Regional Variation in Mental, Emotional, Developmental, and Behavioral Disorders Among Military-Connected Youth in Family Medicine Clinics

Jennifer L. Robinson, PhD, MPH[1,2]; LT Clare T. Huang, MD[3]; Jeanie Kim, MPH[1,2]; Lauren A. Cafferty, MA[1,2]; Melody R. Cardona, BS[1,2]; Elizabeth Hisle-Gorman, PhD[4]; Siddarth Sharma, MPH[1,4]; CAPT (Ret.) Jeffrey L. Goodie, PhD, ABPP[2]

[1]Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.; [2]Department of Family Medicine, Uniformed Services University of the Health Sciences; [3]Alexander T. Augusta Military Medical Center; [4]Department of Pediatrics, Uniformed Services University of the Health Sciences

INTRODUCTION

- Military-connected youth face elevated risk for mental, emotional, developmental, and behavioral (MEDB) disorders.
- Military families experience unique stressors, including frequent relocation and parental deployment.
- The influence of regional factors on MEDB burden is not well understood.
- The current study aims to identify regional trends in MEDB burden among youth seen in military family medicine clinics.

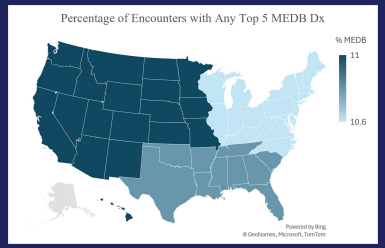
METHODS

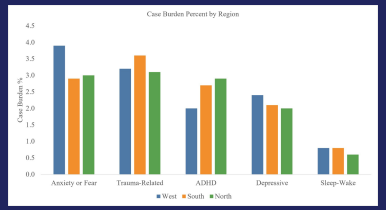
- **Design**: Retrospective observational study using MHS data (2018-2022)
- **Population**: Dependent beneficiaries of active duty service members, ages 12-25
- **Setting**: Military family medicine clinics
- **Outcomes:** MEDB case burden; top 5 most common MEDB diagnoses
- **Analysis**: Descriptive statistics, multiple logistic regression

DISCLAIMERS

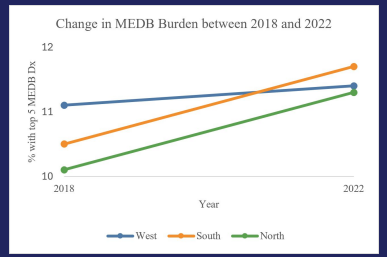
This work is supported by a cooperative agreement with the U.S. Department of War and the Uniformed Services University, HU00012420099.

Regional variation in **mental, emotional, developmental, and behavioral (MEDB) diagnoses** among military-connected youth **persists,** despite a highly mobile population and standardized health system.





*($p < .05$)



*($p < .05$)

MEDB burden **increased** between 2018 and 2022, despite a decrease in total visits, indicating a **growing demand** for behavioral health care.

RESULTS

- The South and North had higher odds of trauma-related diagnoses and ADHD, but lower odds of anxiety and depressive diagnoses ($p < .001$).
- The North had lower odds of sleep-wake diagnoses ($p < .001$).

Adjusted Odds of MEDB Diagnoses by Region

	Anxiety/fear AOR [95% CI]	Trauma AOR [95% CI]	ADHD AOR [95% CI]	Depressive AOR [95% CI]	Sleep-Wake AOR [95% CI]
Region					
West (Ref)	–	–	–	–	–
South	0.77* [0.75, 0.78]	1.17* [1.15, 1.19]	1.22* [1.20, 1.24]	0.87* [0.86, 0.89]	0.99 [0.96, 1.02]
North	0.83* [0.82, 0.85]	1.03* [1.01, 1.05]	1.20* [1.17, 1.22]	0.86* [0.84, 0.88]	0.78* [0.75, 0.81]

Note. Odds Ratios (ORs) were adjusted for age and sex.

* $p < .001$

CONCLUSIONS

- Region-specific policies and practice should account for geographic differences in burden and diagnostic patterns.
- Family medicine clinicians should consider local contextual factors when addressing military-connected youths' MEDB needs.
- Integrated behavioral health models may help meet growing behavioral health needs in military family medicine settings.

Scan to access the draft manuscript, tables, and figures