



Mental Health Needs Amongst Military Children and Youth: Strategies to Improve Access and Outcomes

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Presenter

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Dr. Mary Acri is Chief of the Child and Adolescent Services Research Program in the Services Research and Clinical Epidemiology Branch within the Division of Services and Intervention Research at the National Institute of Mental Health (NIMH). Prior to joining NIMH, Dr. Acri was a Research Associate Professor at the Department of Child and Adolescent Psychiatry at New York University School of Medicine and a mental health services researcher for over a decade.

Dr. Acri's portfolio includes research designed to improve the content, quality, outcomes, organization, and delivery of mental health services for youth and their families. Funded research projects span multiple sectors and settings in which mental health services are delivered to youth, including schools, primary care, child welfare, juvenile justice, community and faith-based organizations, and mental health specialty care.

Disclosures

- Dr. Mary Acri has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.
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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Summarize the mental health risks and contributing factors that are unique to youth whose caregiver(s) are employed by the military.
2. Describe and critique existing and nonexistent mental health services for such youth within various settings, including schools, primary care, specialty care, and other naturalistic settings.
3. Examine National Institute of Mental Health (NIMH) priorities, funding announcements, and existing projects targeting military children and families.
4. Propose avenues of future research, including effectiveness testing in real-world settings and addressing implementation challenges.

Who are Military-Connected Children and their Families?

- There are approximately **1.6 million military-connected children and youth**^{1, 2}
 - **39%** of military personnel have children,^{2,3}
 - **78%** have children < 11 years of age,
 - **6%** are single parents.*

 - **Approximately 50%** of enlisted personnel are married,²⁻⁷
 - **5%** are dual-military marriages,
 - **57%** are White, **16%** Black, **16%** Hispanic,
 - **18%** are female,
 - **4.5%** of military personnel live below the poverty line.



(Getty Image, n.d.)

1. (DoD, 2024) 2. (St. John et al., 2020) 3. (USA Facts, 2024) 4. (LeMenestrel et al., 2019)
5. (Barroso, 2019) 6. (Dixon et al., 2013) 7. (Sogomonyan et al., 2024)

Polling Question #1

What are some of the unique events and challenges that military-connected children experience that could potentially impact their mental health?



Unique Events and Challenges

- **Multiple relocations.**
 - According to the Department of Defense, military families **move every three years** on average and change schools between **6 and 8** times.^{7,8}
- **One or more deployments and prolonged family separations.**
 - Since the Global War on Terror in 2001, over 2.7 million service members have experienced more than 3.3 million wartime deployments.⁸
 - +2 million children had a parent/caregiver who was deployed to Iraq or Afghanistan.⁹
- **Although rarer, a sizable number of military-connected children experience injury or death of a parent.**
 - At least 19,000 children have had a parent wounded in action.
 - Over 2,200 children lost a parent in Iraq or Afghanistan.⁹



7. (Sogomyan et al., 2024)

8. (Sullivan et al., 2023)

9. Wooten et al., 2019)

Impact upon Youth and Families

- Military children **are at risk for** externalizing behaviors, elevated stress, anxiety, mood, and substance use disorders.^{9,10}
- Additionally, they may struggle at **school, home, and with peers.**^{9,10}
- **Military Teen Experience Survey**¹⁰
 - 28% of adolescents scored low on mental well-being
 - 37% had suicidal thoughts or thoughts of harming others.
- Deployment is considered one of the most adverse influences on youth mental health. Comparative to children of non-deployed parents, youth whose parents deployed disproportionately experience anxious and depressive symptoms and aggression.^{10,11}
- Each deployment phase is associated with different stressors to the child.¹¹
 - E.g., Academic problems spike during deployment.
- Given the demands and uncertainty of the military lifestyle, mental health problems can endure and worsen, leading to chronic and intractable mental health disorders.⁹

Impact upon Youth and Families^{7,11,12}

- **Parents/families also experience adverse outcomes including:**
 - Parenting burden and increased stress
 - Elevated rates of child maltreatment,
 - Marital problems and domestic violence.
- **Enlisted personnel are at increased risk for:**
 - Depression, anxiety, and posttraumatic stress disorders.
 - Post-deployment physical and psychological injuries, and,
 - Reintegration difficulties.

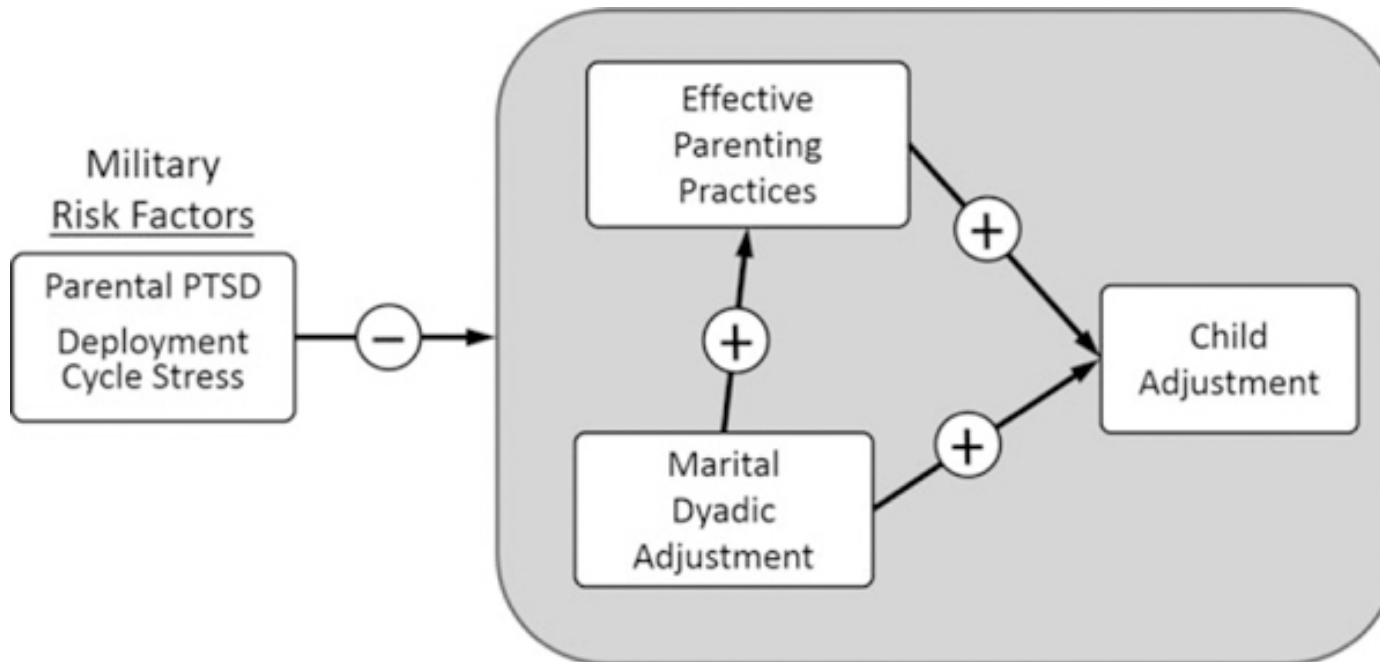


(istockphoto.com, n.d.)

7. (Sogomonyan et al., 2024) 11. (DeVoe et al., 2020) 12. (Gibbs et al., 2007)

Family Stress Theory

Military Family Stress Model^{13,14}



13. (Gerwitz et al., 2018)

14. (Gerwitz et al., 2018)

Services and Access Challenges

Polling Question #2

What are some reasons why military-connected youth do not receive mental health services?



Engagement in Services

- Access to **high-quality care** (EBPs) is necessary to decrease the progression of mental health problems into protracted, chronic disorders.
- Access inequities and barriers to services are common, however.
- Across the general population of youth, barriers include **logistical obstacles (e.g., cost, transportation), perceptual factors (e.g., stigma, mistrust), and larger systems-level barriers (e.g., lack of services/providers and few providers treated in EBPs)**.^{17,18}
- Military Family Lifestyle Survey¹⁹
 - **Commonly cited barriers...**
 - Lack of available providers,
 - Logistical factors (e.g., lack of childcare, time),
 - Concerns about the effectiveness of treatment,
 - Waitlists for services.
 - Inadequate community-based mental health care.

17. (Staudt, 2007)

18. (Ingoldsby, 2010)

19. (Military Family Lifestyle Survey, 2024)

Engagement in Services, continued

- **Military and community mental health providers have high rates of burnout and attrition.**²⁰
- According to the Department of Defense,²¹
 - **Workforce shortages** are due to low pay, few opportunities to advance professionally, and an excessive workload.
 - Other barriers:
 - A lengthy hiring process
 - Paperwork
 - Separation from the military/retirement are outpacing new hires.
- In 2020, there was approximately **one provider** for every **462** active-duty and active-duty family members.²¹
- **Military-specific barriers:**
 - Fear about stigma/that seeking treatment could hurt their military career,
 - Treatment interruptions due to relocation/deployment,
 - Chain of command/permission to deliver and evaluate treatment.²²

20. (SAMHSA, 2022)

21. (Klein, 2024)

22. (Hom et al., 2017)



State of the Practice

- **Few rigorous studies testing the the efficacy and effectiveness of child and family-based treatments.** ^{23, 24}
- Systematic review of 14 studies of 10 mental health treatments for military-connected youth.²⁴
 - **64%** of interventions were family-based (youth + parents)
 - **57%** were group models.
 - Positive outcomes were found in the following areas:
 - Global self-worth, academic functioning and family relationships (youth)
 - Mental health (parents + youth) including depression, anxiety, and post traumatic stress disorder (PTSD)
- **However,**
 - Most research designs were non-experimental,
 - Benefits were noted, although effect sizes were small to moderate,
 - Inconsistent reporting of family demographic characteristics,
 - Methodological scores: poor to fair.
 - Overall, more research about the efficacy and effectiveness of treatments is needed, as well as identifying and addressing adoption/transportability, spread, and scale.

23. (Brendel et al., 2013)

24. (Moore et al., 2017)

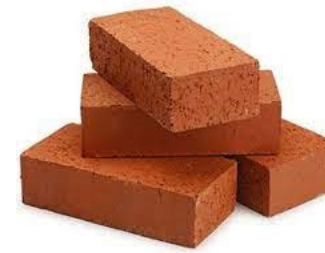
State of the Practice^{13,14}

- Based upon the **Military Family Stress Model**
- **Randomized controlled trial:**
 - Families were randomized to a group-based parenting program (After Deployment, Adaptive Parenting Tools- ADAPT) or web and print resources-as-usual.
- **Intervention:**
 - ADAPT is an evidence-based parent coaching program for families with school-aged children. **Key parenting skills taught include: encouragement, emotion coaching and emotion regulation, limit setting, monitoring, problem solving, and positive involvement.**
 - Designed and developed by researchers and clinicians, the ADAPT program is an adaptation of the GenerationPMTO model to serve parents who have experienced stress and/or trauma in their lives and/or work.
- **Sample**
 - 336 primarily National Guard and Reserve families with children between four-and-12 years of age.
- **Results:**
 - Families randomized to the ADAPT intervention showed significantly improved **observed parenting** compared to those the comparison group. **Observed parenting, in turn, was associated with significant improvements in child adjustment.**

13. (Gerwitz et al., 2018)

14. (Gerwitz et al., 2018)

Building Back Better²⁵



Proposal of a Marshall Plan for children's mental health.

- **Provide locally driven family support services in naturalistic settings/locations convenient to families,**
 - Schools
 - An estimated 80% of the over 1.6 million military children in the US attend civilian operated public schools.⁸
 - Churches
 - Stores/supermarkets
 - Libraries
- **Expansion of the Workforce**
 - Alternative workforce including community-level navigators
 - Paraprofessionals
 - Parent peer support specialists
- **Addressing inequities in ensuring basic mental health needs are met,**
- **Data-driven approaches** to guide access to and outcomes associated with services,
- **Payment models dependent on family choice and service needs,** vs insurance reimbursement schedules.

8. (Sullivan et al., 2023)

25. (Hoagwood et al., 2020)



Improving Service Access and Outcomes⁷

- **Strengthen system capacity**, including the supply, diversity, and cultural competency of mental health professionals,
- **Improve Access.** Expand health navigation resources, decrease barriers to mental health services, and leverage community-based settings (such as schools, community centers, and homeless shelters) to expand access to mental health providers.
- **Address gaps** in geographic access to care through telehealth.
- **Fund prevention programs** and interventions to improve families' ability to navigate services and increase access to evidence-based practices.²
- And **further the research agenda by:** 1. testing the efficacy of services for military-connected children and, 2. understand and address barriers to uptake, spread, and scale.

2. (St. John et al., 2020)

7. (Sogomonyan et al., 2024)

The National Institute of Mental Health

NIMH Vision and Mission

VISION

NIMH envisions a world in which mental illnesses are prevented and cured.

MISSION

To transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

NIMH Strategic Plan

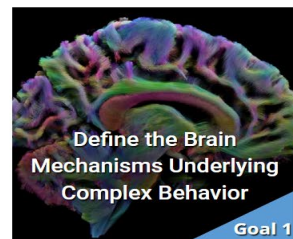


**NIMH
2020
STRATEGIC PLAN**

The NIMH Strategic Plan for Research outlines the Institute's research goals and priorities over the next five years

[Download PDF](#)

					
Message from the Director	Overview of NIMH	Stewardship	Accomplishing the Mission	Challenges and Opportunities	Cross-Cutting Research Themes



Challenges and Opportunities

NIMH 2020 STRATEGIC PLAN

Challenges and Opportunities

The urgency of NIMH's mission stems from the significant burden mental illnesses impose on individuals, their families, and society. In any given year, nearly one-fifth of all U.S. adults struggle with a mental illness¹ and the burden of mental illness is predicted to rise worldwide in coming decades.^{2,3} Mental illnesses cut across age, gender, race, ethnicity, and socioeconomic status. Mental illnesses occur more commonly in people with other chronic illnesses, such as heart disease, diabetes, and HIV.^{4,5} Individuals with mental illnesses are disproportionately represented among the homeless and the

COVID-19

**EARLY INTERVENTION IN
PSYCHOSIS**

MENTAL HEALTH EQUITY

DIGITAL HEALTH TECHNOLOGY

SUICIDE PREVENTION

HIV RESEARCH

GENETICS

NEURAL CIRCUITS

DSIR Research Interests

Division of Services and Intervention Research (DSIR)

Treatment And Preventive Intervention Research Branch

Services Research and Clinical Epidemiology Branch

Office of Research Training and Career Development

Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) Programs

Division of Services and Intervention Research (DSIR)

Overview

The Division of Services and Intervention Research (DSIR) supports programs of research and research training that aim to accelerate translation of research findings from basic and clinical studies to real-world practice settings and communities, where findings can be applied to improve public health.

The Division seeks to generate new knowledge, methods, and technologies that can be readily applied to achieve near- and long-term improvement in mental health outcomes across diverse disorders, age groups, backgrounds, and settings.

DSIR-supported research aligns with Objectives 3.2 and 3.3 and 4.1–4.3 of the NIMH Strategic Plan for Research, and addresses questions related to the efficacy and effectiveness of existing interventions and innovations for improving clinical practice and health care delivery in traditional and community settings.

The Division encourages research to reduce mental health disparities and promote equity in access, quality, and effectiveness of mental health care available in the United States.

[Google: NIMH DSIR](#)

DSIR Branch Research Interests

Services Research and Clinical Epidemiology Branch

This Branch plans, supports and administers programs of research, research training, and research infrastructure development, across the lifespan, on all mental health services research issues, including but not limited to:

- Services organization, delivery (process and receipt of care), and related health economics at the individual, clinical, program, community and systems levels in specialty mental health, general health, and other delivery settings (such as the workplace).
- Interventions to improve the quality and outcomes of care, including diagnostic, treatment, preventive, and rehabilitation services.
- Enhanced capacity for conducting services research.
- The clinical epidemiology of mental disorders across all clinical and service settings.
- The dissemination and implementation of evidence-based interventions into service settings.

Treatment And Preventive Intervention Research Branch

The Treatment and Preventive Intervention Research Branch supports practice-oriented prevention and treatment intervention research aimed at generating new knowledge and methods that can be readily applied in real-world practice and community settings. This branch oversees much of NIMH's intervention science, including research focused on enhancing interventions (i.e., refining therapies to increase potency and efficiency) and personalizing interventions (i.e., strategies for matching and sequencing treatments) to ensure that they are maximally effective and optimally matched to individual needs.

Select DSIR Announcements (1 of 3)

- PAR-23-095 - Innovative Mental Health Services Research Not Involving Clinical Trials (R01 Clinical Trials Not Allowed)
- PAR-23-105 - Innovative Pilot Mental Health Services Research Not Involving Clinical Trials (R34 Clinical Trial Not Allowed)

Purpose

To encourage research consistent with NIMH priorities for services research studies that are not immediate precursors to the development and testing of services interventions.

- Studies to identify mutable factors that impact access, utilization, quality, financing, etc.
- Development and testing of new research tools, measures, or methods
- Testing the feasibility of integrating existing data sets to understand factors affecting access, quality or outcomes of care.

Select DSIR Announcements (2 of 3)

- PAR-21-131 Pilot Effectiveness Trials for Treatment, Preventive and Services Interventions (R34 Clinical Trial Required)
- PAR-21-130; Clinical Trials to Test the Effectiveness of Treatment, Preventive, and Services Interventions (R01 Clinical Trial Required)

Purpose

To encourage clinical trial applications that cover the intervention development pipeline, from first-in-human, early testing of new interventions, confirmatory efficacy trials through to effectiveness trials.

- Studies of intervention effectiveness or service delivery approaches, including,
 - Changes in clinical/functional outcomes,
 - Changes in provider behavior, and,
 - Improved access or continuity of services.

Select DSIR Announcements (3 of 3)

- PAR-21-292; Pilot Studies to Test the Initiation of a Mental Health Family Navigator Model to Promote Early Access, Engagement, and Coordination of Needed Mental Health Services for Children and Adolescents (R34 Clinical Trial Required)
- PAR-21-291; Initiation of a Mental Health Family Navigator Model to Promote Early Access, Engagement, and Coordination of Needed Mental Health Services for Children and Adolescents (R01 Clinical Trial Required)

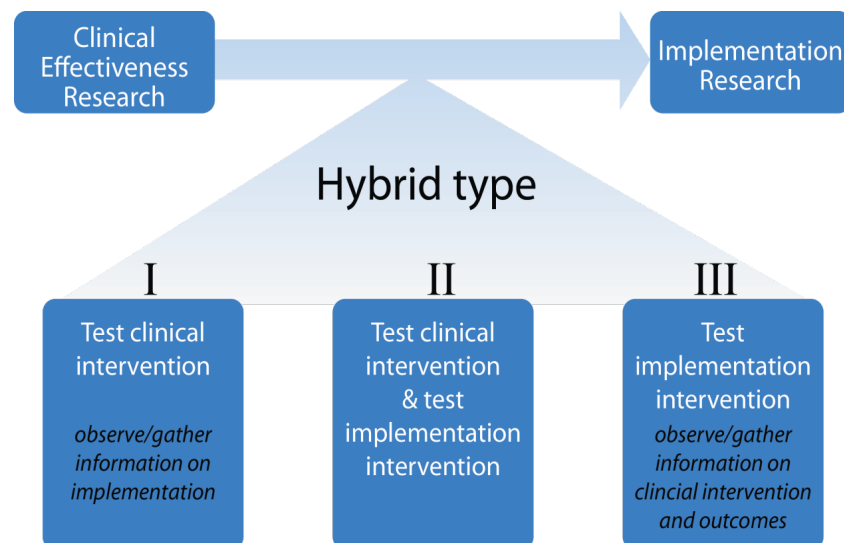
Purpose

To encourage research applications to develop, pilot, and test the effectiveness and implementation of existing family navigator models designed to promote early access, engagement, coordination, and optimization of mental health treatment and services for children and adolescents experiencing early symptoms of mental health problems.

Designs to study intervention efficacy, effectiveness, and implementation²⁶

- Efficacy: Can it work?
- Effectiveness: Does it work?
- Implementation: How best to help people or organizations do it?

NIMH also cares about “why?”



EBPs are only as good as how and whether...

- Providers are trained and have the resources to deliver them
- Trained providers choose to deliver them
- Patients receive the EBPs as intended
- EBPs are adopted, scaled, and sustained to reach all patients for whom the EBP is indicated
- The implementation strategy is effective

Just do it!



**Effective
Implementation
strategy**

Selected Notices of Special Interest

- Social, Behavioral and Economic Impact of COVID-19 in Underserved and Vulnerable Populations
 - **Notice of Special Interest (NOSI) NOT-MH-21-330**
- COVID-19 Pandemic Mental Health Research
 - **Notice of Special Interest (NOSI) NOT-MH-22-100**
- Priority Research Opportunities in Crisis Response Services
 - **Notice of Special Interest (NOSI) NOT-MH-23-140**
- Assessment of Suicidal Thoughts and Behaviors Among Children and Preteens
 - **Notice of Special Interest (NOSI) NOT-MH-22-086**

Polling Question #3

What do you believe is needed to move this research agenda forward? For example, how do we engage researchers in this topical area, who needs to be at the table to make this line of research impactful and responsive, how can NIMH support/address these issues?



Current Projects

Measurement and Prediction of Reintegration Difficulty and Suicide Risk During the Military to Civilian Transition Period

Problem:

- Approximately 200k transitioning service members/veterans separate from the military annually
- They face increased risk for suicide for at least six years after separation.
- Suicide risk is greatest for individuals who have the most difficulty reintegrating into civilian life roles at home, work, and in the community.
- Using longitudinal data from the Veterans Affairs (VA) research repository, the purpose of this project is to examine the Military-to-Civilian Questionnaire regarding:
 - The reliability, validity, and item-level properties of the Questionnaire
 - Evaluate how well the questionnaire items detect change in functioning over time,
 - Examine alternative hypotheses about the roles of reintegration difficulty, personality functioning, and psychopathology in predicting future suicide thoughts and behaviors during the transition period.

Practice-related questions and implications:

- Who is most at risk for reintegration difficulty and subsequent suicidal thoughts and behaviors?
- Inform the development of interventions aims at promoting positive functional outcomes for transitioning veterans?

(NIH, 2024)

Assisted Identification and Navigation of Early Mental Health Symptoms in Children

Problem:

- About 55% of children with significant mental health difficulties receive treatment and up to 80% of children with sub-clinical symptoms receive no treatment.
- Treatment is often not initiated until issues are significantly impacting the child and family.
- This study aims to test a mental health family navigator model to promote early access to, engagement in, and coordination of needed mental health services for children.
- Navigators will perform a needs and barriers assessment with the family around mental health services, conduct MI around mental health care, provide brief treatment via telehealth, and provide support re: appointments and medication refills.
- 400 children ages 4-12 will be randomly assigned to intervention vs control.

Practice Question:

- Is a family navigator model for children in primary care settings associated with higher rates of psychotherapy use than the control condition?

(NIH, 2023)

A comparative effectiveness trial of strategies to implement firearm safety promotion as a universal suicide prevention strategy in pediatric primary care

Problem:

- Increasing death by suicide in young people, with greater risk in households with unlocked and loaded firearms
- Safe firearm storage can prevent firearm-related deaths in youth
- Brief counseling and provision of a free cable lock for firearm safety promotion is an EBP and doubles the odds of self-reported safe storage among parents
- This EBP has not been implemented widely

Practice-relevant question:

- Between two implementation strategies, which most effectively implements a universal safe firearm storage program in pediatric primary care?

FIREARM SAFETY MATTERS

FOR SUICIDE PREVENTION



(mirecc.va.gov, n.d.)

(Beidas et al., 2021)

A comparative effectiveness trial of strategies to implement firearm safety promotion as a universal suicide prevention strategy in pediatric primary care, continued

Aims:

- Conduct a Hybrid type III effectiveness-implementation trial randomizing 32 clinics (151 clinicians serving 38,909 youth in two health systems) testing
 - EHR implementation strategy (Nudge) versus
 - Nudge plus 1 year of facilitation to target additional clinician and organizational implementation barriers (Nudge+)
- Assess the effect of these implementation strategies on
 - Implementation outcomes that include parent-reported clinician fidelity, reach (how many families received the intervention), cable lock distribution, acceptability, and cost)
 - Mechanisms (i.e., how it worked)
 - Clinical outcomes including a parent-reported safe storage behavior

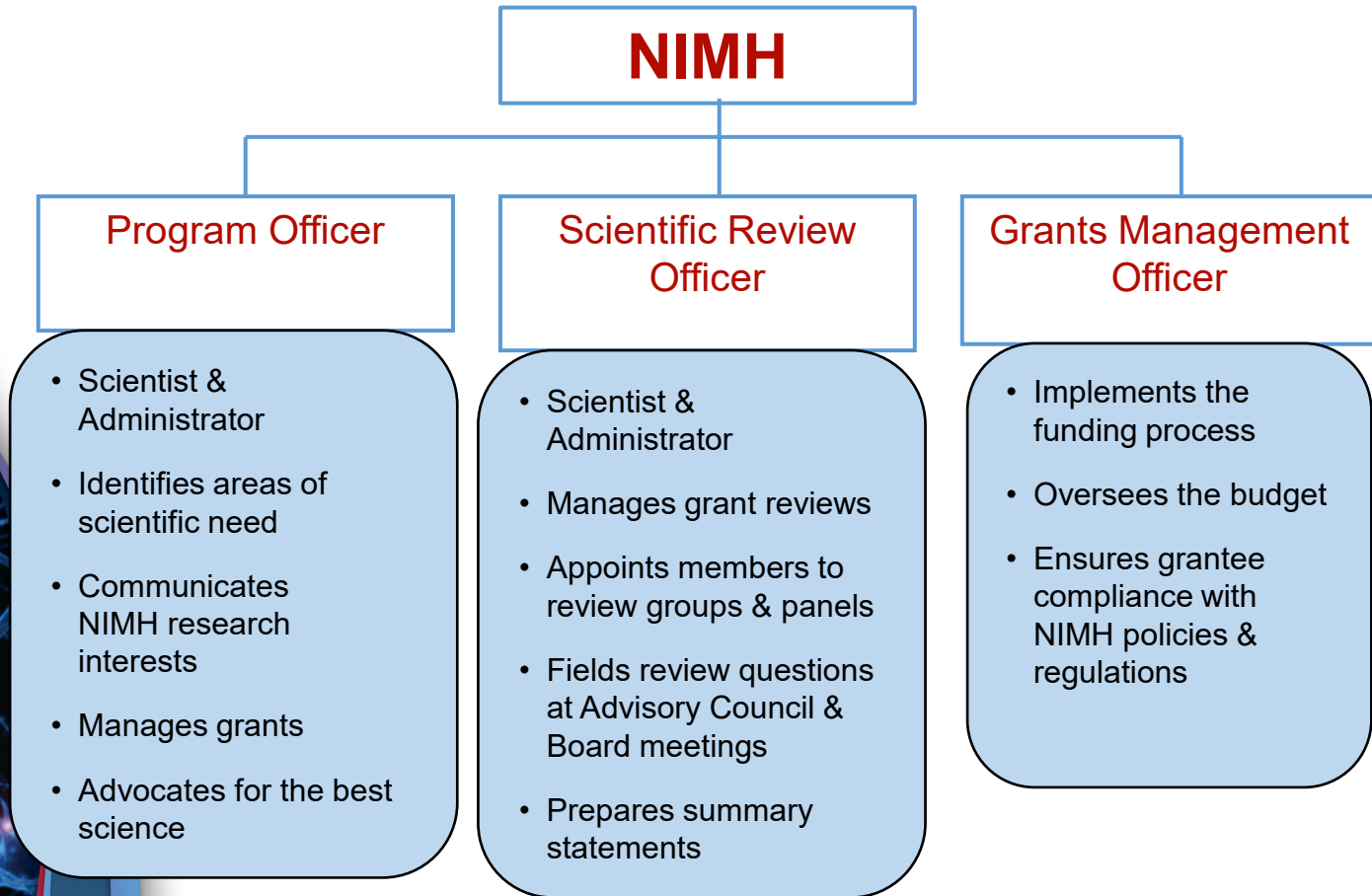
(mirecc.va.gov, n.d.)

(Beidas et al., 2021)

Training Opportunities and Funding Mechanisms

- Mentored Career Development (K01, K23) Awards
- Supplements to promote diversity
- Contact: Belinda Sims – Belinda.Sims@nih.gov

Who's Who at NIMH



Program Officers

- Always talk to a program officer (PO)!
 - Fit with NIMH research interests?
 - Appropriate funding mechanisms?
 - Clarification on research program requirements
 - Post-review: Seek advice on next steps — resubmission, etc.



(istockphoto, n.d.)

Careers at NIMH

- NIMH is always looking for a wide range of passionate and inspired administrative and scientific people to support our mission
- **Extramural Research Program (ERP) careers** support research grants and contracts across the country
- **Intramural Research Program (IRP) careers** are scientific research or clinical positions in the internal research division of NIMH that may involve lab work or patient care
- For more information and to see current opportunities visit: nimh.nih.gov/about/careers

Learn about current NIMH opportunities here:



Key Takeaways

- Military-connected children experience unique stressors that place them at risk for adverse mental health and functional outcomes.
- Family stress theory aims to explain the mechanisms through which external stressors affect family behaviors such as parenting practices, which in turn affect the child's adjustment.
- Mental health access inequities are driven by logistical, perceptual, and system-level factors.
- Research is needed to advance our knowledge about effective mental health interventions for military-connected youth and families, as well as implementation strategies to support their uptake, spread, and scale-up.
- NIMH has multiple initiatives to support this research agenda.

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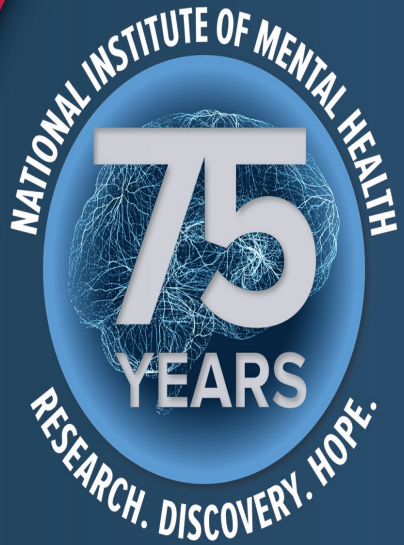
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Questions?

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