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Behavioral and Mental Health Research Unique to the National Guard

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TI Research

A chief service of the U.S. Department of Defense's Information Analysis Centers is free technical inquiry (TI) research limited to four research hours per inquiry. This TI response report summarizes the research findings of one such inquiry. Given the limited duration of the research effort, this report is not intended to be a deep, comprehensive analysis but rather a curated compilation of relevant information to give the reader/inquirer a "head start" or direction for continued research.

Abstract

The National Guard is a reserve component of the U.S. military comprising the Army National Guard and the Air National Guard. National Guard service members face unique challenges compared to both the active-duty components and other reserve component service members. To be successful, they must balance a civilian career with military training and responsibilities. They may be called to serve in an overseas contingency operation or in an emergency response in their community. This exposes them to a wide variety of trauma that others will not experience, as well as significant disruptions in their lives. This research collates significant studies that impact the understanding of behavioral and mental health among National Guard service members.

Contents

About DTIC and HDIAC **i**

Abstract **ii**

1.0 TI Request **1**

 1.1 Inquiry 1

 1.2 Description 1

 1.3 Note on Terminology 1

2.0 TI Response **1**

 2.1 Operation: Soldiers and Families Excelling Through the Years (SAFETY) 1

 2.2 Studies Particular to the National Guard 3

 2.3 Other Significant Reports 4

3.0 Conclusions **6**

References **7**

Biography **9**

Bibliography **10**

1.0 TI Request

1.1 Inquiry

Is there any research on the behavioral and mental health issues unique to National Guard forces?

1.2 Description

The Homeland Defense and Security Information Analysis Center (HDIAC) was asked to provide any research or ongoing studies into behavioral and mental health issues unique to National Guard forces.

1.3 Note on Terminology

There are two components with National Guard forces: (1) the Army National Guard and (2) the Air National Guard. For ease of reading, the terms “the Guard,” “Guard forces,” or “Guard members” may be used to refer to National Guard forces generally.

The National Guard is a reserve component of the U.S. Armed Forces. The author makes it clear when referring to the National Guard specifically; the reserves (forces operated exclusively by the federal government); and the overall reserve component, composed of both National Guard and reserve members.

2.0 TI Response

HDIAC was asked to identify any recent or ongoing studies regarding behavioral and mental health issues specific to the National Guard. HDIAC staff searched open-source documents, the Defense Technical Information Center’s Research and Engineering Gateway, and a variety of literature databases to locate relevant research. This research is critical to the U.S. Department of Defense to understand the effects that balancing military service with civilian responsibilities has on members of the National Guard.

2.1 Operation: Soldiers and Families Excelling Through the Years (SAFETY)

Operation: SAFETY is a longitudinal research study funded by the National Institutes of Health to study married couples where one partner serves in the National Guard or reserves in New York. The 10 year study, conducted by the University at Buffalo, was ongoing at the writing of

this report, with Phase 1 completed on or about September 2018 and Phase 2 scheduled to be completed on or about July 2024 [1].

There are several items that separate Operation: SAFETY from other studies. First, this study is longitudinal, observing participants over a period of 10 years. Longitudinal studies are difficult to complete for the military population due to contract expirations or personnel changing commands. Second, the research targeted couples. The team recruited 418 couples (836 people overall) to research how overseas service with the National Guard impacted their personal lives and relationships. Third, after the first phase of the study, the research team received feedback from participants that they should also include members who had not deployed overseas.

The last realization led to the team performing additional assessments. The Operation: SAFETY team created a measure of nondeployment emotions (NDE). These emotions were similar to survivor's guilt, where Guard members may feel guilt or shame that they had not deployed when others had. One study completed by Operation: SAFETY found a link between negative NDE and "a greater likelihood of current [nonmedical use of prescription drugs] NMUPD among male, but not female, soldiers" [2].

Another important study completed by Operation: SAFETY regarded how the centrality of military identity related to substance use among reserve and Guard soldiers. "The extent to which military service is central to an individual's sense of self" was associated with NMUPD, anger, anxiety, depression, and post-traumatic stress disorder. "The findings demonstrate the importance of military identity for health-related outcomes. NMUPD suggests potential self-medication and avoidance of help seeking as admitting difficulties may conflict with military identity" [3].

The Operation: SAFETY study examined the impact that sleep has on current and former reserve and Guard service members. "Sleep problems are common among military members," and the study found that "sleep problems were associated with increased risk of heavy drinking, any current drug use, current NMUPD, and current illicit use" [4].

Operation: SAFETY has been a substantial undertaking lasting more than a decade. This is merely a glance at the vast landscape of research available, mostly through open sources. More research sources from Operation: SAFETY can be found in the Bibliography.

2.2 Studies Particular to the National Guard

Studies tend to focus on the reserve component as a whole. This includes members of the reserve as well as the National Guard. However, there are legal differences in the administration and employment of National Guard units and members [5].

A governor can activate members of the National Guard under state law to perform state active duty (SAD). The President may also request that a governor activate members of the National Guard under Title 32 of the U.S. Code to perform full time National Guard duty (FTNGD) and conduct a federal mission (32 U.S.C. §502(f)) [6]. Command authority over units and personnel that conduct such missions under Title 32 remains with the governor. When performing SAD, members of the National Guard are under the control of their governor and receive pay and benefits in accordance with state law. When performing FTNGD, they remain under their respective governor's control, but the federal government provides pay and benefits.

What separates the National Guard from their reserve counterparts is the fact that the Guard will often serve in emergency response and disaster relief operations, usually in their own community. Guard members may be subjected to the suffering of people around them, often in their "back yard". For some, this may also mean more frequent activations than members of the reserve. Whereas Guard members may be called for an overseas contingency operation and to provide relief to a flooded area in their home state, reserve members are generally only used for the former.

Several studies, focused specifically on the National Guard, found that unit cohesiveness and trust in leadership had a positive impact on post-deployment behavioral health outcomes. In one study, while "combat events were associated with more suicidal thoughts, alcohol misuse, and behavioral health problems...unit cohesiveness was associated with fewer behavioral health problems" [7]. This suggests that, despite exposure to intense events, the availability of trustworthy comrades and leadership greatly mitigates the effects of that exposure.

Another study linked post-deployment financial security among National Guard soldiers with trust in their chain of command and available support. Although active-duty service personnel may also suffer periods of financial hardships, the reserve components are in the unique position that they must maintain gainful civilian employment. Despite legal protections, this can

be difficult for many. Self-employed or those employed by small businesses may find the path back to employment much more difficult. Those who had seen others wounded or killed in combat reported more instances of post-deployment financial insecurity [8]. Again, for the active-duty service members, their paychecks will remain after returning from deployment (assuming they do not separate from the military). Guard personnel must return to civilian employment, even while carrying the emotional baggage of combat.

Suicide among personnel is a primary concern for military leaders at all levels, and the National Guard is no exception. The University of Southern Mississippi completed a study in 2016 regarding suicidal self-directed violence. Results indicate that up to 10% of participants may have been falsely denying suicidal ideation at the baseline of the study. Concerns about confidentiality likely caused this underreporting. This leads back to the trust, or lack thereof, of a soldier's chain of command. Again, the theme that the more faith in one's command reduced post-deployment negative behavior health outcomes presented itself in this study [9].

2.3 Other Significant Reports

Focusing on the National Guard's homeland mission set, the Veteran's Health Administration (VHA) updated VHA Directive 1500(2) in December 2021 [10]. The updated directive "specifies that those who 'served on active duty in response to a national emergency or major disaster declared by the President' or 'served on active duty in the National Guard of a State under orders of the chief executive of that State in response to a disaster or civil disorder in such State' may now receive therapy at vet centers" [11].

This change applies to mental health therapy at VHA Vet Centers throughout the country. "The purpose of VHA's Vet Centers is to help eligible veterans and servicemembers and their families who experience challenges from deployment, combat, or other military-related trauma readjust to civilian life or to continued military service" [12]. Because this mission is new for the Vet Centers, "therapists need to be aware of the unique challenges faced by those who have served on homefront missions" [11]. As mentioned previously, National Guard personnel may be exposed to a wide variety of trauma in their own back yard. Any response to a natural disaster is likely to subject a responder to human tragedy. The COVID-19 pandemic response, especially in the initial phases, brought difficult challenges that were tough to prepare for in advance. "New Jersey Army National Guard soldiers provided food service support at the Woodland Behavioral and Nursing Center in Andover, New Jersey. These Soldiers witnessed the unfortunate conditions in this facility, which included stacked bodies in a makeshift morgue during the height of the pandemic" [11].

Transitioning off periods of duty poses unique challenges for members of the Guard and reserves. A report by the RAND Corporation points out that, although employment is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA), it does not always equate to a smooth transition back to civilian employment. Jobs may not be available upon return, and employers frequently violate the provisions of USERRA. There are education-related challenges as well. Guard members may enter and exit school frequently due to multiple mobilizations. Some may have difficulty planning ahead as the operational tempo of their unit is not known in advance, and they may lag in coursework upon their return from a period of duty. Additionally, Guard members who rely on an employer-provided healthcare plan may transition back and forth between plans, making health-related decision-making difficult [13].

The RAND report identifies seven areas where reserve component members need help as they transition off of a period of duty [13]:

1. navigating employment challenges and accessing benefits
2. navigating education-related challenges and accessing benefits
3. navigating health care-related challenges and accessing benefits
4. navigating financial challenges
5. identifying and accessing retirement benefits
6. accessing local transition services
7. navigating the timing of the [Transition Assistance Program] TAP course

These seven areas are not unique to the Guard or the reserves themselves, but how these challenges present themselves may be different than for the active component. For example, Guard members may depart employment for a period of duty, only to find out that their civilian employers shuttered their doors or downsized the position. The TAP is often held at larger bases, making it difficult for Guard members who are not local to one of those bases to attend. The same can be said for post-deployment health assessments. Guard members may have to wait for a duty period when medical personnel can come to their duty station to conduct the assessment and could miss critical opportunities to receive care beforehand.

3.0 Conclusions

Behavioral and mental health needs for the National Guard may be complicated by the fact that they are administered by their respective states when not in federal service. The reserve component as a whole faces unique challenges in obtaining care, maintaining financial stability, and thriving in educational pursuits. National Guard members, specifically, face the further challenge of performing challenging duties close to home, exposing them to harsh conditions in their own communities. The government has made strides recently, opening VHA Vet Centers to personnel who served in disaster-relief and emergency-response missions in the homeland. Studies are emerging focusing specifically on the unique challenges faced by the National Guard. Trust in leadership and assistance transitioning back to civilian life are critical to positive mental health outcomes for National Guard members.

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Biography

John Clements is the technical lead for the Homeland Defense and Security Information Analysis Center. He enlisted in the U.S. Marine Corps Reserve in 2001, serving 20 years as a combat engineer. He deployed three times to Iraq in support of Operation Iraqi Freedom. His prior work includes test and evaluation on procedures and systems related to chemical, biological, radiological, and nuclear decontamination; mortuary affairs; cyber insider threat; open-source and social media information; the Common Operational Picture used by combatant commands; and the Mounted Computing Environment. He has extensive experience working with joint, interagency, and allied partners at the strategic and tactical levels. Mr. Clements holds a Master of Arts degree in homeland security from the American Military University.

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