Leveraging Military Families to Strengthen Mental Health and Force Readiness

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Disclaimer

The views expressed in this manuscript are those of the authors and do not necessarily represent the official policy or position of the Defense Health Agency (DHA), Department of Defense (DoD) or Veterans' Health Agency (VHA), or any other United States (U.S.) government agency.

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Objectives

1. List the common barriers to mental health treatment initiation reported by active-duty Warfighters.

2. Evaluate the positive and negative impact of families on the mental health treatment initiation for Warfighters.

3. Explain how family support in accessing mental health treatment enhances Warfighter readiness and force effectiveness.

Posttraumatic Stress Disorder (PTSD)

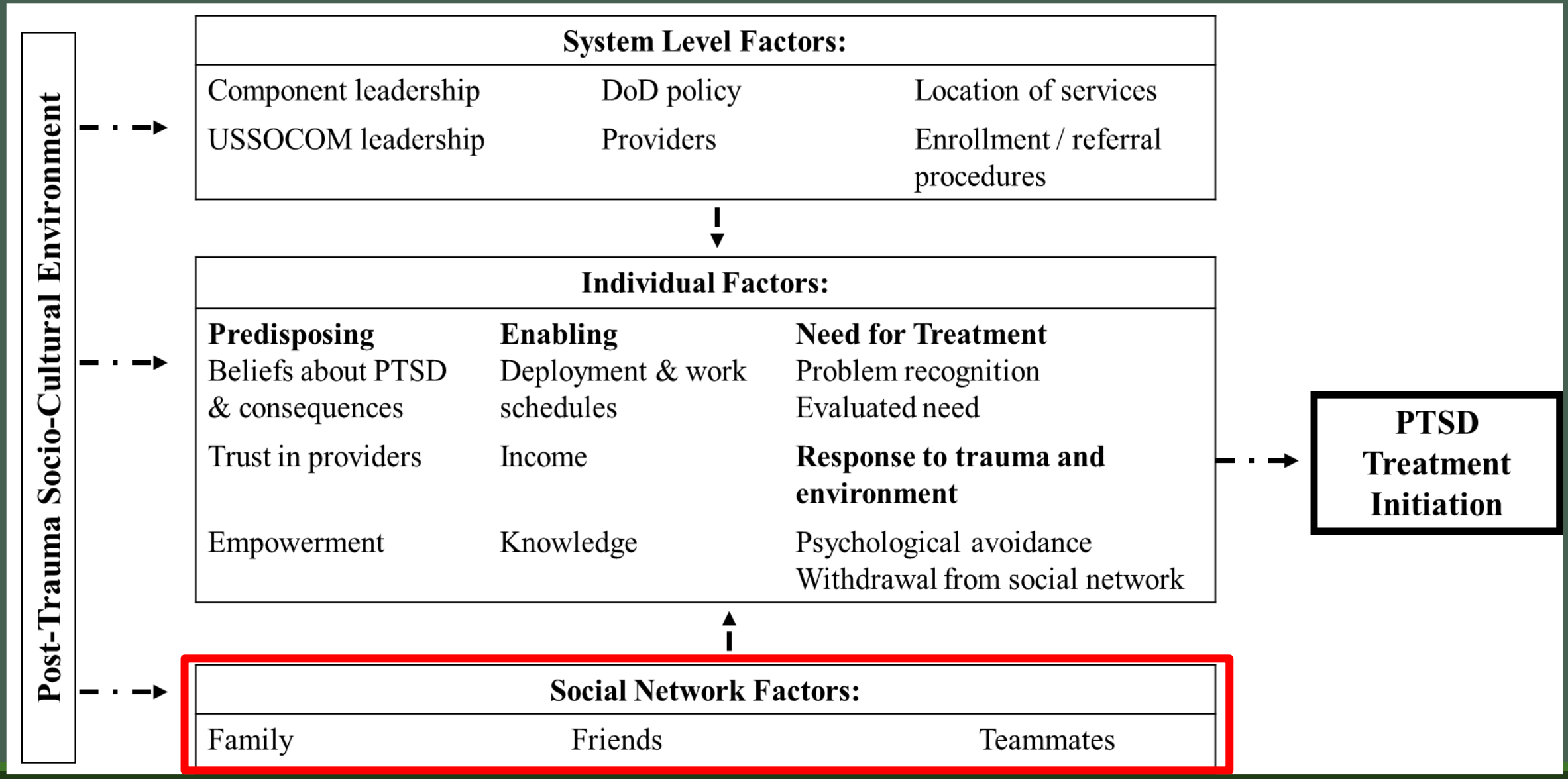
- **PTSD impairs performance.**

- **Point Prevalence Rates of PTSD**
  - Special Operations Forces (SOF): 7.6%

- **Good news:** SOF respond well to PTSD treatment.
- **Bad news:** SOF are not initiating PTSD treatment until the end of their careers.

(Boulos, 2015; Dretsch, 2020; Garcia et al., 2021; Loignon et al., 2020; Miles et al., 2017; Scott et al., 2015)

Model of PTSD Treatment Initiation (Adapted for SOF)



Mixed-Method Study

Study Objectives:

1) Identify barriers and facilitators to mental health care for SOF
2) Create feasible solutions to overcome barriers and support facilitators

Aim 1: Quantitative Methods

Anonymous online survey of USSOCOM personnel to determine most severe barriers and most helpful facilitators.

Aim 2: Qualitative Methods

In-depth interviews with active-duty Operators and Enablers about how to overcome barriers and support facilitators.

Review and Rank Solutions

Spouses reviewed study results and provided feedback on solutions.

Aim 1: Survey Sample Demographics

Sample N = 2,386

- Non-Operator / Enabler= 19%
- Current Operator / Enabler= 56%
- Former Operator Enabler= 25%

Variable	Label	N	(%)
Age	<20	7	(0.3)
	20-29	284	(11.9)
	30-39	824	(34.5)
	40-49	755	(31.7)
	50-59	364	(15.3)
	60+	151	(6.3)
Sex	Male	2035	(85.4)
Education	High school diploma or less	167	(7.0)
	Some college education	673	(28.2)
	Bachelor's degree	769	(32.3)
	Master's degree	673	(28.2)
	Doctoral/Professional degree	102	(4.3)
Relationship status	Not in a committed relationship	402	(16.8)
	In a committed relationship	1984	(83.2)
Race	White/Caucasian	1965	(82.8)
	Non-White or mixed	421	(17.2)
Current Assignment	AFSOC	443	(18.7)
	USASOC	777	(32.8)
	USSOCOM	321	(13.5)
	JSOC	113	(4.8)
	MARSOC	361	(15.2)
	NSW	305	(12.9)
	TSOCs	52	(2.2)

Barriers:
Things that Make it Harder for Warfighters to Start Treatment

Selected barriers that Operators / Enablers (N = 1,916) agreed / strongly agreed.

Barriers that would affect your decision to receive mental health counseling or services if you ever had a problem (e.g., PTSD).	**% agreed or strongly agreed**
People outside the SOF community cannot understand us.	54%
I have trouble recognizing what I am feeling.	54%
If I get treatment for a mental health problem, I will no longer be allowed to deploy.	52%
It would harm my career.	49%
I don't trust that my mental health treatment will be confidential.	46%
Wait times are too long to get mental health treatment.	42%
My friends/family have reacted negatively toward me after I got home from deployment.	25%

Facilitators:
Things that Help Warfighters Start Treatment

Selected facilitators that Operators / Enablers (N = 1,916) agreed / strongly agreed.

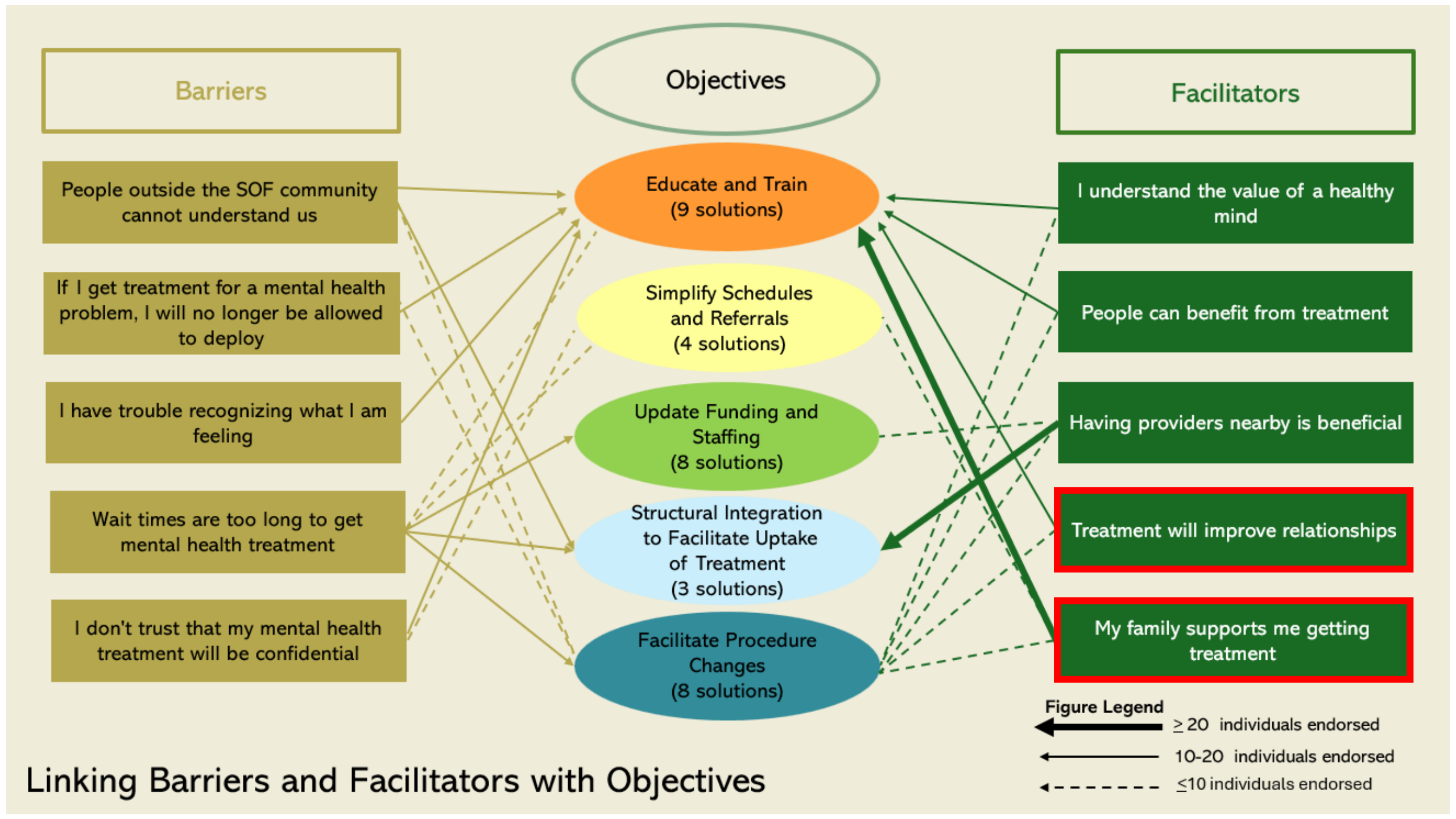
Facilitators that would affect your decision to receive mental health counseling or services if you ever had a problem (e.g., PTSD).	**% agreed or strongly agreed**
I understand the value of a healthy mind.	95%
People can benefit from treatment.	91%
Having providers close to our campus is beneficial.	88%
Getting treatment could improve my relationships with my family.	77%
My family supports me in seeking treatment.	72%
I want to get treatment to be a better parent.	57%

Aim 2: Interview Sample Demographics

N = 24 Active-Duty Operators / Enablers

AFSOC = 29%
MARSOC = 21%
NSW = 25%
USASOC = 25%

		#	%
Mean Age		M = 37.35 (SD = 5.36)	
Sex	Male	22	91.67%
Education			
	Some college education	5	20.83%
	High School or GED	3	12.50%
	Bachelor's degree (BA, BS, AB, etc.)	7	29.17%
	Master's degree (MA, MS, MSW, etc.)	9	37.50%
Marital Status			
	Married	21	87.50%
	Divorced	1	4.17%
	Not in a relationship, never married	2	8.33%
Race			
	Black / African American	2	8.33%
	White / Caucasian	20	83.33%
	Mixed/Other	2	8.33%
Ethnicity	Hispanic or Latino	2	8.33%
Rank			
	E6-E7	8	33.33%
	E8-E9	5	20.83%
	O3-O5	8	33.33%
	Warrant Officer	2	8.34%
# Deployments (Range 1-12)			
	1	4	16.67%
	2	3	12.50%
	3	7	29.17%
	≥4	9	37.50%



Linking Barriers and Facilitators with Objectives

Leverage Family Support to Increase Treatment Seeking

1. **What can USSOCOM do to highlight the positive impact of mental health treatment on family relationships?**

   Recommendations from Warfighters:

   -Testimonials

   -Highlight family benefits during family retreats (must have follow up after retreat)

   -Grassroot tribal initiative: get families involved

   -Encourage Warfighters to communicate struggles with families

2. How can USSOCOM use family members to help SOF get treatment?

Recommendation from Warfighters:

- Train the families to identify symptoms and available treatments
- Open lines of communication between families and resources
- Family to family support

Warfighters Want Family Involvement

1. **What can USSOCOM do to highlight the positive impact of mental health treatment on family relationships?**

"Sharing -- when leaders and soldiers share their stories about their treatment journey, it could include how treatment improves relationships with their families and then asking family members if they wanna disclose their stories. Sharing could be done anonymously, it could be done in writing a newsletter, in public, like a SOCOM Ted Talk or something. When people see it, they believe it."
– Male, USASOC Operator

2. **How can USSOCOM use family members to help SOF get treatment?**

"Sharing the same stuff [education about PTSD symptoms and treatment] that you're telling the service member, but you're telling it to their family member who they're with day in, day out…Families can be like, 'I know you can go to see somebody for this. Why don't you take advantage of it?' **And it's encouraging to come from somebody other than another military member or being told to go."**
– Male, USASOC Enabler

Spouses Ranked the Solutions by Impact and Feasibility

Spouses (N = 6) ranked the 32 solutions by **impact** (How likely the solution is to help SOF personnel seek PTSD treatment) and **feasibility** (How possible it is for USSOCOM to carry out the solution):

1= Not impactful/feasible at all, 3= Moderately impactful/feasible, 5= Very impactful/feasible

Solution Ranked the Most Impactful and Feasible by Spouses	Impact	Feasibility	Sum
Teach SOF how to recognize PTSD symptoms and inform them about treatment options.	5	4.4	9.4
Include mental wellness (e.g., yoga, meditation, mindfulness) in existing physical and health programs.	4.8	4.4	9.2
Make regular check-ins with mental health providers mandatory to normalize seeking help.	5	4.2	9.2
Obtain secret or top-secret level clearance for mental health providers.	5	4	9
Streamline the referral process to mental health services by reducing the need for initial appointments or DOD referrals for civilian providers.	5	4	9

Families Influence the Final Decision to Seek Treatment

1. What was the "last straw" that made you make the mental health appointment?
7 of 21 Warfighters (33%) stated their families were the deciding factor

"The decision to go and get help stemmed from a conversation where me and my wife sitting on the couch, basically on the verge of divorce."
–Male, Enabler, MARSOC

2. What was your families' response to you seeking treatment?
62%: families were supportive
19%: families were not aware or informed
10%: did not have a family
10%: families participated in marriage counseling

"My relationship with my wife had really gone downhill … So when I went to therapy and figured out what it was, things started to become a little bit clearer… **It's definitely positive on her end about me going**."
–Male, Enabler, NSW

Summary

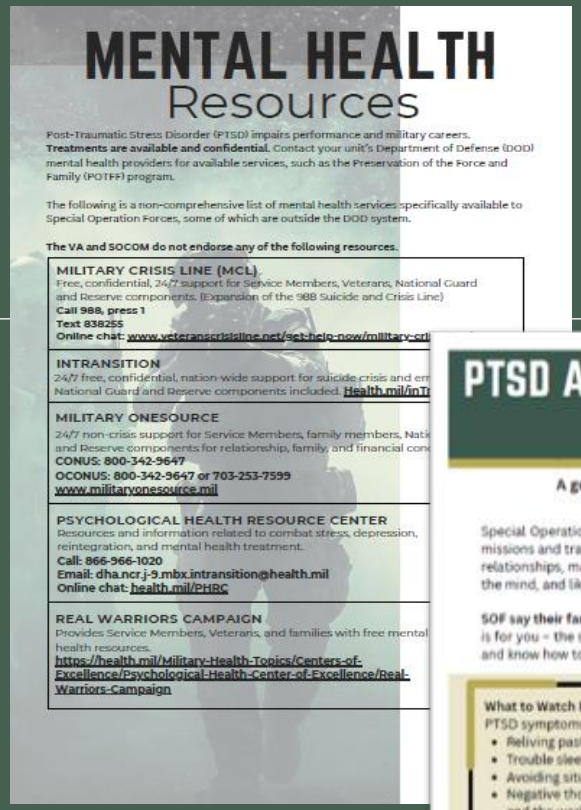
Reducing PTSD symptoms would benefit the Warfighter, their family, and the force.

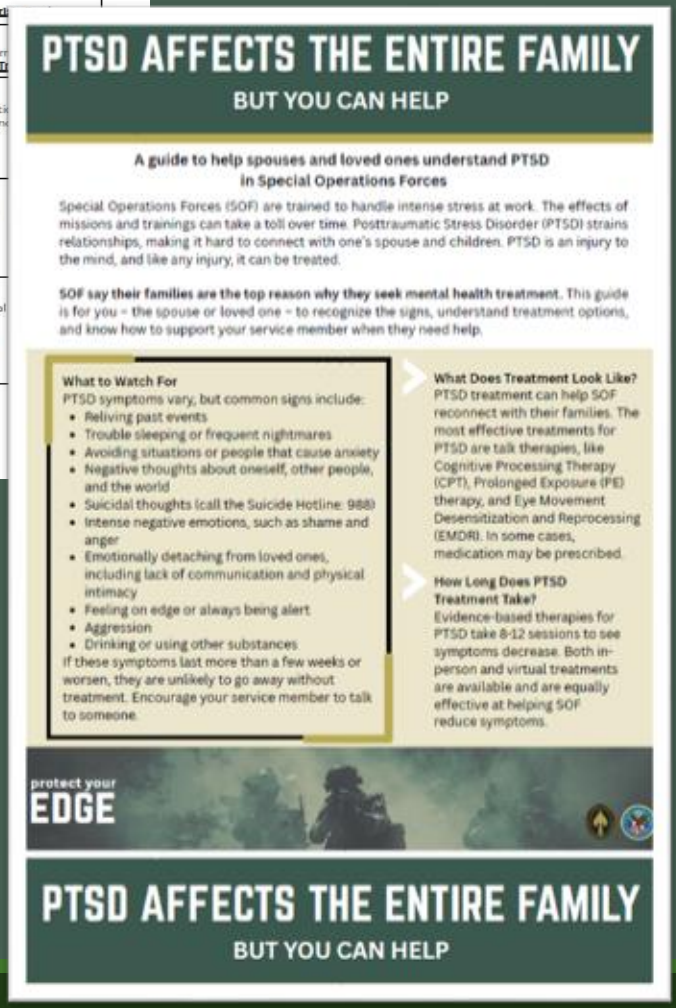
Families are among the most influential facilitators when Warfighters initiate mental health care.

The DoW should leverage family support to engage Warfighters in care.

Practical Next Steps for USSOCOM:
Educate Warfighters **and their families** about PTSD, available treatments, and consequences of treatment.

Ensure resources are available for the family members too.





Thank you.

Questions, comments, concerns?

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