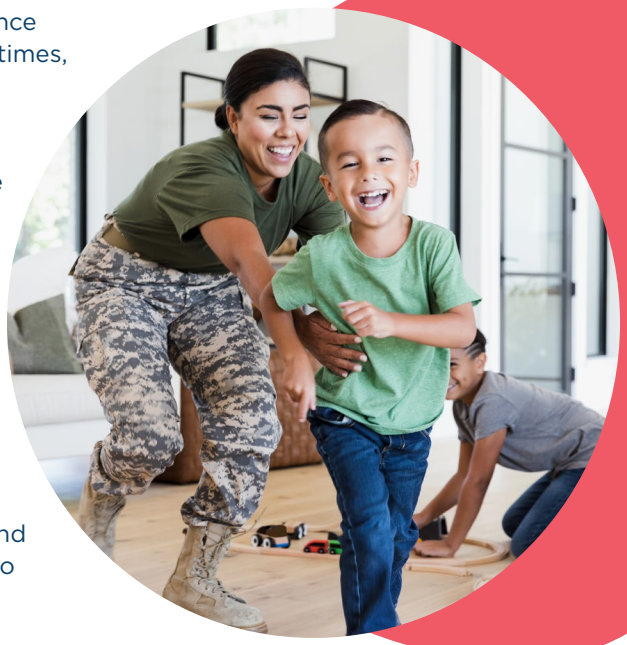
Serving Military-Connected Children: Mental Health and Well-Being

Introduction



Military service demands a great deal from service members and their families. It is not just the service member but also their children who experience *deployments*, *moving*, *mid-school year transitions*, and tragically, at times, loss due to *illness*, *injury* or *death* of a service member. While these circumstances can *foster resilience* and *prosocial behaviors*, such as empathy, they can also lead to elevated rates of *mental health conditions*, including *anxiety* and *depression*, which can follow these youth into *adulthood* and impact their future *military readiness*. Among military and veteran-connected families, there can also be a perception that *receiving mental health care* might impact military eligibility. Yet, even when they seek mental health treatment, children, youth, and young adults from military-connected families often *struggle to access* the care they need.

As the second part in a series on the healthcare needs of children, youth, and young adults from military and veteran-connected families, this policy brief examines how the unique circumstances of military life shape mental health outcomes, explores the strengths and resilience of this community, and outlines policy recommendations to best support access to mental health care.

Who Are Hidden Helpers?

According to the *Elizabeth Dole Foundation*, Hidden Helpers are the children, youth, and young adults who currently provide, have provided, or will provide unpaid and often unrecognized care to a wounded, ill, or injured veteran or service member. Their caregiving responsibilities may include *providing emotional support*, such as *avoiding emotional triggers*; caring for siblings and other family members; and assisting with *activities of daily living*, like eating and bathing, as well as managing their physical and mental health, money, or the household.

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Circumstances Affecting the Well-Being of Children, Youth, and Young Adults From Military and Veteran-Connected Families

Parent or other caregiver deployment, *family separation*, *frequent relocation*, as well as the *illness, injury*, or *death* of a parent or other caregiver can impact the mental health and well-being of children, youth, and young adults in military-connected families. Despite the challenges inherent to the lives of military and veteran-connected families, growing up in a military-connected family can *foster resilience* and other positive *skills* and *traits* that impact well-being.

Strengths Among Children, Youth, and Young Adults From Military and Veteran-Connected Families

Children, youth, and young adults from military and veteran-connected families may experience significant life events, like *parent or caregiver deployment* and *frequent moves* that can lead to positive *skills*, *traits*, and *prosocial behaviors*, like empathy. *Evidence* suggests that children, youth, and young adults from military-connected families may benefit from a *number of protective factors* (e.g., social support, family cohesion, community), reducing the chance of adverse outcomes. According to the *Military Child Education Coalition*, positive characteristics and skills, like adaptability, positive coping strategies, social skills, confidence, and others, can help military-connected children thrive in challenging environments. A report from the *National Academies of Science, Engineering, and Medicine* suggests that certain aspects of military life may "confer resilience" among children. For example:

- A parent's or caregiver's pride in their role in the military may give their child a sense of purpose.
- Military training may focus on optimism and hope, which the parent or other caregiver passes on to their child.
- The military support system may also support children of military-connected families.

Resilience helps children, youth, and young adults in military and veteran-connected families *cope with stress* and adjust to the *challenges of military life*.

> *"Being a caregiver has instilled in me a strong sense of responsibility, empathy, and perseverance. While the role can be demanding, it has also given me a deeper understanding of what it means to serve and support others — qualities that I carry with me into every aspect of my life." — Hidden Helper*
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> *"I wouldn't trade the way I grew up or the responsibilities I've had. My dad feels the same way. His service left him disabled, but he says he'd do it all again without hesitation. That inspires me, and I want to follow in his footsteps and be just like him." — Hidden Helper*

Challenges Impacting Children, Youth, and Young Adults From Military and Veteran-Connected Families

While children, youth, and young adults from military and veteran-connected families have many strengths, they also experience challenges that can affect their mental health.

Deployment of a parent or caregiver. *Parent* or caregiver deployment is a common aspect of life for military-connected families, often profoundly *impacting* the family's children. *Stressors*, like prolonged family separation and potential injury, illness, or death of the service member, can affect the entire family, including *children of all ages*. Some of the mental health impacts of parent or caregiver deployment on children include *depression*, *anxiety*, *social isolation*, *sleep difficulties*, and *behavior problems*. Deployment can also negatively impact *parent-child attachment*.

Frequent relocation. Due to the demands of the military (e.g., two-to-four-year *Permanent Changes of Station*, *Temporary Duty Assignment*), military families move *2.4 times* more frequently than nonmilitary-connected families. On average, children from military-connected families switch schools *6–9 times* throughout their K-12 education — three times more than their civilian peers. *Evidence* shows that moving can present multiple challenges to children, youth, and young adults, like adapting to a *new school* and *social life*, as well as *coping with family stress* from moving. One *study* found that adolescent children of military parents had higher odds of mental health outpatient visits, psychiatric hospitalizations, and emergency psychiatric visits compared to adolescent children of military parents who did not move.

Addressing Barriers to Accessing Mental Health Care Through Telehealth

Telehealth can help address barriers to accessing continuous health care, including mental health care, for children from military-connected families who frequently relocate, which can *fragment care*. Telemental health care can *reduce structural and financial* barriers to mental health treatment, including allowing families in *areas without convenient access* to mental health professionals to access services virtually. Telemental health services can also avoid the *stigma* associated with in-person mental health care.

Psychologists in states that participate in *Psychology Interjurisdictional Compact* (PSYPACT®) can apply for an *Authority to Practice Interjurisdictional Telepsychology* (APIT®) and E.Passport certificate, which allows them to provide telehealth services across state boundaries.[1] This agreement can allow patients who move frequently to continue to see their mental health provider even after they move to another state, helping them maintain a *continuous relationship* with their provider and avoid searching for a new provider each time they move.

"Many of our patient families have relocated several times. We have patients who come to us with orders but are unsure of where they're going. The Pediatric Acute Telemental Health (PATH) Program provides brief, evidence-based telemental health services, parenting support, resources, and information to address mental health concerns via telehealth. PATH providers will see them in the interim and then connect them with a provider in their new community. We heavily recommend they rely on telehealth providers that can provide services across multiple states."

– Jeanine Hoff, LCSW QS, MSW, MAS
Nemours Children's Health, Jacksonville

Frequent relocation can also impact access to consistent health care, including mental health care. A *study* by Nationwide Children's, The Kids Mental Health Foundation, and Dayton Children's explains that "moving can mean a disruption of care by having to find a new therapist and going on a waitlist that could be months long, depending on the availability of care." Moreover, frequent moves disrupt *continuity of care*, hindering the process of building *trusting patient-provider relationships* that promote high-quality care, which is especially important in *mental health care*.

Injury, Illness, or Death of a Parent or Caregiver. The *injury, illness*, or *death* of a military parent or guardian can impact the mental health of children, youth, and young adults from military and veteran-connected families, especially those who become *Hidden Helpers* caring for their injured family member. One *study* found that children with injured parents had lower rates of preventive care visits, but higher rates of healthcare visits for mental health or injuries. A *2021 report*, commissioned by the Elizabeth Dole Foundation, highlights *research* that found that children or youth who care for family members with physical or mental illness or other conditions were more likely to experience isolation and elevated feelings of stigmatization, have difficulty expressing emotion and learning at school, and struggle with issues like stress, burnout, and fatigue.

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1 Most states participate in PSYPACT. The Counseling Compact, which allows masters-level counselors to practice across state lines, is only live in Arizona, Louisiana, Minnesota, and Ohio. Providers residing in these states must obtain a privilege to practice in the other states within the Counseling Compact.

Shortage of Mental Health Providers Accepting TRICARE and CHAMPVA.[2] Military-connected families often lack consistent access to mental health providers. According to a *2024 Blue Star Families Foundation survey* of all the active-duty family survey respondents who currently receive mental health care or would like to receive mental health care and who have a provider within 50 miles of their home, 44% reported encountering a waitlist or being unable to schedule an appointment.[3] Moreover, 89% of active-duty family survey respondents who sought mental health care for their children reported waiting longer than three months for an appointment. A *survey of providers* that accept Medicare but not TRICARE showed that providers may not accept TRICARE due to low reimbursement rates, lack of knowledge of the program, or because TRICARE does not cover their specialty. While there is a lack of data on access to mental health services for CHAMPVA beneficiaries and why providers do not commonly accept CHAMPVA, a CHAMPVA beneficiary *testified* before Congress in 2025 that she makes out-of-pocket payments for her child's mental health care due to the lack of mental health providers who accept CHAMPVA.

Stigma Against Seeking Mental Health Care. Military culture emphasizes qualities like *self-reliance*, *problem-solving*, *stoicism, strength, and independence*, which, while positive, can contribute to a stigma against seeking out mental health care. One *qualitative study* found several barriers to engaging military adolescents in mental health care, including an ethic of self-reliance and stigma, reflecting concerns about their family's negative views of therapy.[4] Additional data from a *National Military Family Association* survey of over 2,500 military teenagers shows that 10% of these teens did not receive the mental health treatment they needed because they did not share their concerns with a parent, and 4% of them reported that they did not receive care because their parent or guardian was "unwilling to seek out such care for them," which may "speak to the stigma that still exists for some families."

Military Eligibility Rules and Seeking Mental Health Care

The Department of Defense/Department of War (henceforth referred to as the DoD) employs eligibility rules (*DoD Instruction 1304.26*) that determine whether an individual may enlist in military service. Under Section 6 of the DoD Medical Standards for Military Service: Appointment, Enlistment, or Induction (*DoD Instruction 6130.03, Volume 1*), individuals with certain medical conditions, including mental health conditions (e.g., attention deficit hyperactivity disorder (ADHD), adjustment disorder, anxiety disorder, depressive disorder) can be disqualified from enlisting in the military. These standards may *discourage* military-connected families from seeking mental health services for their children. Twenty-one percent of active-duty family respondents to Blue Star Families' *2021 Military Families Lifestyle Survey* reported "their child does not receive mental health care due to concerns about a mental health diagnosis preventing future military service." Since military families often consider military service the "*family business*" (with approximately *80% of enlistees* coming from a military-connected family and more than *25% having a parent who served*), current eligibility *standards* may pose "critical implications for future military personnel recruitment and retention."

2 *Please read Part 1 of this series to learn more about access to health care for children from military-connected families.*

3 *TRICARE is the health insurance program for active-duty service members, National Guard and reserve members, retirees and their family members, as well as survivors and some former spouses.*

4 *The researchers conducted focus groups and interviews with military adolescents (n = 13), military (nonenlisted) parents (n = 12), and mental health service providers who treat adolescents in military families (n = 20).*

Policy Recommendations

The following recommendations aim to improve access to mental health care for children, youth, and young adults from military-connected families.

- **To ensure that individuals who are fit for military service have the opportunity to serve and to reduce the stigma that can be associated with seeking mental health services, the DoD should reassess Section 6 of the DoD Medical Standards for Military Service: Appointment, Enlistment, or Induction (*DoD Instruction 6130.03, Volume 1*) to ensure it aligns with the latest research and medical science.** This should entail a science-backed process that relies on expertise from stakeholders in the military, health care, and pediatric health communities.

- **Congress should direct the Government Accountability Office (GAO) to conduct a comprehensive study exploring beneficiary and provider perspectives on how to reduce access barriers in TRICARE and CHAMPVA and identify ways to increase access to mental health services for children, youth, and young adults from military-connected families.**

  – **TRICARE:** The study should build on existing *evidence* around the reasons providers do not accept TRICARE to understand specific barriers to accepting TRICARE. This data can be used to inform potential program adjustments or a targeted campaign to educate providers about TRICARE.

  – **CHAMPVA:** The study should seek to understand if administrative aspects of the CHAMPVA program create barriers for beneficiaries and/or providers (including mental health providers), including the reasons providers do not accept CHAMPVA. Based on study findings, the VA could consider avenues to improve access to care for CHAMPVA beneficiaries, including but not limited to launching a campaign to educate providers on CHAMPVA or publishing a CHAMPVA fee schedule.

- **To increase access to mental health services and support continuity of care for military-connected families, states should pass legislation to join *licensing compacts*, which provide a pathway for healthcare providers to practice across state lines.** Examples of compacts focused on mental health include ***PSYPACT*** and the ***Counseling Compact***. Mental health licensure compacts allow individuals to receive services from participating out-of-state providers. This could provide patients in provider shortage areas with additional provider options and potentially allow patients to continue to see the same provider after moving out-of-state if the provider and patient's new state participate in the licensing compact.

Conclusion

Deployments; family separations; frequent moves; and the illness, injury, or loss of a parent are part of life for many military and veteran-connected families in the United States. These life experiences can build resilience, but they can also take a toll on the mental health of these families. Yet, too many children, youth, and young adults from military and veteran-connected families face challenges to accessing mental health care. Lack of access to in-network mental health providers, stigma against mental health treatment, and certain military eligibility standards may stand in the way. We know that many of these children, youth, and young adults will go on to serve in the armed forces themselves. The investment we make in their mental health is not just the right thing to do but also is critical to their long-term health and the military readiness of our future armed forces.

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