Strengthening the Supports: Overcoming the Challenges of Outreach to Military Families

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Summary

Families and loved ones of active duty Service members experience a number of stressors during pre-deployment, deployment, and post-deployment phases. The aspect of military life that may be the most challenging for Service members and their families is returning to civilian life following deployment. Military family members are a resource to ensure the well-being of the Service member who may be suffering from psychological sequelae of war such as post-traumatic stress disorder (PTSD). In addition, military family members may themselves suffer from psychological health issues as a result of increased stressors associated with the deployment of their loved one. Families need help to plan for deployment, develop coping skills during deployment, and improve communication to reintegrate post deployment. In 2010, a committee that included representation from all Cabinet Secretaries met to produce a report on ways to strengthen military families. Following the release of this report, the Substance Abuse and Mental Health Services Administration (SAMHSA) put forth a report that addressed the behavioral health needs of military families. A key issue not addressed by these reports is lack of data on the needs of military families and access to them. This lack of data on needs and access makes it challenging to plan for family support resources. Military families are also faced with the challenge of navigating a number of systems to obtain appropriate resources during a time of crisis. In addition, it is not possible to evaluate whether military families are receiving the support they need. These issues could be addressed by enhancing national surveillance systems to include military families, leveraging existing programs that already reach out to military families, and coordinating outreach with other social service outreach programs.

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Introduction

While Service members choose to dedicate their lives to serve their country, a significant burden of this choice is borne by their families and loved ones. Frequent relocations, running a household in the absence of the deployed spouse, growing up in the absence of a parent, and death of a Service member are just a few of the unique challenges that military families experience. While military families are generally aware of the challenges of having a deployed spouse, there is increasing recognition that the aspect of military life that may be the most challenging is the return to civilian life following deployment. The joy of returning home may be soon replaced by a feeling of detachment and lack of interest in day-to-day activities – both symptoms of PTSD. The families of Service members who are experiencing symptoms of PTSD are faced with the challenge of understanding the problem, convincing the Service member to seek help, and being gatekeepers to ensure that the Service member gets the help he/she needs. There are numerous reasons, including stigma, that prevent a Service member from seeking behavioral health care. These reasons have been documented in a number of reports, including the 2010 DoD Task Force report, the Challenge and the Promise: Strengthening the Force, Preventing Suicide and Saving Lives.

There is widespread recognition that military family members play a key role in recognizing warning signs and helping a Service member seek treatment. However, in addition to being a resource to ensure the well-being of Service members, military family members experience a number of stressors that affect their own
psychological health. Risk factors for increased psychological stress during deployment include being young families, experiencing deployment for the first time, having poor coping skills, pregnancy during deployment, financial issues, and having children with special needs. Families with such risk factors need help planning for deployment, developing coping skills during deployment, and improving communication to reintegrate post deployment.

The importance of caring for military families has been recognized by Members of Congress, federal agencies, the military, and a number of private organizations. This white paper focuses on the basic challenge that affects provisioning of services to military families, understanding the needs of military families, and access to provide services to military families.

Background

The Office of the First Lady of the United States in the Obama administration has taken keen interest in the issues experienced by military families. In 2010, a committee that included representation from all Cabinet Secretaries met to produce a report on ways to strengthen military families. Following the release of this report, the SAMHSA put forth a report that addressed the behavioral health needs of military families. The findings and recommendations of both of these reports are summarized below.

Strengthening Our Military Families: Meeting America’s Commitment

Report Summary

The report “Strengthening Our Military Families: Meeting America’s Commitment,” dated January 2011, describes the commitment of the United States to providing better care and quality of life services to Service members and their families. This report, a result of the May 2010 presidential directive, was prepared by an Interagency Policy Committee (IPC), which was representative of all Cabinet Secretaries.

The directive has four primary visions to ensure: that the U.S. military recruits and retains the highest-caliber volunteers to contribute to the Nation’s defense and security; Service members can have strong family lives while maintaining the highest state of readiness; family members can live fulfilling lives while supporting their Service member(s); and the United States better understands and appreciates the experience, strength, and commitment to service of military families.

The report focuses on the main challenges facing military families today, including the psychological health of Service members and military families, military spouse well-being, education, and availability and quality of child care resources throughout the Department of Defense (DoD) and the Coast Guard.

Psychological health is greatly affected by the multiple deployments facing Service members, which lessen the resilience and ability to cope of both Service members and their families. Other barriers to psychological well-being include financial difficulties, substance abuse, homelessness, and incarceration. Military spouses also face additional stressors in light of multiple deployments, absences, and relocations, including managing family life, managing finances, and finding and retaining educational and employment opportunities. Resources for educational opportunities extend to children of Service members, who would benefit and thrive from quality education and quality care and emotional development.

Report Recommendations

The report finds that an increase in services and awareness in a variety of areas is necessary for the government to respond to current challenges facing Service members and families. In response, DoD will partner with other governmental agencies, including the Department of Veterans Affairs (VA) and the Department of Health and Human Services (HHS), to provide increased and higher quality services to Service members and families. These services will include increased psychological evaluation and care, financial counseling and protection, and laws to facilitate easier transfers of educational and employment requirements. Educational opportunities and daytime care for children of Service members will also be studied and changed to increase quality and quantity. Awareness and reform will help to ease the burden on Service members and families.

SAMHSA Strategic Initiative #3 – Military Families

Report Summary

Strategic Initiative #3 of the SAMHSA, is a report focusing on evaluating and improving the psychological health and well-being of Service members, Veterans, and their families. Psychological health issues affecting Service members include depression, PTSD, and traumatic brain injury (TBI), and these issues have significant impacts on the lives of these Service members and their families. The mission of SAMHSA and this initiative is to “reduce the impact of mental illnesses and substance abuse on America’s communities” and “increase access to appropriate services, prevent suicide, promote emotional health, and reduce homelessness.”

The many challenges service members face when attempting to deal with mental illness and the side affects that accompany it are addressed. Minorities represent a high percentage of Service members, but also represent a population with less than average access to mental health services. Other outside pressures, such as substance abuse, unemployment, and homelessness, contribute to challenges of Service members finding mental health services. There are redundancies among some services; concurrently, there are gaps in resources and staff for other services.
Report Recommendations

Several measures will be taken to improve access to and quality of mental health services for Service members and their families. SAMHSA will partner with other organizations and federal agencies, including TRICARE, DoD, and Veterans Health Administration to assess the levels of care that exist presently, and determine what services are needed to provide needed care. The team will also educate civilian treatment providers on military culture in order to ease transition from military to civilian services, and increase understanding of cultural differences in order to provide higher quality services.

Seeking a Solution to Reach Military Families

While the White House report and the SAMHSA report detail key strategies to help military families, one of the issues faced by service providers is lack of data on and access to military families. Conversely, military families are faced with a myriad of resources and are faced with the challenge of navigating a number of systems to obtain appropriate resources during a time of crisis. The DoD, other federal entities, and private organizations provide support resources for military families. However, a report published by the Defense Centers of Excellence concluded that the existing family support resources may be overwhelming and confusing without a streamlined dissemination mechanism.

Military families are not a homogenous group; hence, their needs are not homogenous either. For example, a newly married couple has different needs when compared with a family with children. However, there is no data on the issues experienced by the different types of military families. Nor is there a system to ensure that all military family members are aware of the support resources available to them at the different stages of life.

This lack of data and outreach system has potential consequences. First, it is challenging to plan for family support resources without any data on needs. Second, it is not possible to evaluate whether military families are receiving the support they need.

Lack of Data

Many military family members have come forth to increase awareness of the issues experienced by them. While valuable, these are generally anecdotal reports that may not be generalizable. To understand the issues experienced by military families and to plan to deliver appropriate services, there should be mechanisms for collecting data specific to military families.

A number of issues make it challenging to obtain data on military families’ needs. First, there is no common definition of the term, ‘military family.’ For purposes of benefits, the Joint Publication 1-02, Department of Defense Dictionary of Military and Associated Terms defines ‘family’ as: “An employee’s spouse; children who are unmarried and under age 21 years or who, regardless of age, are physically or mentally incapable of self-support; dependent parents, including step and legally adoptive parents of the employee’s spouse; and dependent brothers and sisters, including step and legally adoptive brothers and sisters of the employee’s spouse who are unmarried and under 21 years of age or who, regardless of age, are physically or mentally incapable of self-support.”

Private organizations that support and advocate for military families generally have a broader definition of “family” and include extended family members and close friends. This lack of agreement on the definition makes it a challenge to aggregate information from different data sources and organizations.

Second, surveillance systems such as those maintained by the Centers for Disease Control and Prevention (CDC) have only recently started to collect data specific to Service members and Veterans. At this time, the surveillance systems do not collect data specific to military families. Hence, there is no reliable data to explore and understand the issues experienced by military families.

Third, in an effort to protect individual privacy, the military and other organizations that serve military families are generally reluctant to release identifiable information about military family members. This makes it difficult to cross link available data about military family issues.

Lack of Contact Mechanism

Families of some active duty Service members live on military bases, while others are scattered in communities across the country. The DoD has contact information for next of kin for all Service members. However, this information is not available to other service providers and outreach organizations. Military families often report lack of awareness about DoD family support resources. This problem is magnified in the case of National Guard and Reserve member families who may have always lived off base and have little connection to military resources.

Strategies

An organized and streamlined outreach strategy to military families should be established so that they are connected with appropriate resources when they need them. This may be accomplished by having an improved understanding of their needs, leveraging existing programs that already reach out to military families, and coordinating outreach with other social service outreach programs.
Enhance Surveillance

To gain an understanding of issues experienced by different military families, there should be a concerted effort by the national surveillance systems to collect this data. Two examples of such systems are presented here. First, the CDC’s Behavioral Risk Factor Surveillance System has included questions on military and Veterans experience. This survey could be expanded to include the experience of military families. Second, while SAMHSA’s National Survey on Drug Use and Health (NSDUH) excludes active duty Service members, it collects data on military families, including those who live on military bases. With some modifications to facilitate analysis of data specific to military families, NSDUH could be able to yield national data on drug use behavior among military families.

Leverage Existing Programs

A number of DoD programs provide services to active duty Service members. During key transition times, such as deployment, these programs could provide information about appropriate outreach resources to families. In addition, when unit leaders become aware of possible stressors and risk factors that a Service member’s family is experiencing, they could trigger an outreach protocol to ensure that the Service member and the family are aware of available resources. Programs such as Wounded Warriors that provide services to Service members may be extended to provide outreach to families.

Coordinate Outreach

A number of federal assistance programs routinely conduct outreach programs through media campaigns and social marketing. Most relevant is the outreach conducted by the VA, whose target population is also dispersed in the general population. Hence, outreach messages and strategies used by the VA could be extended to active duty Service members. During key transition times, such as deployment, these programs could provide information about appropriate outreach resources to families. In addition, when unit leaders become aware of possible stressors and risk factors that a Service member’s family is experiencing, they could trigger an outreach protocol to ensure that the Service member and the family are aware of available resources. Programs such as Wounded Warriors that provide services to Service members may be extended to provide outreach to families.

Understanding and closing the data availability gaps allows for better linkages to existing programs, points us toward outreach opportunities, and focuses us on areas where significant contributions to military family care can be enhanced.

Enhanced understanding of issues experienced by military families. Some success is already seen in this area by collaboration between DoD and VA on the Suicide Prevention hotline. Another agency for potential outreach collaboration is the Center for Medicare and Medicaid Services (CMS), an agency that is actively reaching out to hard-to-reach populations across the country to increase awareness about healthcare reform. Using the messaging platforms used by these federal agencies and capitalizing on the lessons they have learned over the years could help develop a sound outreach plan for military families.

Institute a Culture of Continuous Improvement

Assessing and responding to ever increasing challenges to Military Family Outreach requires an approach designed to establish targeted goals, identify improvement opportunities, and drive improvement. Enhancing surveillance, leveraging existing programs, and coordinating outreach all represent strategies that should be constantly evaluated and improved in the light of their efficiency, effectiveness, and flexibility. A culture that understands that responses to challenges can always be improved, allows for the growth necessary to best meet the needs of the military family.

Report Recommendation

A thorough assessment of national surveillance systems provide visibility to the gaps in our understanding of military family needs. Initially, it points to opportunities to improve data collection and analysis. More importantly, it also drives change. Understanding and closing the data availability gaps allows for better linkages to existing programs, points us toward outreach opportunities, and focuses us on areas where significant contributions to military family care can be enhanced. Ultimately, this process should be repeated continuously, in light of the challenges facing our military families. Whether implementing healthcare reform or social service outreach program strategies, a continuous review and improvement process would best serve their needs.

Strengthening Military Families

Military family members play a key role in recognizing warning signs and helping a Service member seek treatment. They may also experience a number of stressors that affect their own psychological health. To strengthen military families there is a need for:

- Enhanced understanding of issues experienced by military families
- More services targeted towards military families
- Increased awareness of available services
- Improved access to services
- Evaluation and enhanced quality of services
- Integration of services across DoD, VA, and HHS