

A Journey Map for Military-Connected Youth Seeking Mental Health, Emotional, Developmental, and Behavioral Health Care

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BACKGROUND

- Youth in military families represent a distinct subgroup within the broader mental health crisis with higher mental health and special healthcare needs than their civilian peers,² while concurrently encountering unique barriers to access care.³
 - Military-connected youth face disparities in access to care due to frequent relocation, challenges with insurance, and changes to family functioning related to military duties.⁴⁻⁶
 - Caregivers utilizing TRICARE were more likely than peers to report need for care coordination and frustration obtaining services.⁴
- As families navigate mental health, emotional, developmental, and behavioral health (MEDB) care, from initial concerns, diagnostic evaluation, and treatments, they must do so across primary and specialty healthcare, educational systems, and supportive community resources across duty stations.
 - No single provider, clinic, or system has visibility into the full care trajectory.
 - Critical gaps remain in understanding how military families navigate MEDB care longitudinally across systems and over time.

AIM

- The project aim was to develop a patient journey map illustrating the complex, non-linear, longitudinal process military families experience when they seek pediatric MEDB care, to enable providers to gain a deeper understanding of the processes, barriers, and facilitators to seeking care to identify gaps in care coordination and promote systemic collaboration for more responsive, tailored healthcare.

APPROACH

- Patient journey maps are often used to promote understanding of the patients' experiences, illustrate patient trajectory and the processes involved in longitudinal care, and identify opportunities for improvement.⁷⁻⁹
- The research team used an iterative, multi-stage process centered on lived experience to develop the journey map. A Stakeholder Engagement Group (SEG) of 12 military parents of military children with MEDB needs across the US provided the initial insights, which were then validated by 14 multidisciplinary experts. After synthesizing two preliminary drafts into a single map based on SEG feedback, the research team returned the final version to the original focus group for final input and validation.

PHASES OF CARE-SEEKING

- Awareness:** Symptoms are noticed; observation for developing patterns and persistence.
- Concern:** Symptoms indicate concern for MEDB health care need.
- Exploration:** Information gathering for next steps through peers, primary care setting, or military family resources.
- Diagnostics:** Screening or assessment to clarify MEDB diagnoses and need for further specialist evaluation.
- Care Navigation:** Reviewing available medical and mental health services and coordinating the sequence and timing of care to meet the child's needs.
- Ongoing Care:** Implementation of the treatment plan; care coordination and resource mapping, with adjustments for evolving needs.
- Emergency Care:** Immediate intervention triggered by acute symptom escalation, safety concerns, or barriers to accessing outpatient care.
- EFMP Enrollment:** EFMP Case Coordinator verifies child's eligibility for EFMP and caregivers complete enrollment forms.
- Supportive Services:** Coordinated, non-residential services and supports designed to help children function at home, in school, and in their communities.

IMPLICATIONS AND RECOMMENDATIONS

- The Journey Map reveals a circuitous pathway to obtaining necessary care. Military specific barriers and system inefficiencies can create fragmented care and burdens on military families, that can directly impact family readiness, and ultimately service member readiness and lethality.
- In the future, other versions of this journey map may be used to:
 - Identify barriers that prevent or delay access to care for families or resources to support families in seeking care,
 - Provide a roadmap for military families of the steps they may expect to encounter when they seek out or receive a MEDB diagnosis for their child, and
 - Illustrate families' experiences for decision-makers, to inform resource allocation and alleviate identified barriers.
- Recommendations:
 - Ensure the accuracy of TRICARE provider directories.
 - Improve TRICARE reimbursement rates and reduce administrative barriers to incentivize providers to panel with TRICARE.
 - Train providers in multidisciplinary collaborative care models, cultural competence, and evidence-based practices to strengthen the provider workforce.

