



PURPOSE

The Military Family Needs Assessment (MFNA) was conducted at the behest of the Military Community & Family Policies Office of Family Policy by Dr. Angela Huebner at the Virginia Polytechnic Institute and State University in 2010. There have been a number of studies on Service member and their success or failure in seeking a variety of support services, mental health services in particular. On the other hand, very few studies have focused on military family members and their experience in seeking support services in general. The MFNA was designed to fill this gap.

METHODOLOGY

Participants in the study included military Service members and their families. Only adults aged 18 and above were recruited. Each branch of the military was represented including Active, National Guard and Reserve components. The study included online as well as focus group participation. Questions asked in focus groups mirrored those asked on the online survey.

AREAS OF STUDY

I. Accessing Resources – Participants reported willingness to seek support depended a great deal on the recommendation of a trusted family member, friend, neighbor, or co-worker.

Participants were more likely to access support if someone they knew had already done so and reported a positive experience. Formal classes were highlighted as an important resource.

Topics such as professional support (e.g. resume writing, interview skills) and financial issues (e.g. budgeting, loans) were frequently mentioned as helpful. Participants reported being surprised by the large number of programs and services available. Some participants seemed frustrated that certain programs were only available to certain branches of the military. Participants expressed a desire for more unification among service branches when it came to providing support services.

II. Barriers to Accessing Supports – The barriers cited by participants tended to fall into one of three interrelated categories: (1) awareness; (2) accessibility; and (3) acceptability.

Awareness refers to participants' knowledge of specific programs, supports and their benefits. Information overload was often cited as a barrier to really knowing what participants actually need.

Accessibility refers to participants' perceptions of ease of access – in terms of timing, location, and customer service. Participants identified hours of service and staff that did not have a working knowledge of the military or military culture as issues.

Acceptability refers to participants' perceptions of whether or not it is really ok to seek services or supports. As in other studies participants noted that while they were aware of services, there were deep concerns about a stigma attached to actual use of services. Issues of confidentiality and maintaining it were often discussed.

III. National Guard/Reserve Issues - National Guard and Reserve service members and their families reported some unique concerns from those reported by Active Duty service members and their families. These issues include: (1) their unique culture of service; (2) difficulty accessing supports; (3) differences in funding mechanisms; and (4) continuity of support services and programs.

National Guard and Reserve affiliated participants suggested that they felt caught between their civilian and military worlds. A lack of knowledge by civilians of the military and the active military of Guard and Reserve was often mentioned. Participants used words like "isolated," "invisible" and "not connected" to describe their experience.

National Guard and Reserve participants expressed frustration in their ability to access existing supports. They cited geographic isolation as a major barrier.

Participants expressed a great deal of confusion about how funding for programs works, both at the Federal and State level. They often expressed frustration over what they perceived to be inequalities in funding for support services.

They expressed great frustration in having to change doctors and treatment plans (e.g. on-going therapies) after the service member was demobilized. Several gave examples of being denied similar services with their civilian health care when they were no longer eligible for Tri-Care.

IV. Child & Youth Issues – Participants' discussion of child and youth issues covered a spectrum of topics and varied a great deal in terms of context. These issues grouped into four main categories: (1) programs that help military children; (2) child care; (3) recognition of extended family members and caregivers of military children; and (4) educational issues.

Programs and services geared towards military children were some of the most commonly mentioned topics.

Participants identified several programs that they valued, including MOS Sesame Street/Elmo DVD, the program that allowed service members to read books to their children during their deployment via DVD, Operation Homefront. Many participants noted that most programs and activities were geared

towards younger children and suggested that more was needed to help teenagers.

Child Development Centers (CDC) and Child & Youth Services (CYS) were viewed as an invaluable resource to military families. Participants did identify shortcomings and deficiencies in the area of staffing, hours of operation and fees. Specific concerns were that the centers did not have an adequate number of staff to meet the demand for services, the hours of operation were not congruent with duty hours and the sliding fee scale was unfair to those at the higher end of the scale.

Several participants expressed the need for the military to grant extended family members and other caregivers greater access to programs, housing, and insurance benefits.

For many participants, the education of military children was an important topic. Participants in some locations raised concerns over the quality of the state's education, overcrowded classrooms, and teachers who were uninformed about the struggles of military youth. While there were participants who discussed positive interactions with school staff and teachers, others believed public schools needed to be better prepared for and more understanding of the unique circumstances and struggles of military children.

V. Special Populations - This section highlights issues unique to specific sub-populations of the military including Individual Augmentees (IAs), Dual Military Couples and those affiliated with the Exceptional Family Member Program.

IAs and their families discussed difficulty in integrating into a new unit for deployment (not the one they have trained with) and then in reintegrating back into their old unit upon return from deployment. Some reported frustration and anger around being forced to serve in a service other than the one they recruited with (e.g. Navy IA to Army). Family members spoke of not being contacted or even knowing where to go for support because their service member was no longer a part of the same unit. They spoke of being "dropped" by FRGs because their spouse was no longer part of the supported unit (e.g. the unit was not deployed even though one of its members went IA).

Some participants shared their experience of being dual military couples in which both they and their spouses were service members. These participants spoke of the difficulty they felt in accessing support services. Unique barriers mentioned by Active Duty dual military spouses included: (1) the misperception that spouses in Active Duty do not need the support services as much as civilian spouses and (2) the times the supports are offered conflict with their duty day.

Issues raised by families with special needs revolved around: (1) access and outreach; (2) gaps in coverage and availability; (3)

isolation; and (4) support. Many of these participants reported challenges in accessing services. Participants reported that they lacked a military advocate to help them navigate the system in their quest to establish services for their special needs family members. One of the biggest challenges reported by these participants was maintaining services for their families after relocation. Support in general was reported as essential for the service member's ability to perform their duties to the best of their ability. Participants also named support groups as highly valuable for providing them with emotional support, family activities, and opportunities to exchange knowledge with other special needs families.

VI. Recommendations from the Field - Throughout the listening sessions, participants made suggestions for what could be done to improve supports for Service members and their families. Three major themes were as follows:

a. Commander Initiated Contact: "Invasive Leadership".

Participants suggested that they might be more willing to talk to their commander if the interaction was initiated by the commander. Some participants said they thought that it was the commander's job to *personally* get to know each service member. Participants suggested that if this were more the case, commanders would be better able to recognize if and when a service member needs to seek additional supports.

b. Training for Commanders. Many participants voiced the opinion that it is the chain of command's job to inform Service members about support programs and services available to them. To make this happen, participants suggested that commanders need to become familiar with available support programs through training and information sessions.

c. Top Down Messages and "Orders". Participants stated that if their commander told them about available support programs and resources and were "ordered" to use them, they would do so. This "endorsement" by their commander was perceived to reduce stigma. Participants stated that they thought they were getting a great deal of "lip service" from their chain of command about the importance of utilizing the military support programs and services but that they doubted the sincerity of the message. Several service member participants suggested that the military should have mandatory information sessions for families of Service members during in-processing.

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