Military Deployments and Mental Health Utilization Among Spouses of Active Duty Service Members


SUMMARY: Spouses of Service members may experience several stressors during the deployment cycle, and it is important to understand how spouses utilize mental health services during this time. Data regarding mental health service utilization among spouses of Service members assigned to an aircraft carrier from 2011-2014 were gathered and compared across deployment phases. Spouses may utilize mental health services differently across the phases of deployment.

KEY FINDINGS:
- Mental health services were utilized by 20% of the spouses, and the majority of diagnoses were related to depression, anxiety, or adjustment disorders.
- Compared to baseline, spouses were 20% more likely to utilize mental health services during the first deployment, 15% between deployments, and 13% during the second deployment.
- Spouses did not utilize mental health services more during pre- or post-deployment compared to baseline.

IMPLICATIONS FOR PROGRAMS: Programs could:
- Disseminate information regarding available local mental health services to military families
- Educate military spouses about the signs and symptoms of depression, anxiety, and adjustment disorders and when to seek mental health services for themselves or their family members
- Offer support groups for military spouses to discuss the difficulties of each phase of deployment

IMPLICATIONS FOR POLICIES: Policies could:
- Encourage frequent communication between commanding officers and military spouse groups in order to make commanding officers aware of family needs and concerns
- Recommend the development of programs that provide services which enable military spouses to attend mental health appointments (e.g., childcare, transportation)
- Promote the development of military mental health services that allow for emergency or walk-in care to reduce wait time for mental health appointments

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METHODS
- Data were drawn from the Defense Health Agency's Military Health System Data Repository about spouses of Active Duty Service members assigned to one aircraft carrier from 2011-2014.
- Mental health care data included records of mental health visits at military hospitals and clinics and mental health insurance claims from non-military hospitals and clinics.
- The number of spouses utilizing mental health services during different phases of deployment were compared.

PARTICIPANTS
- Participants included 2,530 military spouses of Active Duty Service members who were deployed to the Middle East between 2011-2014 on one aircraft carrier.
- Spouses were 91% female with an average age of 30 years; no other demographic information was provided.
- The aircraft carrier was deployed twice, for seven and eight months respectively, with six months between deployments, and 491 Service members engaged in both deployments.

LIMITATIONS
- Due to potential wait time and follow-ups for mental health appointments, the timing of spouses' care utilization may not reflect the timing of greatest need for care.
- These particular spouses’ experiences (e.g., unexpected second deployment, widespread deployment rumors) may not generalize to military spouses of other branches or assignments.
- Untested variables (e.g., previous deployments, Military One Source mental health services use, Service member mental health, length of marriage) may have impacted results.
- It is unclear whether the baseline (i.e., control) phase was before or after the deployments.

AVENUES FOR FUTURE RESEARCH
Future research could:
- Conduct a study which measures spouses’ emotional distress levels and mental health service utilization levels to understand whether utilization happens during the times of greatest need
- Explore whether the length of time families have to prepare for deployment (e.g., prior notification) impacts spouses’ levels of mental health concerns through the deployment cycle
- Compare utilization of mental health services between male and female military spouses

ASSESSING RESEARCH THAT WORKS

Design
Limited
Research Plan and Sample

Methods
Limited
Measurement and Analysis

Limitations
Several