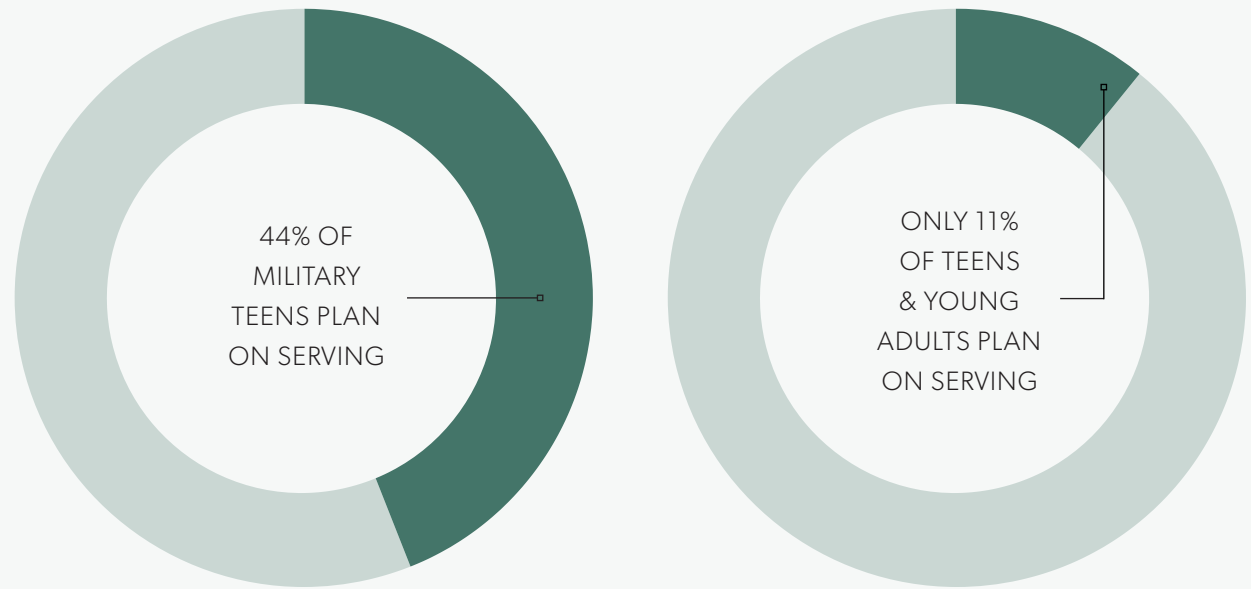
Teens with multiple parents who are currently serving or have served in the military generally reported lower mental well-being. Although this could be for many reasons (e.g., experiencing separation from multiple parents, living apart from one parent if parents are stationed at different installations), research has severely understudied dual-military families and the need for more research on dual-military families has been consistently noted (Blamey et al., 2019).





07

The Force of Tomorrow, Teens of Today




The Force of Tomorrow, Teens of Today

In 2022, military teens continued to report significantly higher rates of intent to serve than their civilian peers, with 44% of military teens indicating that they planned to serve in the future. That's far more than the Department of Defense's (DoD) 2020 report, which found that only 11% of teens and young adults planned on future service in the military.

For many of our military teens, though, future service isn't just an idea reserved for their grown-up futures. Instead, a stunning


18% of the military teens we surveyed shared that not only do they plan to serve in the future—they plan to enlist right after completing high school.

But before we thank them for their service, we need to make sure they have the support and resources they need now. Our military of tomorrow is made up of our children today.



**"I hope my parents
support my dream of
joining the Army."**

ACTIVE-DUTY NAVY TEEN (E-7)
AGE 18, 12TH GRADE



**"The hardest thing
about being a military
teen is pressure to
join the military."**

ACTIVE-DUTY NAVY TEEN (E-7)
AGE 17, 12TH GRADE



Limitations

Limitations

The results reported herein should be considered in light of some limitations, including a potential sample bias. NMFA utilized a voluntary response sample, which is a sample made up of volunteers. Compared to a random sample, these types of samples are biased. Due to the volunteer response sample, the study also may not generalize to a larger military teen population. Additionally, year one and year two methodology designs were cross-sectional in nature, so the direction of the effects could not be determined, as cross-sectional studies do not provide definite information about cause-and-effect relationships. This is because such studies offer a snapshot of a single moment in time; they do not necessarily consider what happens before or after that snapshot is taken.

As a non-academic 501c3, NMFA does not have an Institutional Review Board (IRB). We released the survey in partnership with Bloom: Empowering the Military Teen, an organization run by

military teens for military teens. Critically, this organization speaks to and recruits military teens. NMFA speaks to and recruits the help of military parents in asking their teens to take the survey. Bloom gained assent from their military teen peers, NMFA gained consent from the parents of military teens, and the survey posed less than minimum risk to minor children [HHS Section 46.404]. Additionally, we included age-appropriate validated instruments (WEMWBS and USDA short form for children ages 12+) and worked with an academic expert who focuses on military adolescent research to provide external review of our survey before dissemination. At the beginning of the MTE survey, an Informed Consent statement was also included to inform participants that their anonymous responses would be used for research purposes. Each question on the survey also included a Prefer Not to Answer (PNA) option, so that military teens were not required to answer any questions that made them feel uncomfortable in any way.



Recommendations



Recommendations

NMFA has served military families for over 50 years. As supporters and members of the Military-and Veteran-connected community, we know the shared bonds of military service can be powerful. But for the last two years, military teens have told us they often feel unseen and unheard (Bloom, 2021; NMFA, 2021). NMFA is committed to fixing that. As we consider the long-term policy solutions and near-term programming supports our military teens need to strengthen their well-being, we will continue to listen to teens through focused future research and our community interactions.

At NMFA, we're starting by elevating the voices of teens inside our organization. In April 2022, we are doing more than partnering with Bloom - we're welcoming them into the NMFA Family. As an incubator, we look forward to all the ways Bloom will continue to grow and the ways we can continue to learn with them. Bloom will provide a military teen perspective on our programming and advocacy, work directly with NMFA and military teens to build and maintain a strong community, and ensure that this critical but underserved part of the military family has a seat at the table.



10

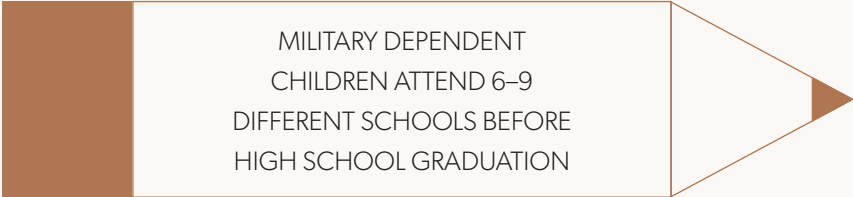
Policy



Mental and Behavioral Healthcare

NMFA has long been calling for appropriate mental health access for military family members, and the Fiscal Year 2021 (FY2021) National Defense Authorization Act included a mental health scheduling pilot to help service members and families access the care they need. While this pilot is an important step in the right direction, more needs to be done. We're calling on Congress and DoD 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 mental or behavioral health care.
- Remove barriers, including those related to licensing, that prevent military spouses from entering mental health fields.



MILITARY DEPENDENT
CHILDREN ATTEND 6–9
DIFFERENT SCHOOLS BEFORE
HIGH SCHOOL GRADUATION

School Transitions

On average, military dependent children attend six to nine different schools before high school graduation. These transitions, which affect about 185,000 military kids annually[2], can be difficult and military families worry about the effect that the military-directed moves have on their children's education. From transitioning school records, receiving special education and health services, trying out for sports teams, or joining extracurricular activities, these barriers can be daunting.

The Interstate Compact on Educational Opportunity for Military Children (Compact), which has been adopted by all 50 states and the District of Columbia, as well as the Department of Defense Education Activity (DoDEA), addresses many of the most common transition-related challenges. Still, the fact remains public schools are locally controlled—and financed—so policies, resources, and requirements vary from district to district and state to state. With administration and staff

turnover, enforcement of the Compact remains a top priority for NMFA. That enforcement is spearheaded by the Military Interstate Children's Compact Commission (MIC3), on which NMFA serves as an ex-officio member.

In addition to the Compact, advanced and open enrollment will benefit our transitioning military school children. These policies are 2022 priorities for the Defense State Liaison Office (DSLO) and are solutions for which NMFA has long advocated. Advanced enrollment allows a child to be enrolled in their receiving school district before the family has a physical address at their new location. This allows a student greater flexibility and a more equal playing field to register for classes, begin an Individualized Education Program (IEP), and join extracurriculars, among other activities when attending a new school. Thirty-three states have enacted advanced enrollment policies, six states have introduced bills, and 12 have yet to act. Check [here](#) to see if your state allows advanced enrollment.

Open enrollment is also gaining momentum. This policy is only available in five states and enables a child's family to access flexible school placement options. These policies vary but NMFA urges schools to adopt the following:

- Allow military children to enroll and attend school in an area outside of their temporary lodging/military housing in anticipation of permanently living in a different school district;
- Waive application deadlines and other requirements to accommodate timing of military moves;
- Prohibit home districts from denying release of military student for an inter-district transfer if requested district approves; and
- Allow military children to remain in their current school placement for the duration of the school year (or through graduation if in 11th or 12th grade) despite a change of residence.

Our military children are resilient, but they shouldn't be disadvantaged because their parents choose to serve. By enforcing the Compact, and enacting advanced and open enrollment policies, states and districts will help close the education and services gaps for military kids.





Programming



Programming

For more than 50 years, NMFA has responded to the challenges military families are facing with policy solutions for long-term support and programs that can help today.

To meet the needs of teens as revealed in our Military Teen Experience Surveys, NMFA has built on our successful models for camps and family programs to create tailored experiences to support mental well-being and encourage physical wellness.

Operation Purple Teen Camps

Our Operation Purple Camps have served thousands of teens over the years, but have room for improvement to better meet the unique needs of the military teen community. To do so, in 2022 we are launching Operation Purple Teen Camps at two locations, a teen alumni program, and two teen-parent retreats with revised curriculum exclusively created to engage, connect, and inspire our 13+ campers while also testing what models will best meet their needs.



At Camp Highlander in California, we will host military teens ages 13-17 for a teen-only experience that will maximize fun and challenging camp activities geared to older campers while identifying new, teen-specific programming that best supports peer-to-peer bonding at the same time.

At Camp Cullen in Texas, we will host two Operation Purple Camps simultaneously: one for military teens ages 13-17, who will engage in a separate course of programming from the ages 7-12 camp occurring in parallel. This camp will inform how we can structure programming that allows teens to focus on their

own needs, while also allowing us to serve all young people in a family at the same location and time.

Additionally, we are piloting a third Operation Purple teen program this summer at Camp Southern Ground in Georgia. This alumni program will enable teens who have previously participated in Operation Purple programs to join us again for a vibrant camp experience with additional, holistic programming focused on the whole person, including opportunities to build knowledge around food and wellness as well as mental health.

Family Programming

NMFA not only offers opportunities for young people to experience the joy and connection of camps, but also gives military families the opportunity for group respite and recovery. By analyzing research on teens beyond military families, evidence shows that strong communication between teens and their parents increases mental wellbeing. This year we will offer a pilot experience to alumni that will target that relationship between adult and teen in two overnight experiences—one in Virginia and one in California—that will offer one teen and one adult per household to create memories and strengthen ties. The overnight will include two facilitated workshops in partnership with the American Red Cross, to create peer-to-peer connections for teens, and enhance peer-to-parent communication. Together, we will build stronger scaffolds for teen mental wellness and foster the relationship openness and skills that teens and parents need to better communicate about help that might be needed and how to access it.





12

Research

Research

NMFA's research on the military teen community can inform the Department of Defense, Congress, the White House, K-12 schools and higher education institutions educating military-connected students, Military Service Organizations (MSOs)/ Veteran Service Organizations (VSOs), and other key decision makers in their efforts to support military families. However, further research is needed.

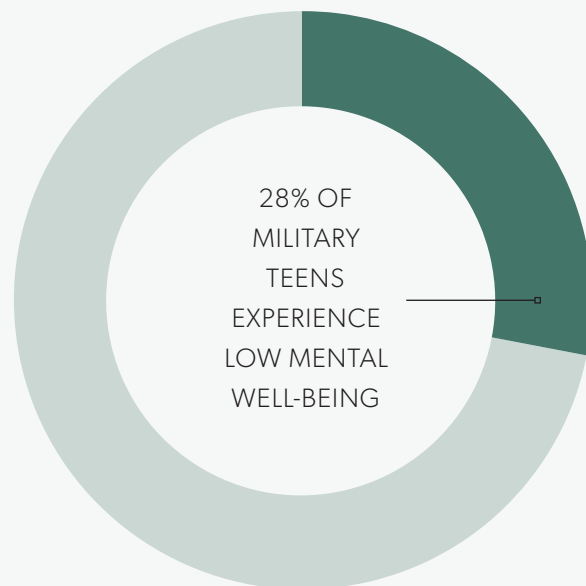


Relatively little is known about the factors that influence teens' plans to join the military. It is possible that exposure to military life (e.g., being part of a military family, having extended family in the military) could influence teens' decisions about being part of the U.S. military. The DoD (2020) has shown that 11% of teens planned to serve in the military, but it is unknown whether the teens in the study were civilian or military-connected teens. Our recent reports have found that 65% in 2021 and 44% in 2022 of specifically military-connected teens plan to serve, which may indicate that exposure to military life influences teens' ideas about future service. Future research could focus on examining teens' exposure to military life to better understand how it influences future service. Additionally, future research may seek to consider the influence of the geopolitical climate on teens' decisions about future service. For example, recent events surrounding the invasion of Ukraine may impact teens' thoughts about plans to serve in the U.S. military.

There is limited research on military adolescent caregivers (Elizabeth Dole Foundation, 2021). Previous research examining military caregivers has focused on the spouse caregiver and found that military caregivers are typically military spouses with children, who are also parents with jobs (either full and/or part-time), and that sometimes even children help care for the wounded, ill, or injured service member (Tanielian et al., 2013). However, military-connected teens who may also shoulder the burdens of caregiving, have not been researched in depth (Elizabeth Dole Foundation, 2021). Even less is known about the long-term impacts of military adolescents serving as secondary and even at times, primary caregivers (Elizabeth Dole Foundation, Wounded Warrior Project, Lilly Endowment, & Mathematica, 2021; Tanielian et al., 2013). While the White House's Joining Forces, Wounded Warrior Project, Elizabeth Dole Foundation, and coalition of organizations, including NMFA, have pledged support for children in military and veteran caregiving families, further research and support are needed for this population (Elizabeth Dole Foundation et al., 2021). Particularly researchers should focus on understanding the unique struggles, particularly pertaining to mental health factors, of military teen caregivers who may carry the burden of caring to varying degrees in caring for their service member family member who has been wounded (either visible or invisible) or injured.



Timely access to appropriate mental health care is essential. However, we know that military families routinely struggle to access mental health care (DoD: Office of Inspector General, 2020). The Department of Defense (DoD) Inspector General reported in 2020 that DoD consistently failed to meet outpatient mental health access to care standards for service members and their families (DoD Evaluation of Access to Mental Health Care Report, 2020) While the report did not include data on children's and teens' access to care, military



families stated it can be very difficult to find a pediatric mental health provider, both on or off installation (Tanielian et al., 2016). Further research is needed to fully understand the struggles that military adolescents and their families face in trying to access mental health services.

Finally, given that 28% of teens reported experiencing low mental well-being, it is important to understand how, when, and why they reached out for help. The largest portion of teens who needed care but did not receive it reported that it was due to not disclosing their concern about their mental or behavioral health to their parents or guardians. Talking about mental health with a parent or guardian can feel uncomfortable and teens may worry about how parents will respond (Becker et al., 2014). Building safety and trust in parent-adolescent relationships could be foundational for ensuring that teens can communicate their needs to the adults in their lives and, thus, receive the mental or behavioral health care they need. Further research is needed on both fronts—both understanding how military teens reach out for mental and behavioral health help, and how communication and relationships with their parents influence that decision to ask for help or not ask for help.



What Can You Do to Help Our Military Teen Community?

What Can You Do to Help Our Military Teen Community?

At NMFA, we have committed ourselves to listening to military teens and elevating their voices. In 2022, we published Bloom's A Field Guide to the Military Teen: A guide to military teens, by military teens, for communities with military teens. The guide is a robust collection of military teen voices attesting to their own personal experiences navigating military life: what's hard, what's wonderful, and what they wish all the adults around them knew. We've learned from it — and so will you.

In our Military Teen Experience 2021 Report, we noted that while the mental health of the teens in our military communities depends on connection, military teens in particular are not set up for success. Military kids move often—sometimes as often as every two to three years—and in doing so, they are uprooted from their neighborhoods, friends, school communities, and support systems. And they go wherever the military sends their parent: across the country, or even across the globe.

When military families arrive in your community, welcome them in. Throughout A Field Guide to the Military Teen and the comments in both our 2021 and 2022 Military Teen Experience Surveys, military teens expressed repeatedly how trying these transitions can be. What can you do to help? Make room for them in your sports teams. Let them try out for the school play. Enable them to build connections whenever possible—their mental well-being depends on it.





Additional Resources

How else can you help? Consider the immediate action items below:

- Download, read and share our [Military Teen Guide](#)
- Support programming that supports military teens.
- Connect a military teen in your life with [Bloom: Empowering the Military Teen's resources](#).
- When appropriate, encourage military teens to seek guidance from a mental health professional.

If you or any military community member you know are struggling, call 800-342-9647; Military OneSource triage specialists will listen to your personal challenges and direct you to the resources that exist, or visit their website [here](#).



References

- Allan, G. (2020). Qualitative research. In *Handbook for research students in the social sciences* (pp. 177-189). Routledge.
- American Academy of Pediatrics. (2021). AAP-AACAP-CHA Declaration of a national emergency in child and adolescent mental health. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>
- Arnold, A.L., Lucier-Greer, M., Mancini, J.A., Ford, J.L., Wickrama, K.A.S., (2017). How family structures and processes interrelate: The case of adolescent mental health and academic success in military families. *Journal of Family Issues*, 38(6), 858- 879. doi:10.1177/0192513X15616849
- Becker, S. J., Swenson, R. R., Esposito-Smythers, C., Cataldo, A. M., & Spirito, A. (2014). Barriers to seeking mental health services among adolescents in military families. *Professional Psychology: Research and Practice*, 45(6), 504.
- Beymer, M.R., Reagan, J.J., Rabbit, M.P., Webster, A.E., & Watkins, E. Y. (2021). Association between Food Insecurity, Mental Health, and Intentions to Leave the US Army in a Cross-Sectional Sample of US Soldiers, *The Journal of Nutrition*, Volume 151, Issue 7, July 2021, Pages 2051–2058, <https://doi.org/10.1093/jn/nxab089>Bloom, 2021
- Blaisure, K. R., Saathoff-Wells, T., Pereira, A., Wadsworth, S. M. M., & Dombro, A. L. (2012). *Serving military families in the 21st century*. Routledge/Taylor & Francis Group.
- Blamey, H., Phillips, A., Hess, D. C., & Fear, N. T. (2019). The impact of parental military service on child well-being. *Journal of Military, Veteran and Family Health*, 5(S2), 22-69. <https://doi.org/10.3138/jmvfh.2019-0014>
- Booth, B., Segal, M. W., Bell, D. B., Martin, J. A., Ender, M. G., Rohall, D. E., & Nelson, J. (2007). What we know about Army families: 2007 update. Family and Morale, Welfare and Recreation Command. Retrieved from <http://www.mwrbrandcentral.com/images/uploads/whatweknow2007.pdf>.
- Bradshaw, C. P., Sudhinaraset, M., Mmari, K., & Blum, R. W. (2010). School transitions among military adolescents: A qualitative study of stress and coping. *School Psychology Review*, 39(1), 84-105.
- Burke, J., & Miller, A. R. (2018). The effects of job relocation on spousal careers: Evidence from military change of station moves. *Economic Inquiry*, 56(2), 1261–1277. <https://doi.org/10.2139/ssrn.3043411>
- Card, N. A., Bosch, L., Casper, D. M., Wiggs, C. B., Hawkins, S. A., Schlomer, G. L., & Borden, L. M. (2011). A meta-analytic review of internalizing, externalizing, and academic adjustment among children of deployed military service members. *Journal of Family Psychology*, 25(4), 508.
- Castaneda, L.W., & Harrell, M.C. (2008). Military spouse employment: A grounded theory approach to experiences and perceptions. *Armed Forces & Society: An Interdisciplinary Journal*, 34(3), 389-412. <https://doi.org/10.1177/0095327X07307194>
- Clark, M. A., O'Neal, C. W., Conley, K. M., & Mancini, J. A. (2018). Resilient family processes, personal reintegration, and subjective well-being outcomes for military personnel and their family members. *American Journal of Orthopsychiatry*, 88(1), 99–111. <https://doi.org/10.1037/ort0000278>

- Cramm, H., McColl, M.A., Aiken, A.B. et al. (2019). The Mental Health of Military-Connected Children: A Scoping Review. *Journal of Child and Family Studies*, 28, 1725–1735. <https://doi.org/10.1007/s10826-019-01402-y>
- Crayne, M. P. (2020). The traumatic impact of job loss and job search in the aftermath of COVID-19. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S180.
- Department of Defense (2020). Demographics profile of the military community. <https://download.militaryonesource.mil/12038/MOS/Reports/2020-demographics-report.pdf>
- Department of Defense Education Activity (2018). All about DODEA educational partnership. <https://www.dodea.edu/partnership/about.cfm>
- Elizabeth Dole Foundation (2021). Elizabeth Dole Foundation launches hidden helpers to focus on military caregiver children. <https://hiddenheroes.org/news/hiddenhelperslaunch/>
- Elizabeth Dole Foundation, Wounded Warrior Project, Lilly Endowment, Inc., & Mathematica (2021). Hidden helpers at the frontlines of caregiving: Supporting the healthy development of children from military and veteran caregiving homes. <https://www.mathematica.org/publications/hidden-helpers-at-the-frontlines-of-caregiving-supporting-the-healthy-development-of-children>
- Evensen, C. T., Schulman, M. D., Runyan, C. W., Zakocs, R. C., & Dunn, K. A. (2000). The downside of adolescent employment: hazards and injuries among working teens in North Carolina. *Journal of Adolescence*, 23(5), 545-560.
- Gregory, C. A. (2020). Are We Underestimating Food Insecurity? Partial Identification with a Bayesian 4-Parameter IRT Model. *Journal of Classification*, 37(3), 632-655.
- Huebner, A. J., Mancini, J. A., Wilcox, R. M., Grass, S. R., & Grass, G. A. (2007). Parental deployment and youth in military families: Exploring uncertainty and ambiguous loss. *Family Relations*, 56(2), 112-122.
- Imran, N., Zeshan, M., & Pervaiz, Z. (2020). Mental health considerations for children & adolescents in COVID-19 Pandemic. *Pakistan journal of medical sciences*, 36(COVID19-S4), S67.
- Kaeppler, C., & Lucier-Greer, M. (2020, August). Examining impacts of cumulative risk on military-connected youth and the role of family in coping. In *Child & Youth Care Forum* (Vol. 49, No. 4, pp. 581-602). Springer US.
- Ke, J., & Ford-Jones, E. L. (2015). Food insecurity and hunger: A review of the effects on children's health and behaviour. *Pediatrics & child health*, 20(2), 89-91.
- Kranke, D., Floersch, J., Dobalian, A. (2019). Identifying aspects of sameness to promote veteran reintegration with civilians: Evidence and implications for military social work, *Health & Social Work*, 44(1), 61–64, <https://doi.org/10.1093/hsw/hly036>
- Lucier-Greer, M., Arnold, A. L., Grimsley, R. N., Ford, J. L., Bryant, C., & Mancini, J. A. (2016). Parental military service and adolescent well-being: Mental health, social connections and coping among youth in the USA. *Child & Family Social Work*, 21(4), 421-432.

- Lucier-Greer, M., Arnold, A. L., Grimsley, R. N., Ford, J. L., Bryant, C., & Mancini, J. A. (2016). Parental military service and adolescent well-being: Mental health, social connections and coping among youth in the USA. *Child & Family Social Work*, 21(4), 421-432.
- Mailey, E. L., Mershon, C., Joyce, J., & Irwin, B. C. (2018). "Everything else comes first": a mixed-methods analysis of barriers to health behaviors among military spouses. *BMC Public Health*, 18(1), 1013. doi:10.1186/s12889-018-5938-z
- Military Family Advisory Network (MFAN) (2021). Food insecurity amount military and veteran families during COVID-19. Retrieved from <https://www.mfan.org/topic/food-insecurity/>
- McCarthy, I.O., Moonesinghe, R., Dean, H.D. (2020). Association of employee engagement factors and turnover intention among the 2015 U.S. federal government workforce. *SAGE Open*. April 2020. doi:10.1177/2158244020931847
- McIntyre, L., Williams, J. V., Lavorato, D. H., & Patten, S. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *Journal of affective disorders*, 150(1), 123-129.
- McMahon, G., Creaven, A.M., Gallagher, S. Stressful life events and adolescent well-being: The role of parent and peer relationships. *Stress Health*, 2020, Aug., 6(3):299-310. doi: 10.1002/smi.2923. Epub 2020 Feb 12. PMID: 31920010.
- Men, F., Elgar, F. J., & Tarasuk, V. (2021). Food insecurity is associated with mental health problems among Canadian youth. *J Epidemiol Community Health*, 75(8), 741-748.
- Myers, M. (2021, September 16). 1:3 deployment-to-dwell ratio to be standardized under DOD policy starting in Nov. *Military Times*. Retrieved from <https://www.militarytimes.com/news/pentagon-congress/2021/09/16/13-deployment-to-dwell-ratio-to-be-standardized-under-dod-policy-starting-in-nov/>
- National Military Family Association (2020). NMFA supports military families during Covid-19. <https://www.militaryfamily.org/nmfa-supports-military-families-during-covid-19/>
- Navy and Marine Corps Public Health Center. (2019). Suicide-related behaviors and mental health-related visits among Department of the Navy adolescent dependents in military treatment facility emergency departments, 2007 to 2018. Available at www.nmcphc.med.navy.mil/.
- Ott, L. E., Kelley, M., J., & Akroyd, H. D. (2018). Impact of military lifestyle on military spouses' educational and career goals. *Journal of Research in Education*, 28(1), 30-61.
- Peck, B.S. & Parcell, E. S. (2021) Talking about Mental Health: Dilemmas U.S. Military Service Members and Spouses Experience Post Deployment, *Journal of Family Communication*, 21:2, 90-106, DOI: 10.1080/15267431.2021.1887195
- Russell, K., Rasmussen, S., & Hunter, S. C. (2020). Does mental well-being protect against self-harm thoughts and behaviors during adolescence? A six-month prospective investigation. *International journal of environmental research and public health*, 17(18), 6771.
- Schvey, N. A., Burke, D., Pearlman, A. T., Britt, T. W., Riggs, D. S., Carballo, C., & Stander, V. (2021). Perceived barriers to mental healthcare among spouses of military service members. *Psychological services*.

- Shah, N., Cader, M., Andrews, B., McCabe, R., & Stewart-Brown, S. L. (2021). Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS): performance in a clinical sample in relation to PHQ-9 and GAD-7. *Health and Quality of Life Outcomes*, 19(1), 1-9.
- Shamsuddin, S., & Campbell, C. (2021). Housing cost burden, material hardship, and well-being. *Housing Policy Debate*, 1-20.
- Shorten, A. & Smith, J. (2017) Mixed methods research: expanding the evidence base *Evidence-Based Nursing* 2017;20:74-75.
- Tanielian, T., Bouskill, K., Ramchand, R., Friedman, E., Trail, T. & Clague, A. (2017). *Improving Support for America's Hidden Heroes: A Research Blueprint*. Santa Monica, CA: RAND Corporation. https://www.rand.org/pubs/research_reports/RR1873.html
- Tanielian, T., Ramchand, R., Fisher, M. P., Sims, C. S., Harris, R. S., & Harrell, M. C. (2013). Military caregivers: Cornerstones of support for our nation's wounded, ill, and injured veterans. *Rand Health Quarterly*, 3(1).
- Tanielian, T., Woldetsadik, M.A., Jaycox, L.H., Batka, C., Moen, S., Farmer, C., & Engel, C. (2015). Barriers to engaging service members in mental health care within the U.S. military health system. <https://doi.org/10.1176/appi.ps.201500237>
- U.S. Department of Agriculture (USDA) Economic Research Service (2020). Food Security and Nutrition Assistance. <https://www.ers.usda.gov/data-products/ag-and-food-statistics-charting-the-essentials/food-security-and-nutrition-assistance/#:~:text=In%202020%2C%2089.5%20percent%20of,from%2010.5%20percent%20in%202019>
- U.S. Department of Defense, Military State Policy Source (2022). Advance enrollment. <https://statepolicy.militaryonesource.mil/key-issue/advance-enrollment>
- U.S. Department of Defense, Office of Inspector General (2020). Evaluation of Access to Mental Health Care in the Department of Defense (DODIG-2020-112). <https://www.dodig.mil/reports.html/Article/2309785/evaluation-of-access-to-mental-health-care-in-the-department-of-defense-dodig-2/>
- Viner, R.M., Russell, S.J., Croker, H. et al. School closure and management practices during coronavirus outbreaks including COVID-19: A rapid systematic review. *Lancet Child Adolescent Health*. 2020; 4(5):397-404. doi:10.1016/S2352-4642(20)30095-X



2800 Eisenhower Avenue, Suite 250
Alexandria, VA 22314

www.militaryfamily.org