

NSDUH DATA REVIEW

November 2016

Spouses and Children of U.S. Military Personnel: Substance Use and Mental Health Profile from the 2015 National Survey on Drug Use and Health

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Abstract

Background. This study examines substance use and mental health issues among the spouses and children of U.S. military personnel. Hardships associated with military service may put the families of military personnel at an elevated risk for substance use or mental health issues. As part of a strategic initiative to support the well-being of military families, the Substance Abuse and Mental Health Services Administration (SAMHSA) added questions to the National Survey on Drug Use and Health (NSDUH) to respond to a gap in the availability of nationally representative data on substance use and mental health issues among spouses and children of military personnel. NSDUH is the primary source of statistical information on substance use, substance use disorders (SUDs), and mental health issues among people aged 12 or older in the civilian, noninstitutionalized population of the United States. In 2015, NSDUH became the only federal survey to collect information about substance use and mental health issues among military family members. NSDUH results provide critical information on military family members' need for substance use and mental health services and whether they obtained these services.

Methods. To assess the validity of the data, NSDUH estimates for the populations of spouses and children of U.S. military personnel were compared with Department of Defense population reports from military personnel files. NSDUH respondents could report that their spouse or a parent was currently serving in the U.S. military. This report focuses on female spouses aged 18 to 49 of military personnel (or "military wives") and children aged 12 to 17 of military personnel. The report presents estimates for substance use and mental health issues from the 2015 NSDUH for these military family members. Statistically significant differences are noted for differences in substance use and mental health estimates between military wives and all married women aged 18 to 49 and between children of military personnel and all adolescents aged 12 to 17.

Results. Among the estimated 910,000 military wives aged 18 to 49 in 2015, 12.8 percent used illicit drugs in the past year, 5.1 percent used marijuana in the past year, 16.2 percent smoked cigarettes in the past 30 days, 67.8 percent drank any alcohol in the past 30 days, 31.5 percent engaged in binge drinking in the past 30 days, and 0.9 percent received substance use treatment in the past year. When compared with all married women aged 18 to 49, military wives aged 18 to 49 were less likely to use marijuana (5.1 vs. 8.0 percent), were more likely to use alcohol in the past 30 days (67.8 vs. 53.8 percent), and were more likely to engage in binge drinking in the past 30 days (31.5 vs.

22.7 percent). However, the disproportionately higher representation of young adults aged 18 to 25 among military wives could contribute to higher estimates of alcohol use among military wives if young adults are more likely than adults aged 26 or older to use alcohol.

In the past year, an estimated 29.1 percent of military wives aged 18 to 49 had any mental illness (AMI), 11.8 percent had at least one major depressive episode (MDE), 6.5 percent had an MDE with severe impairment, and 22.6 percent received mental health services (including any combination of counseling, treatment, and the use of prescribed medication for a mental or emotional condition). In general, estimates for mental health and mental health service use were similar for military wives and all married women aged 18 to 49. However, military wives aged 18 to 49 were more likely than all married women in this age group to have AMI in the past year (29.1 vs. 19.7 percent).

Among the estimated 524,000 military children aged 12 to 17 in 2015, 19.6 percent used illicit drugs in the past year, 10.7 percent used marijuana in the past year, 3.2 percent smoked cigarettes in the past 30 days, 9.3 percent used any alcohol in the past 30 days, 4.6 percent engaged in binge drinking during the past 30 days, and 0.8 percent received substance use treatment in the past year. There were no statistically significant differences between military children and all children aged 12 to 17 for any of these estimates related to substance use and substance use treatment.

In the past year, an estimated 16.7 percent of military children aged 12 to 17 had at least one MDE, 12.3 percent had an MDE with severe impairment, 17.8 percent received mental health services in specialty settings (including inpatient and outpatient), 14.5 percent received mental health services in nonspecialty education settings, and 5.2 percent received mental health services in nonspecialty general medical settings. There were no statistically significant differences in estimates for having an MDE and for mental health service use in the past year between military children and all children aged 12 to 17.

Conclusions. The NSDUH estimates in this report provide an important first look at substance use and mental health issues among military family members and also their access to substance use treatment and mental health services. In the future, combining multiple years of NSDUH data will allow these issues to be examined in greater detail by expanding the range of possible analyses and improving the precision of estimates for making statistical comparisons.

Introduction

The families of military personnel are a resilient group of men, women, and children who endure many hardships for their country.¹ Hardships experienced by military families may include adjusting to extended periods of separation from their military family member, facing the uncertainty of when the next separation may occur and how long it will last, and coping with the risk of serious injury to or death of the spouse or parent who is serving in the military.² These and other military-related hardships typically do not occur in the same combination or frequency for civilian occupations. Although there are many positive aspects to being part of a military family, the hardships may affect the well-being of military family members, such as by elevating their risk for substance use or mental health issues.

In 2013, the U.S. military included about 1.4 million individuals who were on active military duty and about 1.1 million who were in the National Guard or a Reserve component.³ There were about 3.0 million U.S. military family members in 2013 (i.e., spouses, children, and adult dependents), including about 1.1 million spouses and 1.9 million children of military personnel.^{4,5} Given the hardships that military families can experience, the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) mission includes supporting military families by identifying the factors that affect their health and well-being. However, there is a lack of nationally representative data on substance use and mental health issues in military families. Consequently, it is difficult to assess the extent of substance use and mental health issues in military families.

As part of a strategic initiative to support the well-being of military families, SAMHSA sought to respond to this gap in the availability of nationally representative data on substance use and mental health issues among military families. SAMHSA sponsors the National Survey on Drug Use and Health (NSDUH), which is the primary source for statistical information on illicit drug use, alcohol use, substance use disorders (SUDs), and mental health issues for the civilian, noninstitutionalized population of the United States. Starting in 2015, NSDUH included questions to identify military family members.⁶

Identifying Military Families in a National Household Survey

Two sets of questions were added to the 2015 NSDUH to identify whether respondents had immediate family members

who were currently serving in the U.S. military (i.e., individuals serving in one of the branches of the U.S. Armed Forces, in a Reserve component, or in the National Guard) (Table 1). First, all 2015 NSDUH respondents were asked whether anyone in their immediate family was currently serving in the U.S. military, regardless of where those family members were currently living. Second, respondents who reported that one or more immediate family members were currently serving in the U.S. military identified their relationships to the family members who were serving (see Table 1).⁷ Adult respondents who were currently married and who selected “My spouse” from the list of family relationships were defined as military spouses for this report. For the purpose of this report, respondents who selected “Unmarried partner” were not categorized as a military spouse. Respondents aged 12 to 17 who selected “My mother” or “My father” met the criteria for being defined as military children for this report.⁸

Table 1. Military Family Questions in the 2015 National Survey on Drug Use and Health

Any Military Family Association ¹
<p><i>For this question, immediate family includes your spouse or partner, and your parents, children, brothers and sisters, whether they are biological, step, or adoptive. Please include these family members whether or not they live with you. Is anyone in your immediate family currently serving in the United States military?</i></p> <p style="margin-left: 20px;">1 Yes 2 No</p>
Specific Military Family Association ²
<p>(IF YES FOR ANY IMMEDIATE FAMILY MEMBER SERVING IN THE MILITARY)</p> <p><i>Which member or members of your immediate family are currently in the United States military?</i></p> <p style="margin-left: 20px;">1 My spouse 2 Unmarried partner 3 My mother 4 My father 5 My son or sons 6 My daughter or daughters 7 My brother or brothers 8 My sister or sisters 9 Another member of my immediate family</p> <p>(IF CATEGORY 9 IS CHOSEN)</p> <p><i>Which other member of your immediate family is serving in the United States military? Please type that person’s relationship to you. When you have finished, press the [ENTER] key to go to the next question.</i></p>

¹ Respondents could select to read the following definition of military service: “To serve in the military is to be employed as a member of one of the branches of the United States Armed Forces, Reserve components or National Guard, including the Coast Guard.”

² Respondents could select more than one category of family members who were serving in the military. This report addresses data only from married respondents aged 18 to 49 who selected “My spouse” and adolescent respondents aged 12 to 17 who selected “My mother,” or “My father,” or who reported “Another member of my immediate family” and that this other immediate family member was a parent or stepparent.

For several reasons, this may be a difficult pair of questions for many people to answer. For example, respondents were asked to consider family members who were living elsewhere as well as family members who were currently living in the same household. Family members can live elsewhere for many reasons, such as work, marital separation, and blended families. Military families have additional reasons for family members living somewhere other than the same household, such as deployments, geographically remote assignments, and extended training periods. Thus, it may be challenging for respondents to think about all immediate family members who are not living in the same household, particularly when they also are asked to consider their family members' military status. Respondents with immediate family members who are not living with them may not know whether these family members are currently serving in the military. For example, respondents may not maintain frequent contact with family members who are living somewhere else.

Deciding what constitutes current military service could also be a source of confusion. Respondents had the option to see a definition of military service; however, not all respondents may have accessed this definition or understood who was included as "currently serving" in the U.S. military. Furthermore, it may be especially difficult for adolescent respondents to know whether family members who are living somewhere else are currently serving in the National Guard or in a Reserve component.

Although the military family questions were tested prior to inclusion in the 2015 NSDUH, approximately 9 percent of respondents had missing data for these items, which is high when compared with percentages of respondents with missing data for other NSDUH questions.⁹ Nonresponse to these items can influence the representativeness of the data and the types of analyses that are feasible. The combination of higher-than-expected nonresponse and low percentages of people in the general population who are military spouses or military children has limited the number of estimates of substance use and mental health from the 2015 NSDUH that can be presented in this report with confidence. Once additional years of data are available, further analyses and the generation of additional estimates will be feasible.

Survey Background

NSDUH is an annual survey of the civilian, noninstitutionalized population of the United States aged 12 years old

or older.¹⁰ The survey covers residents of households and individuals in noninstitutional group quarters (e.g., shelters, boarding houses, college dormitories, migratory workers' camps, halfway houses). The survey excludes people with no fixed address (e.g., homeless people not in shelters), military personnel on active duty, and residents of institutional group quarters, such as jails, nursing homes, mental institutions, and long-term care hospitals.

NSDUH employs a stratified multistage area probability sample that is designed to be representative of both the nation as a whole and for each of the 50 states and the District of Columbia. The 2015 NSDUH annual target sample size of 67,500 interviews was distributed across three age groups, with 25 percent allocated to adolescents aged 12 to 17, 25 percent allocated to young adults aged 18 to 25, and 50 percent allocated to adults aged 26 or older. From 2002 through 2013, the NSDUH sample was allocated equally across these three age groups. Although military personnel on active duty were not eligible for the survey, military installations were included in the NSDUH sample because civilians living on military bases, such as spouses and children of military personnel, were eligible to be interviewed.

NSDUH is a face-to-face household interview survey that is conducted in two phases: the screening phase and the interview phase. The interviewer conducts a screening of the eligible household with an adult resident (aged 18 or older) in order to determine whether zero, one, or two residents aged 12 or older should be selected for the interview.¹¹ NSDUH collects data using audio computer-assisted self-interviewing (ACASI) in which respondents read or listen to the questions on headphones, then enter their answers directly into a NSDUH laptop computer. ACASI is designed for accurate reporting of information by providing respondents with a highly private and confidential mode for responding to questions about illicit drug use, mental health, and other sensitive behaviors. NSDUH also uses computer-assisted personal interviewing (CAPI) in which interviewers read less sensitive questions to respondents and enter the respondents' answers into a NSDUH laptop computer.

In 2015, screening was completed at 132,210 addresses, and 68,073 completed interviews were obtained, including 16,955 interviews from adolescents aged 12 to 17 and 51,118 interviews from adults aged 18 or older. Weighted response rates for household screening and for interviewing were 79.7 and 69.3 percent, respectively, for an overall response rate of 55.2 percent for people aged 12 or older.

The weighted interview response rates were 77.7 percent for adolescents and 68.4 percent for adults.¹² Further details about the 2015 NSDUH design and methods can be found on the web at <http://www.samhsa.gov/data/>.¹³

Data Presentation and Interpretation

This report contains the first release of NSDUH estimates on substance use and mental health issues for wives aged 18 to 49 and children aged 12 to 17 of U.S. military personnel. As noted previously, spouses of military personnel were defined for this report as civilian adults aged 18 or older who were married to a person currently serving in the U.S. military. There were approximately 300 completed interviews in the 2015 NSDUH from female respondents who self-identified as civilian spouses of military personnel (also referred to in this report as “military wives”) and who were between the ages of 18 and 49. Analysis of data for male spouses of military personnel or for female spouses aged 50 or older requires a larger pool of respondents for adequate statistical precision.

As noted previously, military children were defined for this report as youths aged 12 to 17 with a parent who is currently serving in the U.S. military. There were approximately 400 completed interviews from adolescent respondents aged 12 to 17 who self-identified as children of military personnel. Estimates for children of military personnel focus on youths aged 12 to 17 because NSDUH does not collect information from youths under the age of 12. Although adult respondents aged 18 or older could report that a parent was currently serving in the military, they were not included in the analyses for this report.

All estimates (e.g., percentages and numbers) presented in the report are derived from NSDUH survey data that are subject to sampling errors. The estimates presented in this report have met the criteria for statistical precision. Estimates that do not meet these criteria are not shown.¹⁴ For military wives aged 18 to 49, substance use and mental health estimates are compared with estimates for the overall population of married women aged 18 to 49. For military children, substance use and mental health estimates are compared with estimates for the overall population of youths aged 12 to 17.^{15,16}

Statistical tests also have been conducted for comparisons that appear in the text of the report. Statistically significant differences are described using terms such as “higher” or “lower.” Estimates are described as “similar” when a

difference is not statistically significant. Because relatively small numbers of respondents reported that they were military spouses or military children, the corresponding estimates based on these respondents are considerably less precise than most other NSDUH estimates, and statistical tests are less powerful.

Graphics and tables contain estimates that support the statements in this report. Appendix A and Appendix B contain supplementary tables of estimated percentages and their standard errors for military spouses and for military children, respectively. Graphics in this report present 95 percent confidence intervals along with each estimate.

Demographic Characteristics of Spouses and Children of Military Personnel

One of SAMHSA’s responsibilities when new questions are added to NSDUH is to evaluate the quality and utility of these items. In order to assess the quality and representativeness of the data for military family members, NSDUH population estimates for military families in 2015 were compared with Department of Defense (DoD) personnel records. The DoD personnel records included family records for members of the military serving on active duty, in the National Guard, or in a Reserve component.¹⁷

DoD data for military spouses include all spouses aged 18 or older. NSDUH estimates for military spouses are very similar to totals available from the DoD records. According to the 2013 DoD personnel records, there were about 1.0 million civilian spouses of military personnel.¹⁸ In 2015, NSDUH estimated that 1.4 million civilians had a spouse in the military, including 1.1 million women and 242,000 men (which, following NSDUH conventions, rounded to a total of 1.4 million). Focusing on military spouses aged 18 to 49, NSDUH estimated that there were slightly less than 1.1 million civilians aged 18 to 49 with a spouse in the military in 2015, including 910,000 women and 147,000 men who were military spouses.

According to the 2015 NSDUH, there were an estimated 524,000 military children aged 12 to 17. The 2013 DoD personnel records indicated that there were 1.9 million military children in 2013, ranging from infants to the age of 22, including 466,000 children aged 12 to 18. Thus, the NSDUH estimates reasonably approximate the number of military children aged 12 to 17 based on the DoD records.

Military Spouse Demographics

Key demographic characteristics of military spouses aged 18 to 49 based on the 2015 NSDUH are presented in Table 2. As noted previously, estimates from NSDUH indicate that 147,000 military spouses aged 18 to 49 in 2015 were male (13.9 percent of military spouses in this age group), and 910,000 (86.1 percent) were female.

The age distribution of military wives aged 18 to 49 differs from the distribution for all married women aged 18 to 49. For example, 17.8 percent of military spouses were young adults aged 18 to 25 compared with 7.1 percent of all married women. Additional demographic characteristics of military spouses aged 18 to 49 are shown in Table A.1B in Appendix A. Military wives aged 18 to 49 were less likely than all married women aged 18 to 49 to be Hispanic or Latino (11.3 vs. 19.5 percent) or to have less than a high school education (2.3 vs. 10.5 percent). Military wives aged 18 to 49 were less likely to be employed full time (40.4 percent) and more likely to be in the “other” employment category (37.7 percent)¹⁹ compared with all married women aged 18 to 49 (52.6 percent employed full time and 27.5 percent in the “other” category).

Military Child Demographics

In 2015, an estimated 524,000 youths aged 12 to 17 were children of military personnel. The demographic

characteristics of military children aged 12 to 17 based on NSDUH data are presented in Table 3. The age distribution of military children aged 12 to 17 did not differ statistically from all adolescents aged 12 to 17. The racial and ethnic characteristics of military children aged 12 to 17 generally were similar to those for all youths aged 12 to 17 (Table B.1B in Appendix B), except that military children were less likely than all youths aged 12 to 17 to be Hispanic or Latino (14.3 vs. 23.1 percent).²⁰ Other differences may not be apparent due to the small sample size of military children in 2015; additional years of NSDUH data will be helpful in determining if there are other differences.

The remainder of this report presents substance use and mental health estimates for military wives aged 18 to 49 and for military children aged 12 to 17. Estimates for military wives are compared with estimates for all married women aged 18 to 49. Estimates for military children are compared with estimates for all youths aged 12 to 17. Because of differences in the demographic composition of the population of military wives and the population of all married women, statistical comparisons between these populations should be interpreted with caution. For example, military wives were more likely than all married women aged 18 to 49 to be young adults aged 18 to 25, and young adults historically have been more likely than people in other age groups to have substance use and mental health issues.^{21,22,23} Thus, any estimates of substance use or mental health issues that are higher among military wives than among all married women aged 18 to 49 could be attributable to the disproportionate representation of young adults among military wives.

Table 2. Age and Gender of Adults Aged 18 or Older, by Gender and Military Spouse Status: Percentages, 2015

Demographic Characteristic	Spouses Aged 18 to 49 of Military Personnel	All Married Adults Aged 18 to 49
TOTAL	100.0 (0.00)	100.0 (0.00)
Age		
18 to 25	16.7+ (2.19)	5.9 (0.21)
26 to 49	83.3+ (2.19)	94.1 (0.21)
Gender		
Male	13.9+ (3.15)	48.0 (0.47)
Female	86.1+ (3.15)	52.0 (0.47)
Demographic Characteristic	Wives Aged 18 to 49 of Military Personnel	All Married Women Aged 18 to 49
TOTAL	100.0 (0.00)	100.0 (0.00)
Age		
18 to 25	17.8+ (2.34)	7.1 (0.27)
26 to 49	82.2+ (2.34)	92.9 (0.27)

+ Difference between this estimate and the corresponding estimate for all married adults/women aged 18 to 49 is statistically significant at the .05 level.

Note: Estimates shown are percentages with standard errors included in parentheses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table 3. Age and Gender of Adolescents Aged 12 to 17, by Gender and Military Child Status: Percentages, 2015

Demographic Characteristic	Children Aged 12 to 17 of Military Personnel	All Youths Aged 12 to 17
TOTAL	100.0 (0.00)	100.0 (0.00)
Age		
12 to 13	34.0 (2.96)	31.6 (0.44)
14 to 15	37.4 (3.01)	34.7 (0.44)
16 to 17	28.6 (2.75)	33.7 (0.45)
Gender		
Male	54.0 (3.28)	51.0 (0.50)
Female	46.0 (3.28)	49.0 (0.50)

Note: Estimates shown are percentages with standard errors included in parentheses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

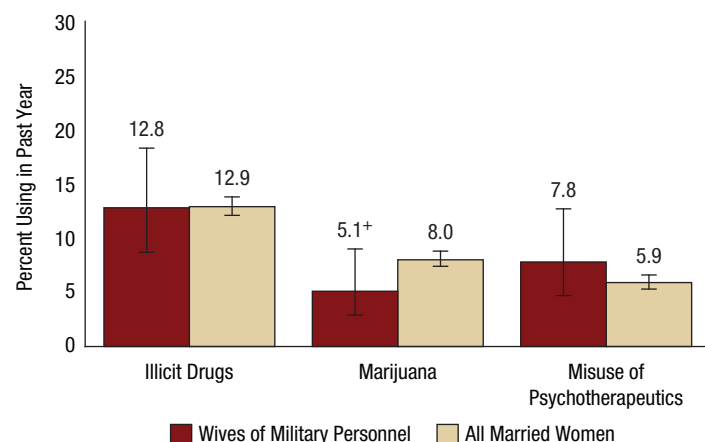
Illicit Drug Use

NSDUH obtains information on 10 categories of illicit drugs: marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives. In NSDUH, misuse of prescription drugs is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Estimates of "illicit drug use" reported from NSDUH reflect the data from these 10 drug categories. NSDUH produces estimates of lifetime, past year, and past month illicit drug use. This section focuses on the use of illicit drugs in the past year (i.e., within the 12 months prior to the interview date).

Illicit Drug Use among Military Spouses

In 2015, 12.8 percent of military wives aged 18 to 49 used illicit drugs in the past year (Figure 1), which corresponds to about 116,000 military wives. This percentage of military wives aged 18 to 49 who used illicit drugs in the past year was similar to the percentage among all married women in this age group (12.9 percent). However, military wives were less likely than all married women to have used marijuana in the past year (5.1 vs. 8.0 percent). The percentages of military wives and all married women who misused prescription psychotherapeutic drugs in the past year were not significantly different (7.8 and 5.9 percent, respectively); however, this comparison should be reevaluated with

Figure 1. Past Year Illicit Drug Use among Wives of Military Personnel and All Married Women Aged 18 to 49: Percentages, 2015



* Difference between this estimate and the estimate for All Married Women Aged 18 to 49 is statistically significant at the .05 level.

additional years of data to determine whether differences become statistically significant when estimates are based on a larger sample of military spouses.

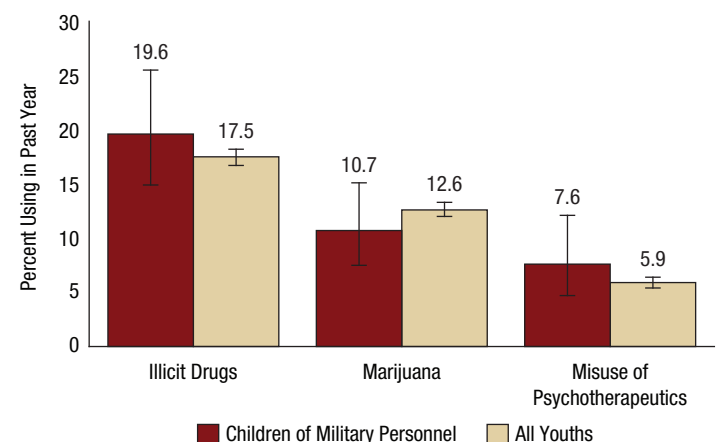
Illicit Drug Use among Military Children

In 2015, about 1 in 5 military children aged 12 to 17 (19.6 percent) used illicit drugs in the past year (Figure 2), which corresponds to about 103,000 military children. This percentage of military children who were past year illicit drug users was similar to the percentage among all youths aged 12 to 17 who used illicit drugs in the past year (17.5 percent). In addition, similar percentages of military children and all youths aged 12 to 17 used marijuana in the past year (10.7 and 12.6 percent, respectively) and misused prescription psychotherapeutic drugs in that period (7.6 and 5.9 percent, respectively). Possible differences in substance use between military children and all youths aged 12 to 17 should be reevaluated with additional years of data to determine whether differences become statistically significant when estimates are based on a larger sample of military children.

Cigarette Use

NSDUH asks respondents about their tobacco use in the 30 days before the interview. NSDUH collects information on several tobacco products, such as cigarettes, chewing tobacco, snuff, cigars, and pipe tobacco. This report presents estimates of cigarette use because most tobacco users in the past month smoked cigarettes in that period.²¹ Cigarette use is defined in NSDUH as smoking part or all of a cigarette.

Figure 2. Past Year Illicit Drug Use among Children of Military Personnel and All Youths Aged 12 to 17: Percentages, 2015



Cigarette Use among Military Spouses

In 2015, 16.2 percent of military wives aged 18 to 49 smoked cigarettes in the past month (Figure 3), which corresponds to about 147,000 military wives. This percentage of military wives who smoked cigarettes in the past month was similar to the percentage among all married women aged 18 to 49 (15.8 percent).

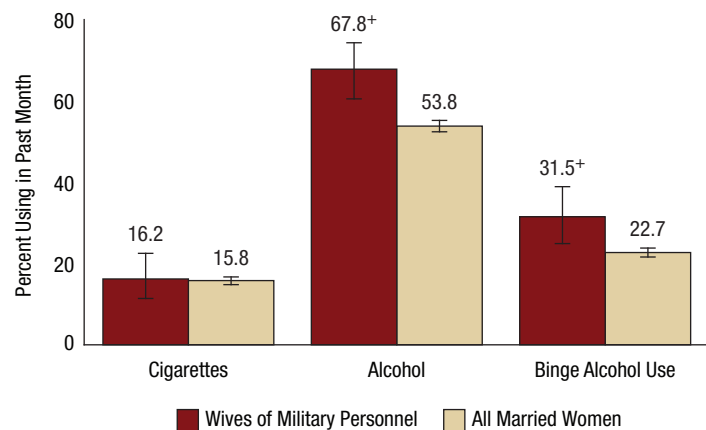
Cigarette Use among Military Children

In 2015, 3.2 percent of military children aged 12 to 17 smoked cigarettes in the past month (Figure 4), which corresponds to about 17,000 military children. This percentage of military children who smoked cigarettes was similar to the percentage for all youths aged 12 to 17 (4.2 percent).

Alcohol Use

NSDUH asks respondents about their alcohol use in the 30 days prior to the interview, which is also referred to as current alcohol use.²⁴ In addition to measuring any alcohol use, NSDUH collects information on binge alcohol use. Binge drinking is defined for males as drinking five or more drinks on an occasion on at least 1 day in the past 30 days and for females as drinking four or more drinks on an occasion on at least 1 day in that period. Any alcohol use and binge drinking are not mutually exclusive categories of use. Binge use is included in estimates of current use.

Figure 3. Past Month Cigarette and Alcohol Use among Wives of Military Personnel and All Married Women Aged 18 to 49: Percentages, 2015



⁺ Difference between this estimate and the estimate for All Married Women Aged 18 to 49 is statistically significant at the .05 level.

Note: In 2015, the threshold for determining binge alcohol use for females changed from five or more drinks on an occasion to four or more drinks on an occasion.

Alcohol Use among Military Spouses

In 2015, about two thirds of military wives aged 18 to 49 (67.8 percent) drank alcohol in the past month, and about one third (31.5 percent) engaged in binge drinking in that period (Figure 3). Among the military wives in this age group, these percentages correspond to 617,000 current alcohol users and 286,000 who engaged in binge drinking. Military wives were more likely than all married women aged 18 to 49 to drink any alcohol in the past month (67.8 vs. 53.8 percent) and to binge drink (31.5 vs. 22.7 percent).

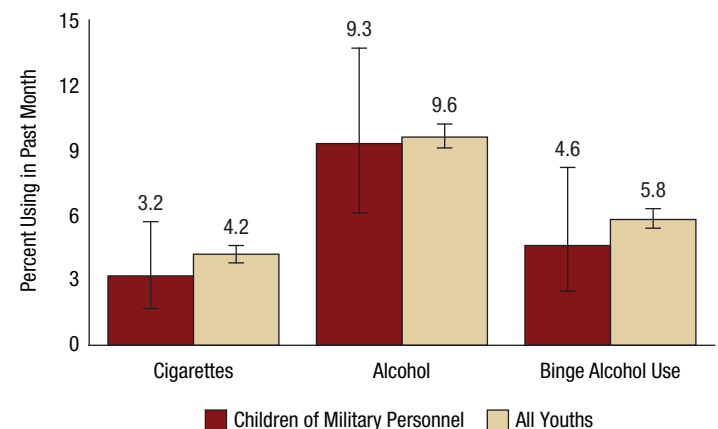
Alcohol Use among Military Children

In 2015, about 49,000 military children aged 12 to 17 drank alcohol in the past month, including 24,000 who engaged in binge drinking. As shown in Figure 4, similar percentages of military children and all youths aged 12 to 17 drank any alcohol in the past month (9.3 and 9.6 percent, respectively) and engaged in binge drinking (4.6 and 5.8 percent, respectively).

Receipt of Substance Use Treatment

NSDUH respondents who used alcohol or illicit drugs in their lifetime are asked whether they received treatment for their use of alcohol or illicit drugs in the 12 months prior to the interview date (i.e., the past year). Substance use treatment refers to treatment or counseling that was received for illicit drug or alcohol use or for medical problems associated with the use of illicit drugs or alcohol. Receipt of any substance use treatment includes treatment that was

Figure 4. Past Month Cigarette and Alcohol Use among Children of Military Personnel and All Youths Aged 12 to 17: Percentages, 2015



Note: In 2015, the threshold for determining binge alcohol use for females changed from five or more drinks on an occasion to four or more drinks on an occasion.

received in the past year at any location, such as a hospital (inpatient), rehabilitation facility (outpatient or inpatient), mental health center, emergency room, private doctor's office, prison or jail, or a self-help group (e.g., Alcoholics Anonymous or Narcotics Anonymous). People could report receiving treatment at more than one location.

Substance Use Treatment among Military Spouses

In 2015, 0.9 percent of military wives aged 18 to 49 received any substance use treatment within the past year (Table A.5B in Appendix A), or about 8,000 military wives. Among all married women aged 18 to 49, 0.7 percent received treatment in the past year; the difference in 2015 between military wives aged 18 to 49 and all married women in this age group was not statistically significant. Additional years of data would be useful for generating reliable estimates for the receipt of substance use treatment at a specialty facility²⁵ and the receipt of treatment among military spouses who needed substance use treatment.^{26,27}

Substance Use Treatment among Military Children

Among both military children and all youths aged 12 to 17 in 2015, 0.8 percent received substance use treatment within the past year (Table B.6B in Appendix B). The percentage of military children who received substance use treatment in the past year corresponds to about 4,000 military children. Additional years of data would be useful for generating reliable estimates for the receipt of substance use treatment at a specialty facility²⁵ and the receipt of treatment among military children who needed substance use treatment.^{26,27}

Any Mental Illness

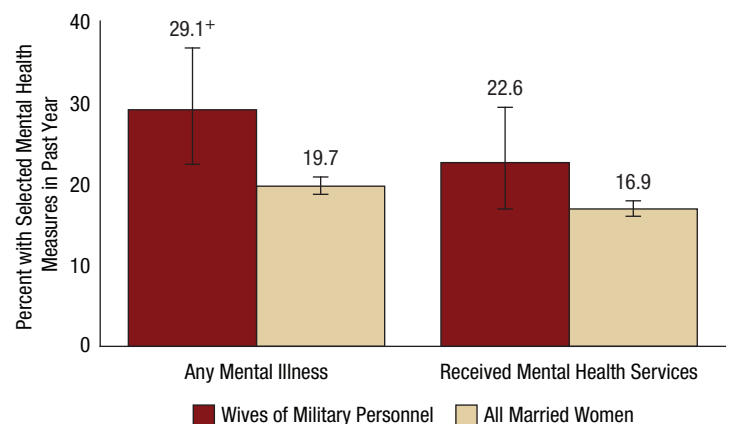
Mental disorders are generally characterized by changes in mood, thought, or behavior. They can make carrying out daily activities difficult and can impair an individual's ability to work or function in school, interact with family, and fulfill other major life functions. NSDUH provides estimates of any mental illness (AMI) for adults aged 18 or older.²⁸ An adult with AMI was defined as having any mental, behavioral, or emotional disorder in the past year that met the criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), excluding developmental disorders and substance use disorder.²⁷ AMI does not take into account whether the mental, behavioral, or emotional disorder substantially interfered with or limited

adults' ability to carry out major life activities.²⁹ In this section, estimates for AMI are presented only for military spouses because NSDUH provides estimates of AMI only for adults aged 18 or older. However, NSDUH collects data on the presence of a major depressive episode (MDE) in the past year among both adults and adolescents (see the section below on MDE).

Any Mental Illness among Military Spouses

In 2015, an estimated 264,000 military wives aged 18 to 49 were identified as having AMI in the past year. As shown in Figure 5, military wives were more likely than all married women aged 18 to 49 to be identified as having AMI in the past year (29.1 vs. 19.7 percent). The percentage of military wives identified as having AMI within the past year compared with the percentage for all married women should be monitored as additional years of NSDUH data become available to determine whether this difference remains significant in future years and with a larger sample of military spouses. Additional years of data will also be useful for generating estimates of serious mental illness (SMI) among military spouses, which is defined as the presence of a mental, behavioral, or emotional disorder that substantially interfered with or limited adults' ability to carry out major life activities.

Figure 5. Any Mental Illness in the Past Year and Receipt of Mental Health Services in the Past Year among Wives of Military Personnel and All Married Women Aged 18 to 49: Percentages, 2015



+ Difference between this estimate and the estimate for All Married Women Aged 18 to 49 is statistically significant at the .05 level.

Note: Mental health services are defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health.

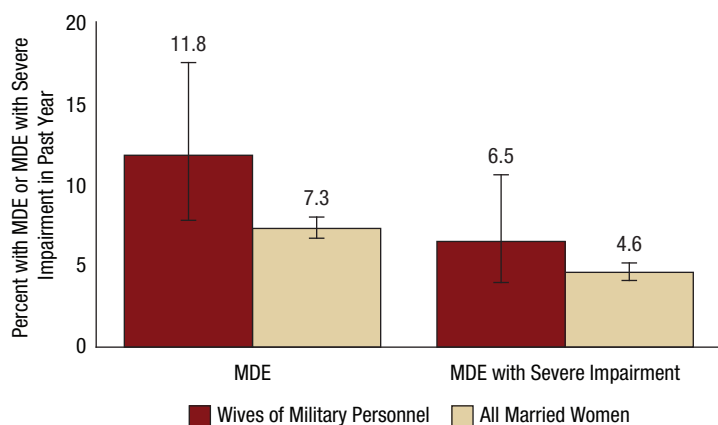
Major Depressive Episode (MDE)

NSDUH also provides estimates of having a past year MDE among adults and adolescents. MDE is defined using the diagnostic criteria from the DSM-IV.²⁷ The wordings to some of the questions for adolescents were designed to make them more developmentally appropriate for youths. Respondents were defined as having an MDE if they had a period of 2 weeks or longer in the past 12 months when they experienced a depressed mood or loss of interest or pleasure in daily activities and if they had at least some additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth.^{30,31,32} Additionally, adults were defined as having an MDE with severe impairment if their depression caused severe problems with their ability to manage at home, manage well at work, have relationships with others, or have a social life. Adolescents were defined as having an MDE with severe impairment if their depression caused severe problems with their ability to do chores at home, do well at work or school, get along with their family, or have a social life.

MDE among Military Spouses

In 2015, about 107,000 military wives aged 18 to 49 had at least one MDE in the past year, including 59,000 who had an MDE with severe impairment in the past year. These numbers correspond to 11.8 percent of military wives who had an MDE in the past year and 6.5 percent who had an MDE with severe impairment (Figure 6). The percentages were not significantly different between military wives

Figure 6. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Wives of Military Personnel and All Married Women Aged 18 to 49: Percentages, 2015

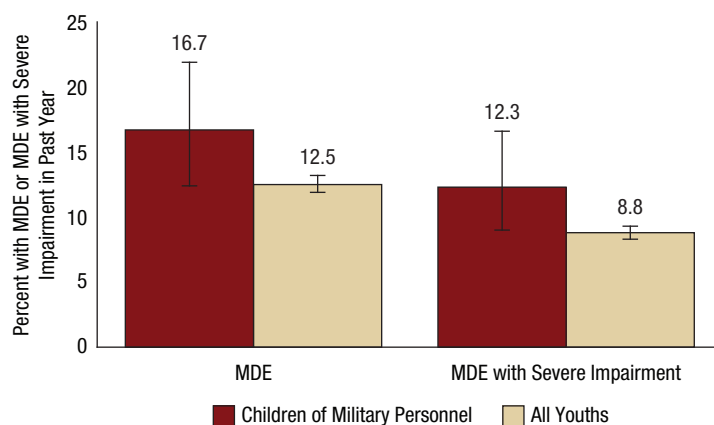


and all married women aged 18 to 49 for an MDE in the past year (11.8 and 7.3 percent, respectively) or for an MDE with severe impairment (6.5 and 4.6 percent, respectively). However, these comparisons should be reevaluated with additional years of data to determine whether differences become statistically significant when estimates are based on a larger sample of military spouses. Additional years of data will also allow for estimation of treatment for depression among military spouses who had a past year MDE and among those who had an MDE with severe impairment.

MDE among Military Children

In 2015, about 85,000 military children aged 12 to 17 had at least one MDE in the past year, including 63,000 who had an MDE with severe impairment in the past year. These numbers correspond to 16.7 percent of military children who had a past year MDE and 12.3 percent who had a past year MDE with severe impairment (Figure 7). The percentages were not significantly different between military children and all youths aged 12 to 17 for an MDE in the past year (16.7 and 12.5 percent, respectively) or an MDE with severe impairment (12.3 and 8.8 percent, respectively). However, these comparisons should be reevaluated with additional years of data to determine whether differences become statistically significant when estimates are based on a larger sample of military children. Additional years of data will also allow for estimation of treatment for depression among military children who had a past year MDE and among those who had an MDE with severe impairment.

Figure 7. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Children of Military Personnel and All Youths Aged 12 to 17: Percentages, 2015



Mental Health Service Use

In this section, estimates of mental health service use are presented separately for military wives and children because NSDUH uses age-specific questions to collect mental health service use information from adults and adolescents. The mental health service use questions for adults and adolescents are described below.

Mental Health Service Use among Military Spouses

Adults in NSDUH are asked whether they received treatment or counseling for any problem with emotions, “nerves,” or mental health in the past year in any inpatient or outpatient setting or whether they used prescription medication in the past year for a mental or emotional condition. All adults are asked these questions about their use of mental health services (i.e., not just those with mental illness). Respondents are asked not to include treatment for use of alcohol or illicit drugs. The questions about the receipt of treatment or counseling for mental health issues do not ask specifically about treatment for a particular mental disorder. Consequently, treatment or counseling for any problem with emotions, nerves, or mental health are defined broadly as “mental health service use.”

In 2015, an estimated 204,000 military wives aged 18 to 49 received mental health services in the past year, which corresponds to 22.6 percent of military wives in this age group (Figure 5). The percentages of military wives and all married women aged 18 to 49 who received mental health services in the past year were not significantly different (22.6 and 16.9 percent, respectively); however, this comparison should be reevaluated with additional years of data to determine whether differences become statistically significant when estimates are based on a larger sample of military spouses. Additional years of data will also allow for estimation of the receipt of specific types of mental health services (i.e., in an inpatient or outpatient setting or the use of prescription medication for a mental health condition) and the receipt of mental health services among military spouses with AMI or SMI.

Mental Health Service Use among Military Children

NSDUH includes questions for adolescents aged 12 to 17 that ask about the receipt of services for emotional and behavioral problems that were not caused by substance use. The youth mental health service utilization section of the interview asks respondents aged 12 to 17 whether they received any treatment or counseling within the

12 months prior to the interview for problems with emotions or behavior. These items are repeated for each of several treatment settings: (a) the *specialty mental health setting* (inpatient or outpatient care); (b) the *education setting* (talked with a school social worker, psychologist, or counselor about an emotional or behavioral problem; participated in a program for students with emotional or behavioral problems while in a regular school; or attended a school for students with emotional or behavioral problems); (c) the *general medical setting* (care from a pediatrician or family physician for emotional or behavioral problems); (d) the *juvenile justice setting* (services for an emotional or behavioral problem in a detention center, prison, or jail); or (e) the *child welfare setting* (foster care or therapeutic foster care). Adolescent respondents could report receiving services in more than one setting.

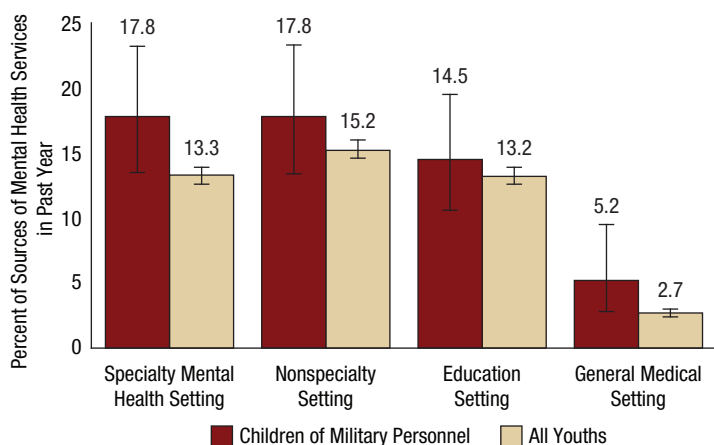
Given the small number of military children in the NSDUH sample, this section focuses on the receipt of mental health services in specialty mental health settings (inpatient or outpatient care) and in nonspecialty settings (i.e., education, general medical, or child welfare settings). This section also presents estimates for the receipt of mental health services in two of the nonspecialty settings: education settings and general medical settings. Additional years of data will allow for the analysis of data on military children’s receipt of mental health services in other specific nonspecialty settings.

In 2015, 93,000 military children aged 12 to 17 received mental health services within the past 12 months in specialty mental health settings (inpatient or outpatient care), and 91,000 received mental health services in nonspecialty settings (i.e., education, general medical, or child welfare settings).³³ These numbers correspond to 17.8 percent of military children who received services in each type of setting (Figure 8). Among all youths aged 12 to 17, 13.3 percent received mental health services in the past year in specialty mental health settings, and 15.2 percent received services in nonspecialty settings.

The 91,000 military children who received mental health services in nonspecialty settings (i.e., education, general medical, or child welfare settings) included 74,000 military children who received mental health services in education settings (14.5 percent of military children) and 27,000 who received mental health services in general medical settings (5.2 percent). Among all youths aged 12 to 17, 13.2 percent received services in education settings, and 2.7 percent received services in general medical settings.

The percentages in this section for the receipt of mental health services were not significantly different between military children and all youths aged 12 to 17. These comparisons should be reevaluated with additional years of data to determine whether differences become statistically significant when estimates are based on a larger sample of military children.

Figure 8. Sources of Mental Health Services in the Past Year among Children of Military Personnel and All Youths Aged 12 to 17: Percentages, 2015



Note: Nonspecialty setting includes education, general medical, juvenile justice, and child welfare settings.

Using NSDUH Data to Understand Substance Use and Mental Health Issues in Military Families

As noted in the “Data Presentation and Interpretation” section at the beginning of the report, this report presents the first set of findings from NSDUH for substance use and mental health issues among military spouses and military children. Although the NSDUH estimates in this report provide important new information about substance use and mental health issues among military families, the relatively small numbers of respondents in the 2015 NSDUH who were military spouses or children limit the depth of the analyses that are statistically feasible with this single year of NSDUH data. Additionally, analysis of the NSDUH data for military spouses was limited to women with a spouse in the military because there were not enough male respondents in the 2015 NSDUH with a spouse in the military to generate reliable estimates for husbands of military personnel.

Also, a number of mental health estimates were in the *direction* of being greater for military wives or military children compared with all married women aged 18 to 49 or all youths aged 12 to 17, but the differences were not statistically significant. Stated another way, apparent (but not statistically significant) differences between subgroups of military family members and the corresponding members of the overall population may not reflect “real” differences. Rather, these findings could have been explained by chance in how individuals were selected for the survey and in the resulting answers from the individuals who responded.

Nevertheless, the 2015 NSDUH estimates had sufficient precision to indicate some noteworthy differences between military wives and all married women aged 18 to 49. Specifically, military wives aged 18 to 49 were less likely than all married women in this age group to have used marijuana in the past year, but they were more likely than all married women to be binge alcohol users in the past month or to have AMI in the past year. However, the disproportionately higher representation of young adults aged 18 to 25 among military wives may contribute to the greater likelihood of military wives to be binge alcohol users. In 2015, for example, 39.0 percent of young adults were binge drinkers in the past month compared with 24.8 percent of adults aged 26 or older.³⁴ Although there were no statistically significant differences between military children aged 12 to 17 and all children aged 12 to 17 for any of the substance use and mental health measures, these data provide insights about military children; prior to 2015, nationally representative data were not available from any source on substance use and mental health issues among military children.

Consistency in the target population, sample design, and survey measures across time are important strengths of NSDUH. For example, NSDUH rarely adds new questions or redesigns the questionnaire. The addition of new questions is typically preceded by in-depth methodological testing of respondent understanding of the new questions and is followed by early evaluation of the potential effects of new questions on other survey estimates. This methodological stability allows for pooling of multiple years of NSDUH data to facilitate the analysis of rare events, such as the use of specific illicit substances, and analysis of data for smaller subpopulations, such as military families. Where possible, additional investigations will be important not only for *describing* differences between military and nonmilitary families with respect to key substance use and mental health indicators, but also for understanding the factors that are

related to apparent differences. With additional years of pooled NSDUH data, it will be possible to expand on the analyses in this report to broaden the understanding of substance use and mental health issues among military and civilian families. Ultimately, these additional analyses are likely to be used by policymakers, researchers, and health care providers in the development of more focused prevention efforts and treatment interventions for the potentially vulnerable population of military families.

Finally, NSDUH is not a survey that is specifically geared toward military families. Therefore, the survey is limited in the range of available information about military families. For example, NSDUH does not include questions to identify whether military spouses or parents had a recent period of military deployment and therefore cannot provide data on the impact of deployment on the well-being of military families. However, the analysis of pooled years of NSDUH data on military families will provide potentially useful data that should enable policymakers, researchers, and health care providers to answer and respond to several critical questions about military families, such as whether being a military family member appears to reduce the risk for certain substance use or mental health issues, whether military family members are particularly vulnerable to specific substance use or mental health issues, and whether military family members have differential access to or make differential use of substance use treatment or mental health services. Understanding these topics could inform policies and practices to improve the lives of military families and benefit the personnel who serve.

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Acknowledgments of Reviewers

The authors would like to thank Struther Van Horn at SAMHSA and Tricia Adams, Elizabeth A. P. Copello, Erica Hirsch, and Jeremy D. Porter at RTI International for reviewing previous drafts of this Data Review.

Suggested Citation

Lipari, R. N., Forsyth, B., Bose, J., Kroutil, L. A., & Lane, M. E. (2016, November). *Spouses and children of U.S. military personnel: Substance use and mental health profile from the 2015 National Survey on Drug Use and Health*. NSDUH Data Review. Retrieved from <http://www.samhsa.gov/data/>

Endnotes

1. Bowen, G. L., Martin, J. A., & Mancini, J. A. (2013). The resilience of military families: Theoretical perspectives. In M. A. Fine & F. D. Fincham (Eds.), *Handbook of family theories: A content-based approach* (pp. 417-436). New York, NY: Routledge.
2. Segal, M. W. (1986). The military and the family as greedy institutions. *Armed Forces & Society, 13*, 9-38. doi:10.1177/0095327X8601300101
3. For more information on the composition of U.S. military personnel and their families, see <http://download.militaryonesource.mil/12038/MOS/Reports/2013-Demographics-Report.pdf>.
4. The Department of Defense (DoD) defines military children as youths or young adults aged 0 to 22 who are registered as dependents in the Defense Enrollment Eligibility Reporting System (DEERS). Adults aged 21 or 22 must be enrolled as full-time students in order to qualify as dependents. Dependents who are not registered in DEERS are excluded; therefore, the data are likely to be underreported. For more information, see the report that is cited in endnote 3.
5. Of the roughly 2.0 million children of military personnel in 2013, about one fourth were adolescents aged 12 to 18. See endnote 4 for a definition of military children.
6. Roughly 5 percent of military families are dual military families, where both members of the married pair are serving in the U.S. military. Military spouses who are themselves currently serving on active duty in the military are excluded from this report because they are not eligible for NSDUH. For more information, see the report that is cited in endnote 3.
7. Respondents in 2015 who reported that another member of their immediate family was serving in the U.S. military were asked to specify that family member's relationship to the respondent.
8. Because military child status is self-reported in NSDUH, the population estimate may differ from the reported DoD number of dependent children of military personnel. For more information, see the report that is cited in endnote 3.
9. Respondents had missing data for whether another member of their immediate family was currently serving in the U.S. military if they did not know how to answer the question, refused to answer, or ended the interview before reaching the questions on military families. Respondents who reported that another member of their immediate family was currently serving in the military also had missing data if they did not know or refused to report which other family members were currently serving.
10. In this report, terms such as "all married women aged 18 to 49" or "all youths aged 12 to 17" are used broadly to refer to the civilian, noninstitutionalized population that is covered by NSDUH. Although some people in the general population of the United States are outside of the civilian, noninstitutionalized population, information from the 2010 census suggests that the civilian, noninstitutionalized population includes at least 97 percent of the total U.S. population. See the following reference: Lofquist, D., Lugaila, T., O'Connell, M., & Feliz, S. (2012, April). *Households and families: 2010* (C2010BR-14, 2010 Census Briefs). Retrieved from <https://www.census.gov/prod/cen2010/briefs/c2010br-14.pdf>
11. The screening procedure involves listing all household members in order to determine whether zero, one, or two individuals aged 12 or older should be selected for the interview.
12. Overall response rates are not calculated for adolescents or adults because the screening response rate is not specific to age groups.
13. Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: Methodological summary and definitions*. Retrieved from <http://www.samhsa.gov/data/>
14. For a discussion of the criteria for not publishing unreliable estimates, see Section B.2.2 in CBHSQ (2016). See endnote 13 for the reference.
15. Statistical testing for this report has taken into account that the groups for military wives aged 18 to 49 and all married women aged 18 to 49 are not mutually exclusive. Similarly, statistical testing has taken into account that the groups for military children aged 12 to 17 and all youths aged 12 to 17 are not mutually exclusive. For a discussion of the statistical procedures for NSDUH data, see Section B.2.3 in CBHSQ (2016). See endnote 13 for the reference.
16. Estimates presented in this report have been weighted to reflect characteristics of the civilian, noninstitutionalized population aged 12 or older in the United States. The calculation of NSDUH weights for analysis includes a step that yields weights that are consistent with population totals obtained from the U.S. Census Bureau based on the most recently available decennial census.
17. The Defense Manpower Data Center (DMDC) maintains DoD's Active Duty Military Personnel Master File, Active Duty Military Family File, Reserve Components Common Personnel Data System, and Reserve Components Family File. See <https://www.dmdc.osd.mil/appj/dwp/index.jsp>.
18. See the report mentioned in endnote 3.
19. Other employment categories include students and people who were keeping house or caring for children full time.
20. Table B.1B for military children does not include percentages for education and employment status because those are likely to show little variation for youths aged 12 to 17. For example, most youths would be expected not to be high school graduates. Similarly, youths who report that they are students would be classified in the "Other" employment category.
21. Center for Behavioral Health Statistics and Quality. (2016). *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health* (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/>
22. Center for Behavioral Health Statistics and Quality. (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 14-4863, NSDUH Series H-48). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/>
23. Center for Behavioral Health Statistics and Quality. (2014). *Results from the 2013 National Survey on Drug Use and Health: Mental health findings* (HHS Publication No. SMA 14-4887, NSDUH Series H-49). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/>
24. In NSDUH, a "drink" is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Times when respondents only had a sip or two from a drink are not considered to be alcohol consumption.

25. Specialty treatment for substance use includes treatment at a hospital (only as an inpatient), a drug or alcohol rehabilitation facility (as an inpatient or outpatient), or a mental health center. This NSDUH definition historically has not considered emergency rooms, private doctors' offices, prisons or jails, and self-help groups to be specialty substance use treatment facilities.
26. For NSDUH, people are defined as needing substance use treatment if they had an SUD in the past year related to their use of alcohol or illicit drugs in that period or if they received substance use treatment at a specialty facility. Respondents were asked questions about SUDs if they previously reported use of alcohol or illicit drugs in the past 12 months. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and the misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives). The SUD questions classify people as having an SUD in the past 12 months and are based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV). For details, see the reference in endnote 27.
27. American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (DSM-IV) (4th ed.). Washington, DC: Author.
28. In order to generate estimates of AMI in the United States, SAMHSA designed and implemented the Mental Health Surveillance Study (MHSS). Over the 5-year period from 2008 to 2012, a subsample of adults was selected from the main study to participate in a follow-up telephone interview that obtained a detailed mental health assessment administered by trained mental health clinicians. The MHSS interview used the Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Research Version, Non-patient Edition (SCID-I/NP). A prediction model created from clinical interview data that were collected from 2008 to 2012 was applied to data from the 2008 to 2015 NSDUHs to produce estimates of AMI for the entire NSDUH adult sample in these years. See the following reference: First, M. B., Spitzer, R. L., Gibbon, M., & Williams, J. B. W. (2002). *Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Research Version, Non-patient Edition* (SCID-I/NP). New York, NY: New York State Psychiatric Institute, Biometrics Research.
29. Details about the definitions and estimation methods for mental illness estimates are provided in Section B.4.7 and Section D of CBHSQ (2016). See endnote 13 for the reference.
30. The specific questions used to measure MDE and a discussion of measurement issues are included in Section B.4.8 of CBHSQ (2016). See endnote 13 for the reference.
31. Adults were first asked whether they ever had a period in their lifetime lasting several days or longer when any of the following was true for most of the day: (a) feeling sad, empty, or depressed; (b) feeling discouraged about how things were going in their lives; or (c) losing interest in most things they usually enjoy. Adults who reported any of these problems were asked further questions about having an MDE in their lifetime, including whether they had at least five of nine symptoms in the same 2-week period in their lifetime; at least one of the symptoms needed to be having a depressed mood or loss of interest or pleasure in daily activities. Those who had lifetime MDE were asked if they had a period of time in the past 12 months when they felt depressed or lost interest or pleasure in daily activities for 2 weeks or longer and they reported that they had some of their other lifetime MDE symptoms in the past 12 months. These adults were defined as having past year MDE.
32. Adolescents were first asked whether they ever had a period in their lifetime lasting several days or longer when any of the following was true for most of the day: (a) feeling sad, empty, or depressed; (b) feeling very discouraged or hopeless about how things were going in their lives; or (c) losing interest and becoming bored with most things they usually enjoy. Adolescents who reported any of these problems were asked further questions about having an MDE in their lifetime, including whether they had at least five of nine symptoms in the same 2-week period in their lifetime; at least one of the symptoms needed to be having a depressed mood or loss of interest or pleasure in daily activities. Unlike in the questions for adults, adolescents who reported gaining weight without trying were asked if this occurred because they were growing. Those who had lifetime MDE were asked if they had a period of time in the past 12 months when they felt depressed or lost interest or pleasure in daily activities for 2 weeks or longer and they reported that they had some of their other lifetime MDE symptoms in the past 12 months. These adolescents were defined as having past year MDE.
33. Youths could indicate that they received mental health services in more than one setting in the past year.
34. For more information on estimates of substance use and mental health issues among all adults aged 18 to 25 and among all adults aged 26 or older, see the report that is cited in endnote 21.

Appendix A: Supplemental Tables of Estimates for Spouses of Military Personnel and Married Adults Aged 18 to 49

Table A.1B Spouses or Wives of Military Personnel and All Married Adults or Women Aged 18 to 49, by Demographic Characteristics

Demographic Characteristic	Spouses Aged 18 to 49 of Military Personnel	All Married Adults Aged 18 to 49	Wives Aged 18 to 49 of Military Personnel	All Married Women Aged 18 to 49
TOTAL	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)
AGE GROUP				
18-25	16.7* (2.19)	5.9 (0.21)	17.8* (2.34)	7.1 (0.27)
26-49	83.3* (2.19)	94.1 (0.21)	82.2* (2.34)	92.9 (0.27)
GENDER				
Male	13.9* (3.15)	48.0 (0.47)	--	--
Female	86.1* (3.15)	52.0 (0.47)	--	--
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	88.2* (2.29)	79.7 (0.57)	88.7* (2.39)	80.5 (0.66)
White	69.6* (3.41)	61.4 (0.67)	70.4* (3.66)	62.0 (0.77)
Black or African American	8.6 (1.94)	7.8 (0.31)	7.0 (1.85)	7.4 (0.38)
American Indian or Alaska Native	1.3 (0.86)	0.4 (0.06)	** (**)	0.4 (0.10)
Native Hawaiian or Other Pacific Islander	0.3 (0.25)	0.3 (0.05)	0.4 (0.29)	0.3 (0.07)
Asian	7.4 (2.46)	8.7 (0.49)	8.6 (2.81)	9.3 (0.55)
Two or More Races	1.0 (0.42)	1.1 (0.10)	1.1 (0.47)	1.1 (0.11)
Hispanic or Latino	11.8* (2.29)	20.3 (0.57)	11.3* (2.39)	19.5 (0.66)
EDUCATION				
< High School	5.0* (1.58)	11.6 (0.40)	2.3* (0.81)	10.5 (0.48)
High School Graduate	18.8 (2.69)	19.0 (0.44)	17.6 (2.69)	16.7 (0.51)
Some College or Associate's Degree	33.5 (3.24)	29.3 (0.51)	35.6 (3.51)	31.6 (0.66)
College Graduate	42.7 (3.55)	40.2 (0.67)	44.5 (3.95)	41.3 (0.80)
CURRENT EMPLOYMENT				
Full-Time	45.3* (3.65)	67.7 (0.50)	40.4* (3.74)	52.6 (0.70)
Part-Time	15.7 (2.60)	11.1 (0.32)	18.2 (2.91)	16.8 (0.51)
Unemployed	5.5 (1.59)	3.3 (0.18)	3.8 (1.26)	3.1 (0.23)
Other ¹	33.5* (3.20)	17.9 (0.41)	37.7* (3.45)	27.5 (0.65)

**Low precision; no estimate reported.

-- = not applicable.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

*Difference between this estimate and the corresponding estimate for all married adults or women aged 18 to 49 is statistically significant at the .05 level.

¹ The Other Employment category includes students, adults keeping house or caring for children full time, retired or disabled adults, or other adults not in the labor force.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table A.2B Types of Illicit Drugs Used in the Past Year among Wives of Military Personnel and All Married Women Aged 18 to 49

Drug	Wives Aged 18 to 49 of Military Personnel	All Married Women Aged 18 to 49
ILLICIT DRUGS	12.8 (2.42)	12.9 (0.44)
Marijuana	5.1* (1.48)	8.0 (0.36)
Misuse of Psychotherapeutics	7.8 (1.99)	5.9 (0.33)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

*Difference between this estimate and the estimate for all married women aged 18 to 49 is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table A.3B Cigarette and Alcohol Use in the Past Month among Wives of Military Personnel and All Married Women Aged 18 to 49

Substance	Wives Aged 18 to 49 of Military Personnel	All Married Women Aged 18 to 49
CIGARETTES	16.2 (2.80)	15.8 (0.48)
ALCOHOL	67.8* (3.53)	53.8 (0.73)
Binge Alcohol Use	31.5* (3.59)	22.7 (0.55)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

*Difference between this estimate and the estimate for all married women aged 18 to 49 is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table A.4B Selected Past Year Mental Health Measures among Wives of Military Personnel and All Married Women Aged 18 to 49

Past Year Mental Health Measure	Wives Aged 18 to 49 of Military Personnel	All Married Women Aged 18 to 49
Major Depressive Episode	11.8 (2.44)	7.3 (0.33)
Major Depressive Episode with Severe Impairment	6.5 (1.64)	4.6 (0.28)
Any Mental Illness	29.1* (3.65)	19.7 (0.52)
Received Mental Health Services	22.6 (3.19)	16.9 (0.50)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

*Difference between this estimate and the estimate for all married women aged 18 to 49 is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table A.5B Received Substance Use Treatment in the Past Year among Wives of Military Personnel and All Married Women Aged 18 to 49

Substance for Which Treatment Was Received	Wives Aged 18 to 49 of Military Personnel	All Married Women Aged 18 to 49
Alcohol	0.9 (0.62)	0.4 (0.09)
Illicit Drugs	** (**)	0.4 (0.08)
Illicit Drugs or Alcohol	0.9 (0.62)	0.7 (0.12)

**Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Appendix B: Supplemental Tables of Estimates for Children of Military Personnel and Youths Aged 12 to 17

Table B.1B Children of Military Personnel and All Youths Aged 12 to 17, by Demographic Characteristics

Demographic Characteristic	Children Aged 12 to 17 of Military Personnel	All Youths Aged 12 to 17
TOTAL	100.0 (0.00)	100.0 (0.00)
AGE GROUP		
12-13	34.0 (2.96)	31.6 (0.44)
14-15	37.4 (3.01)	34.7 (0.44)
16-17	28.6 (2.75)	33.7 (0.45)
GENDER		
Male	54.0 (3.28)	51.0 (0.50)
Female	46.0 (3.28)	49.0 (0.50)
HISPANIC ORIGIN AND RACE		
Not Hispanic or Latino	85.7* (2.63)	76.9 (0.58)
White	58.7 (3.59)	53.7 (0.68)
Black or African American	16.9 (2.43)	13.9 (0.45)
American Indian or Alaska Native	0.7 (0.49)	0.6 (0.08)
Native Hawaiian or Other Pacific Islander	** (**)	0.5 (0.09)
Asian	5.1 (2.41)	5.0 (0.36)
Two or More Races	4.3 (1.02)	3.2 (0.16)
Hispanic or Latino	14.3* (2.63)	23.1 (0.58)

**Low precision; no estimate reported.

NOTE: Estimates shown are percentages with standard errors included in parentheses.

*Difference between this estimate and the estimate for all youths aged 12 to 17 is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table B.2B Types of Illicit Drugs Used in the Past Year among Children of Military Personnel and All Youths Aged 12 to 17

Drug	Children Aged 12 to 17 of Military Personnel	All Youths Aged 12 to 17
ILLICIT DRUGS	19.6 (2.71)	17.5 (0.37)
Marijuana	10.7 (1.93)	12.6 (0.32)
Misuse of Psychotherapeutics	7.6 (1.85)	5.9 (0.23)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table B.3B Cigarette and Alcohol Use in the Past Month among Children of Military Personnel and All Youths Aged 12 to 17

Substance	Children Aged 12 to 17 of Military Personnel	All Youths Aged 12 to 17
CIGARETTES	3.2 (0.97)	4.2 (0.20)
ALCOHOL	9.3 (1.91)	9.6 (0.29)
Binge Alcohol Use	4.6 (1.38)	5.8 (0.23)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table B.4B Past Year Major Depressive Episode (MDE) Status among Children of Military Personnel and All Youths Aged 12 to 17

Past Year MDE Status	Children Aged 12 to 17 of Military Personnel	All Youths Aged 12 to 17
Past Year MDE	16.7 (2.41)	12.5 (0.33)
Past Year MDE with Severe Impairment	12.3 (1.92)	8.8 (0.28)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown past year treatment data, unknown past year MDE data, and/or past year impairment data were excluded.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table B.5B Sources of Mental Health Services in the Past Year among Children of Military Personnel and All Youths Aged 12 to 17

Source of Mental Health Service ¹	Children Aged 12 to 17 of Military Personnel	All Youths Aged 12 to 17
SPECIALTY MENTAL HEALTH SERVICE	17.8 (2.47)	13.3 (0.32)
NONSPECIALTY SERVICE	17.8 (2.49)	15.2 (0.35)
Education ²	14.5 (2.25)	13.2 (0.34)
General Medicine ³	5.2 (1.61)	2.7 (0.16)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Respondents with unknown receipt of mental health service information were excluded.

¹ Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

² Respondents who did not report their school enrollment status, who reported not being enrolled in school in the past 12 months, or who reported being home schooled were not asked about receipt of mental health treatment or counseling from this source; however, respondents who reported not being enrolled in school in the past 12 months were classified as not having received treatment or counseling from this source.

³ Mental health services in a general medical setting refer to services from a pediatrician or family doctor.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Table B.6B Received Substance Use Treatment in the Past Year among Children of Military Personnel and All Youths Aged 12 to 17

Substance for Which Treatment Was Received	Children Aged 12 to 17 of Military Personnel	All Youths Aged 12 to 17
Alcohol	0.7 (0.39)	0.4 (0.06)
Illicit Drugs	0.7 (0.39)	0.6 (0.08)
Illicit Drugs or Alcohol	0.8 (0.40)	0.8 (0.09)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.