

# National Guard Service Members Returning Home After Deployment: The Case for Increased Community Support

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**Abstract** National Guard service members and their families face unique circumstances that distinguish them from other branches of the military. In this article, we highlight unique National Guard needs and argue that more can be done by policy makers to help this population. We present the findings from a representative survey of Michigan citizens showing that public support exists for increased assistance for these service members. Using the multiple streams framework, we propose that policy makers currently have the opportunity to facilitate increased support for National Guard members and families. Specifically we suggest policy implications that feature the important role of state and local resources.

**Keywords** National guard · Service members · Mental health care · Support

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## Introduction

National Guard service members have deployed in large numbers to the wars in Iraq (Operation Iraqi Freedom, OIF) and Afghanistan (Operation Enduring Freedom, OEF) since the September 11, 2001 terrorist attacks on the United States. Similar to their active duty counterparts, a portion return home with mental health and family needs (Hoge et al. 2006; Tanielian and Jaycox 2008); but in comparison to members of the full time military, National Guard service members do not have the same levels of support for meeting these needs in their local communities. In this article, we use the multiple streams framework (Kingdon 1984, 2010) along with data from the state of Michigan to show how a window of opportunity currently exists for policy makers to do more to address the unmet needs of National Guard members. In particular, we first discuss the needs of these service members and their families, summarizing findings from survey data collected from service members and their spouses/significant others (Gorman et al. 2011). Second, we report the main findings from a survey of Michigan citizens that assessed both their perceptions of the needs of National Guard service members and their views of support for meeting such needs. Next, we use these insights to propose to policy makers that a great need exists and that the public strongly supports providing increased help to these service members and their families. We conclude by suggesting policy recommendations that will increase the likelihood that the needs of the National Guard forces are adequately addressed.

## Conceptual Framework

The multiple streams framework (Kingdon 1984, 2010) seeks to explain the process through which certain issues

become prioritized on the public policy agenda while others do not. This framework suggests that three independent yet related streams are constantly flowing through government systems: the problem stream, the political stream, and the policy stream. Each stream is conceptualized to operate according to its own set of processes, on its own schedule, and with its own players, although some overlap may occur.

In recent years, scholars have applied the multiple streams framework to a multitude of pertinent issues, including passing a smoke-free law in Kentucky (Greathouse et al. 2005), lifting a casino ban in Singapore (Wee-Ming 2008), understanding emissions trading in Germany (Brunner 2008), and understanding a failed educational diversity rule in Minnesota (Stout and Stevens 2000). The multiple streams framework is used in each case to explain how policies are adopted at a point in time when an existing window of opportunity allows the issue to be included in the political agenda. In this paper, we apply the multiple streams framework to argue that a policy window currently exists for promoting legislation in support of National Guard members and their families.

#### The Problem Stream

Policy makers have a host of issues that cross their desks each day and they must prioritize the ones they will address. The problem stream is concerned with how certain problems become identified as high priority (Kingdon 2010; Zahariadis 2003, 2007). In particular, the problem stream identifies mechanisms that call attention to the relevance of certain problems and mobilizes policy makers to respond. These mechanisms may include scientific evidence from research data, a focusing event such as a national crisis, or a personal experience.

#### The Political Stream

The political stream takes into account how the problems that policy makers choose to consider as well as the solutions they propose will affect political opinion (Kingdon 2010; Zahariadis 2003, 2007). This stream attends to the consequences those in power may face if a policy is adopted, especially in terms of re-election, campaign contributions, and popularity ratings. Proposals that match national mood, are aligned with the current government orientation, enjoy interest-group support, and face little organized opposition are more likely to rise to the top of the political agenda.

#### The Policy Stream

The policy stream is concerned with how solutions to a problem are selected (Kingdon 2010; Zahariadis 2003,

2007). The framework asserts that once a problematic issue has been identified, a number of solutions are typically proposed by researchers, public officials, and other experts. These various solutions are then debated, revised, and those deemed acceptable are then put forward for serious deliberation. Key considerations include the feasibility and sustainability of a solution and its potential for success. At the end of this process, the large pool of initial ideas is narrowed down to a few viable options.

#### When Streams Come Together: A Policy Window

In order for a policy proposal to result in political action, the three streams must work together such that a real world problem is identified, a range of solutions are proposed, and political support is present to ensure the adoption of the policy and its survival over time. When these three streams coincide, the result is a policy window, in which ideal conditions exist to implement a policy decision. In this paper, we argue that a window of opportunity currently exists for increased support for National Guard members and their families in states across the U.S.

#### **The Problem Stream: National Guard Members Returning from Combat Face Unique Challenges Associated with Deployment and Reunification**

##### The Contemporary Role of the National Guard

Since 2001, U.S. engagement in Afghanistan and Iraq has required the deployment of a large number of forces from all branches of the military. The National Guard and Reserves (i.e., Reserve Component), in particular, have faced the challenge of deploying service members in numbers not seen since World War II. Approximately 750,000 of these Reserve Component service members have been activated and deployed since September 11, 2001, and have represented between 40 and 50% of U.S. forces deployed during these conflicts (Defense Manpower Data Center 2009). Nationally, the Reserve Component members total 1,080,617, making up 30.4% of the total U.S. armed forces (Department of Defense 2008). The Army National Guard, the focus of this paper, is comprised of 363,028 members, 34% of the Reserve Component, and about 10% of total U.S. armed forces (Department of Defense 2008). Studies show that service members from the Reserve Component experience a disproportionate burden of mental health symptoms following their return from OIF/OEF conflicts, faring worse than active component service members. Within 3 months of their return, up to 42% report mental health issues, suggesting a need for

further evaluation (Milliken et al. 2007; Tanielian and Jaycox 2008).

#### The Needs of National Guard Service Members and Their Families

Like all branches of the military, National Guard members and their families endure the stress of separation during deployment and must continually adapt and adjust to ongoing stresses and changes throughout the deployment cycle. Developmental transitions and other changes occur in both family and work contexts while the service member is away. Deployment cycles are lengthy (approximately 12 months), and during this time life at home goes on—children grow, adults change, and normative events related to family life continue (Francisco and Gorman 2010). Beyond the normative events, the absence of the service member does not prevent family illness, family financial crises, or dramatic workplace transformations. Furthermore, it is not only the family that changes while service members are deployed; service members themselves are different after enduring the stressful working conditions of combat environments. In addition, many service members have deployed multiple times, and their families have made the necessary transitions through these deployments. These changes in the service member and in his or her family context over the period of deployment can put a great deal of strain on marriages and other relationships (Francisco and Gorman 2010; Kline et al. 2010; Milliken et al. 2007; Seal et al. 2009). Reunification tasks may include reconnecting with a spouse/significant other and children, addressing co-parenting considerations, navigating gender roles that may have shifted during deployment, reconnecting with extended family and friends, and returning to work or beginning the search for employment (MacDermid 2006).

Mental health concerns exist in some service members. Suicide is the third leading cause of death for Army National Guard soldiers (Studenicka 2007). In 2009, the Reserve Component accounted for 42% of the 239 suicides within the military (Army Health Promotion Risk Reduction Suicide Prevention Report 2010). In addition, post-traumatic stress disorder (PTSD), depression, TBI, or some combination of these three are reported to occur in approximately one-third of returning military members (Tanielian and Jaycox 2008), and the Reserve Component forces (which include the National Guard) are equally affected (Hoge et al. 2004).

Family members have their own mental health concerns. For example, several studies have shown that spouses are vulnerable to mental health problems, and lengthy deployments exacerbate these problems (Eaton et al. 2008; Gorman et al. 2011; Mansfield et al. 2010). Longer periods

of deployment are associated with increased visits to mental health care providers by army wives who are at risk for a multitude of difficulties including depression, anxiety, sleep problems, high stress, and adjustment disorders (Mansfield et al. 2010). In addition, the marital relationship can suffer when either a service member, spouse, or both have a mental health difficulty (Karney and Crown 2007), which can lead to various types of relationship difficulties and even marital dissolution.

Deployment can affect the children of service members as well, including cognitive and emotional difficulties, developmental delays, attachment problems, behavioral problems, and health concerns (Gorman et al. 2010). Studies have shown that deployment increases rates of child maltreatment. Both departures to and returns from deployment impose a significant stress on the family (the parental unit in particular). Studies have shown that among families of enlisted soldiers in the U.S. Army with substantiated reports of child maltreatment, rates of maltreatment are greater when the soldiers are on combat-related deployments (Gibbs et al. 2007; Rentz et al. 2007).

#### The Unique Circumstances of National Guard Members

National Guard forces are both a critical element of the U.S. military and a distinct population facing different circumstances than full-time military personnel. In particular, National Guard members are dispersed throughout their home states rather than stationed on military installations. This decentralization has important implications for the reintegration experiences of service members and their families.

First, National Guard members may have more difficulty accessing resources that aid reintegration. When they return from deployment, they rely largely on their local communities for reintegration needs rather than the established supports offered on military installations (MacDermid 2006; U.S. Department of Defense Task Force on Mental Health 2007). National Guard members often live long distances from the friends with whom they deployed, thus depriving them of crucial social support during the post-deployment period. Further, they typically return to civilian work approximately 90 days after coming home from deployment. This places an additional burden on service members, especially when suitable employment is hard to find or when significant changes occurred in the workplace while the service member was away. In addition, National Guard service members either seek help for medical and mental health needs in the civilian community or have to travel some distance to a military provider, VA hospital, Veterans' Center, or other similar facility (Gorman et al. 2011; MacDermid 2006). It is unknown what types of care these service members receive in their local communities,

but as Tanielian and Jaycox (2008) suggest, there is likely a gap in quality when these services are compared to care delivered by professionals trained to work with military personnel. In contrast to the National Guard, active duty service members return from war to military installations that include a guaranteed job, a community of both military personnel and families, and straightforward access to medical, mental health, and other services provided by those well versed in working with military populations.

Second, while all service members need to reintegrate into family life, the inherent challenges for National Guard members may be exacerbated because family members and friends live in civilian communities unlikely to be acculturated to military life. Such reintegration may be particularly problematic when mental health concerns exist for either the service member or the spouse/significant other, if a service member suffered a traumatic brain injury (TBI) during the deployment, or if other events occurred during the time apart that added to the cumulative effects of stress. These cognitive and/or mental health conditions increase the challenge of transition from combat to civilian environments (Hoge et al. 2004; MacDermid 2006; Tanielian and Jaycox 2008).

#### The Importance of Responding to the Needs of National Guard Members and Their Families

While many National Guard members and their families adapt well to deployment and reunion, others struggle (MacDermid 2006). To prevent negative outcomes, National Guard service members and their families require resources that address their needs, including help with reintegration into work and civilian life, services for mental health and family needs, and increased community support (U.S. Department of Defense Task Force on Mental Health 2007). The U.S. Department of Defense Task Force on Mental Health report (2007) specifically notes the experiences of National Guard and Reserve families in dealing with constrained access to services, especially services that focus on early intervention. The report states:

Relative to active duty families, members of the National Guard and Reserves and their families have limited access to military chaplains, family support programs, and all the other parts of the military landscape designed to support psychological health. Unfortunately, community providers may not be sufficiently aware of or sufficiently trained to fulfill their needs. During times of high operational tempo, the constraints in the capacity to deliver a full continuum of care to members of the National Guard and Reserves and their eligible family members is

particularly problematic because it limits the degree to which they are adequately prepared for deployment, supported during deployment, assisted following deployment, and prepared for subsequent deployments (p. 28).

National Guard members and their families have a clear need and efforts are required to ensure that they receive the best services and supports they need to cope with the challenges of deployment and reintegration.

#### Michigan as a Case Study

Members of our research team have been involved in various capacities in work with returning National Guard members in our home state of Michigan. We have conducted several studies as well as outreach activities with this population. We believe that more concrete contributions are required from policy makers in order to address the needs of this unique service branch of the military. Drawing upon the multiple streams framework as well as data from two studies—one of National Guard members and one of Michigan citizens—we use the case of Michigan to discuss the needs of these service members and their families, as well as the popular political will which exists at present in the state. As a large Midwestern industrial state with a mixed political landscape and an ailing economy, Michigan is an excellent case study.

#### *Michigan National Guard forces*

The number of Michigan National Guard and Reserve members totals 19,361, or approximately 0.3% of the Michigan population between the ages of 18–64 (<http://quickfacts.census.gov/qfd/states/26000.html>). In addition, a large number of people are connected to these members, including spouses (8,908) and children (16,020) (National Governors Association 2007). Between September 11, 2001 and March 2010, the Michigan Army National Guard alone deployed 15,000 service members (some multiple deployments) to combat zones and other high security areas (Michigan National Guard Intranet Portal 2010). With additional members continuing to deploy, the demands on the Michigan National Guard remain high. This has important implications for service members as well as their families and communities.

#### *Current Economic Climate*

Upon returning from deployment, Michigan National Guard members have had to face acutely challenging economic conditions. Although the U.S. entered into a national recession in late 2007 (National Bureau of

Economic Research 2008), the state of Michigan experienced a profound financial downturn far earlier. Michigan has experienced a rate of unemployment above the national average every year since 2001, and has had one of the highest unemployment rates in the country since 2005. In October 2010, Michigan's unemployment rate was 12.8% (U.S. Bureau of Labor Statistics 2010).

Other economic indicators reinforce this bleak picture. Michigan's real gross domestic product has been declining since 2005 (Bureau of Economic Analysis 2009). The median household income in Michigan has dropped steadily since 2006, while the poverty rate has been climbing (Bishaw and Renwick 2009; Semega 2009). Home foreclosure rates also are among the highest in the country. In addition, the state is facing a sizable budget shortfall and widespread service and program cuts.

Taken together, this means that Michigan National Guard members return to a state where job prospects are bleak and social programs are suffering large reductions in funding. High concentrations of National Guard members live in cities such as Detroit and Flint that have been severely affected by the recent recession. This current economic context warrants concern as to whether Michigan National Guard service members will receive the services they need following deployment.

#### *Mental Health Needs of Service Members and Their Spouses/Significant Others*

A recent study conducted by Gorman and colleagues of returning Michigan National Guard members and their families sheds light on the mental health needs of guard service members and their families in the state (Gorman et al. 2011). This study recruited volunteer service members and spouses/significant others who answered questions about mental health and family difficulties 45–90 days post deployment. National Guard service members and their spouses/significant others attending reintegration workshops were informed about the study and invited to participate. Participants received a \$10 gift card for their participation in the anonymous survey. For further details on methods for this study, see Gorman et al. (2011).

Overall, this study concluded that both service members and spouses/significant others in this population face mental health service needs following deployment similar to the needs of national studies of service members in both the National Guard and in other branches of the military (Gorman et al. 2011; Hoge et al. 2006; Tanielian and Jaycox 2008). For example, 40% of these National Guard members and 34% of their spouses/significant others met the screening criteria for one or more mental health problems such as PTSD, depression, alcohol abuse, or suicidal ideation. Eleven percent of National Guard members

reported symptoms that would meet the criteria for a PTSD diagnosis, 21% met the criteria for depression, 5% for suicidal ideation, and 20% for hazardous alcohol use. Spouses and significant others also reported mental health concerns, including 17% meeting the criteria for a likely PTSD diagnosis, 22% for depression, 10% for suicidal ideation, and 3% for hazardous alcohol use (Gorman et al. 2011).

This study provides insight not only into the mental health needs of this population, but also into the local context of mental health service provision. In particular, many service members and their families reported receiving help within their local communities for mental health issues, family problems, and other difficulties (Gorman et al. 2011). These study findings specifically documented that spouses and significant others who had a mental health concern and who accessed such services were most likely to receive help from general medical doctors (51%) and mental health professionals (30%) at *civilian facilities*. It was beyond the scope of the study to assess the training of these providers or their understanding of unique components of military culture. However, these data do suggest that in many cases, the mental health related care for National Guard families resides at the civilian community level. While continuing education opportunities are available to sensitize family physicians and behavioral health specialists to the military culture, it does not necessarily translate into practice. Likewise, these professionals may not be trained in evidence-based treatments for PTSD or TBI, which are among the most prevalent invisible injuries of the current conflicts (Burnam et al. 2009; Tanielian and Jaycox 2008).

Overall, the case of Michigan illustrates a situation in which a large number of National Guard members deploy into combat situations and then return to a state context and local community where providers may not be equipped to address their mental health needs nor the needs of their families. This lack of access to effective mental health treatment and other resources for National Guard service members in local communities is a serious problem that deserves the attention of policy makers.

#### **The Political Stream: The Michigan State of the State Survey**

In addition to recognizing a problem, the multiple streams framework asserts that public opinion must support addressing a particular issue (Kingdon 2010). We conducted a statewide representative survey assessing Michigan residents' perceptions of the needs of Michigan National Guard members, their opinions regarding the support that should be provided to returning service



members and their families, their views on who is responsible for the provision of this support, and their personal willingness to support these needs (Tables 1, 2, 3).

Our survey was part of the 50th round of the State of the State Survey (SOSS) conducted by Michigan State University's Institute for Public Policy and Social Research (IPPSR) from October 13 through December 29, 2008. The quarterly survey is administered by IPPSR's Office for Survey Research. The purpose of this survey is to assess the attitudes and opinions of Michigan residents regarding issues that currently are affecting the state. The main themes of this round of research were the state of Michigan's infrastructure, transportation, climate, and the Michigan National Guard. The sampling design for the State of the State Survey is a stratified sample based on regions of the state of Michigan. The purpose of the stratification is to assure a sufficient minimum number of respondents from each of the strata to permit detailed analysis (Hembroff 2009). This round of the survey reached 953 Michigan adults through a random-digit dialing telephone interview that averaged 27 min (SD = 5.7) (Institute for Public Policy and Social Research 2008). The margin of sampling error was  $\pm 3.2\%$ . Data collected from the survey were then weighted to make the results representative of the overall

adult population in Michigan. More information on SOSS is available at <http://www.ippsr.msu.edu/SOSS>. The data were analyzed using SAS 9.2 and estimates adjusted for survey design through use of the PROC SURVEYFREQ command.

#### Public Opinion Regarding National Guard Members and Families

Almost one-third (29%) of Michigan residents reported knowing a member of the Michigan National Guard who had been deployed to a combat zone such as Iraq or Afghanistan since 2001. Of the 29% knowing a guard member, nearly 16% reported the person to be an immediate family member, approximately 6% an extended family member, 31% a close friend, and 35% a neighbor or acquaintance. A significantly larger proportion of rural residents reported knowing someone deployed than did urban or suburban residents (45.7% compared to 23%;  $\chi^2 = 44.5$ ,  $P < .0009$ ); differences by race and political identification were minor and non-significant.

Michigan residents recognized some of the challenges faced by National Guard families. The vast majority (96.5%) did not support deploying both parents at the same

**Table 1** Perceptions of most important need of MI NG members

|                          | Employment assistance (%) | Emotional support (%) | Medical care (%) | Financial support (%) |
|--------------------------|---------------------------|-----------------------|------------------|-----------------------|
| Total                    | 37.19                     | 36.51                 | 10.19            | 16.11                 |
| Gender*                  |                           |                       |                  |                       |
| Men                      | 49.58                     | 33.18                 | 7.68             | 9.57                  |
| Women                    | 26.50                     | 39.38                 | 12.37            | 21.76                 |
| Race*                    |                           |                       |                  |                       |
| White                    | 40.99                     | 32.18                 | 10.38            | 16.45                 |
| Nonwhite                 | 17.48                     | 58.94                 | 9.23             | 14.36                 |
| Political party          |                           |                       |                  |                       |
| Republican               | 41.17                     | 30.84                 | 9.60             | 18.38                 |
| Democrat                 | 24.55                     | 47.62                 | 11.09            | 16.74                 |
| Independent              | 46.69                     | 28.59                 | 9.24             | 15.48                 |
| Know someone in the MING |                           |                       |                  |                       |
| Knows someone            | 36.05                     | 36.97                 | 11.35            | 15.63                 |
| Does not know someone    | 37.70                     | 36.24                 | 9.74             | 16.32                 |

$N = 888$

\* Significant difference at least the .05 level (chi square test)

**Table 2** Responsibility for the needs of MI NG members

|   | Federal government (%) | State government (%) | Community (%) | Families (%) | Other/Multiple (%) |
|---|------------------------|----------------------|---------------|--------------|--------------------|
| Responsible for successful return home      | 58.57                  | 10.15                | 7.21          | 19.48        | 4.59               |
| Responsible for care for physical injuries  | 93.79                  | 2.72                 | 0.42          | 0.10         | 2.97               |
| Responsible for care for emotional injuries | 78.49                  | 6.72                 | 1.43          | 6.93         | 6.43               |

**Table 3** Financial support to MI NG families

|                          | Support for a state-level tax increase (%) | Support tax money spent for medical services for those with emotional injuries (%) | Support tax money spent for financial support to those with emotional injuries (%) | Support tax money spent for medical services for those with physical injuries (%) | Support tax money spent for financial support to those with physical injuries (%) |
|--------------------------|--|--|--|---|---|
| Total                    | 75.20                                      | 83.87  | 76.38  | 86.41   | 83.87   |
| Gender                   |  |  |  |   |   |
| Men                      | 66.15*                                     | 82.76  | 77.24  | 87.58   | 81.92   |
| Women                    | 83.31*                                     | 84.86  | 75.62  | 85.38   | 79.66   |
| Race                     |  |  |  |   |   |
| White                    | 76.27                                      | 84.85  | 74.72  | 87.35   | 81.01   |
| Nonwhite                 | 69.41                                      | 78.60  | 85.35  | 81.37   | 79.17   |
| Political party          |  |  |  |   |   |
| Republican               | 57.24*                                     | 72.85  | 63.59  | 77.02   | 76.56   |
| Democrat                 | 83.9*                                      | 86.48  | 77.93  | 87.86   | 82.30   |
| Independent              | 78.1*                                      | 89.20  | 81.40  | 92.73   | 84.26   |
| Know someone in the MING |  |  |  |   |   |
| Knows someone            | 77.66                                      | 86.16  | 76.13  | 86.39   | 75.12   |
| Does not know someone    | 74.15                                      | 82.97  | 76.56  | 86.40   | 83.14   |

\* Significant difference within category for given outcome at least the .05 level (chi square test)

time in dual-National Guard member families, and a majority of residents (68.7%) indicated that single parents should not be deployed at all. Nearly 60% of respondents believed that “other family members” were the ones responsible for providing social and emotional support to children with deployed parents. In addition, participants reported that the military (20%), a combination of family and military (15%), community (5%), and schools (0.5%) were responsible for providing support to children during parental deployment.

#### Perception of Needs and Responsibility

Employment assistance (37%) and emotional support (37%) were viewed by Michigan residents as the two most needed services for National Guard members returning home from combat. Gender was related to what support residents cited as most important ( $\chi^2 = 59.09$ ,  $P < .0006$ ): A much larger proportion of men surveyed believed that the first priority for returning service members was employment assistance, while women were much more likely to report financial support to be most pressing. Similar proportions of men and women indicated that they believed emotional support to be the most important need, as did those who pointed to medical care. Perceptions of need also varied significantly by race ( $\chi^2 = 41.95$ ,  $P < .0014$ ). White residents were more likely to indicate that employment assistance was of primary importance, while nonwhite (predominantly African American)

residents viewed emotional support as most important. There were no differences in perceptions of needs and responsibilities when comparing differences by political party or whether individuals knew someone in the military.

The majority of respondents (59%) indicated that the federal government should assume primary responsibility for providing support to National Guard members as they return home to their families, jobs, and communities. An even larger proportion of respondents viewed the federal government as responsible for the provision of needed care after a physical injury (94%) or emotional trauma (78%). Three percent of Michigan citizens felt it was the state government’s responsibility to provide returning National Guard service members with the care needed to recover from a physical injury, while 7% believed it was the state government’s responsibility to provide the care needed to recover from an emotional injury.

#### Indicators of Financial Support

Michigan residents expressed strong support for providing the financial resources necessary to assist National Guard members and their families. In particular, more than 80% of respondents were supportive of tax dollars paying for all medical and rehabilitative services for National Guard members who sustained either a physical injury or an emotional injury in the line of duty. Nearly 84% of respondents also believed that tax dollars should provide financial support that is equal to the National Guard

member's previous wages if a physical injury was sustained in the line of duty, while 76% believed tax money should be used in such a way for those who sustain emotional injuries.

Overall, the strongest sign of public support for returning National Guard members comes from the finding that over three-quarters of respondents indicated they would support a state-level tax increase if the revenue was directed specifically to supporting returning Guard members and their families. Gender differences emerged, with 83% of women and 66% of men supporting such an increase. In addition, while characteristic political differences exist, a majority of individuals, regardless of their political orientation, support such a tax. Specifically, 57% of Republicans, 78% of Independents, and 84% of Democrats are in favor of a state tax increase to support National Guard families. The willingness of Michigan residents to fund programs for National Guard service members through an increase in taxes is especially noteworthy given the challenging economic climate residents of the state were experiencing at the time of the survey.

In summary, data from this statewide representative survey indicate clear public support for addressing the needs of National Guard service members and their families. This high level of support within the political stream should be harnessed to enact policy in support of the National Guard.

### The Policy Stream: Implications

It is clear that National Guard members need access to a variety of resources that address mental health, family, and employment concerns when they return home following deployment. Their needs are markedly different from active duty forces given that they have less access to typical services available at military installations.

An overwhelmingly positive finding from our study was that Michigan residents indicated their strong support for National Guard service members and their families. Furthermore, they were willing to translate this support into action, such as paying higher taxes. However, when respondents were asked who they viewed as responsible for meeting these needs, they suggested either the federal government or family members. It is concerning that state residents believed that the burden of responsibility for providing support to these families lies at either the federal or the family level while not ascribing responsibility to local, community, and state resources.

Respondents answered the following the question: "Who do you think is primarily responsible for helping National Guard members successfully return home to their families, jobs, and communities?" Possible responses were

the federal government, the state government, the communities where they live, or their families. Similar questions were asked related to responsibility for providing care to returning service members should they need help. In all cases, the federal government was most strongly endorsed, followed by family. Respondents may have prioritized these items over the state and community responses because citizens are accustomed to the federal government having primary control over the military.

While the National Guard follows a unique dual mission that allows it to be commanded at either the State or Federal level, it is primarily a state-level military force, and the state government holds a clear responsibility for the wellbeing of National Guard members and their families. Of note is that if individuals do not believe that they or their local communities are responsible for meeting the needs of service members, they may wait for an external entity such as the federal government to step in and meet these needs. This may result in a disconnect of responsibility and lead to missed opportunities for collaboration and inadequate service provision to National Guard service members. By focusing responsibility on the extremes of the federal government and the family system, potentially key contributions of the state government and local communities may be overlooked. Beyond the state government, counties, municipalities, and informal communities can offer resources such as medical, mental health, social, and educational services.

In order to meet the needs of members of the National Guard and their families, communities do not necessarily need to develop new programs. Instead, they can adapt and coordinate existing resources and increase needed funding for their sustainability. For example, organizations such as employment assistance agencies, community mental health services, or medical care facilities may need additional training and funding to meet the needs of returning service members.

We propose that National Guard members and their families will be best served once the responsibilities of multiple levels—federal, state, community, and family—are considered. Within this broad framework, we specifically advocate for cooperation between the state and local levels and suggest three policy recommendations: recognize the need for ongoing care, prepare communities, and establish funding priorities that address the needs of National Guard members and their families.

#### Recognize the Need for Ongoing Care

The problem stream identifies a clear need that should be addressed in states like Michigan: provide accessible and affordable quality care to returning National Guard members. Returning National Guard service members need



increased access to affordable and effective care (Burnam et al. 2009). Providing direct services to all service members and their immediate families in their home communities is helpful for this population, especially since many of these service members may not have easy access to a VA facility or may not want to seek help in a hospital environment (Burnam et al. 2009). The need for care for this population is ongoing given the prolonged nature of the conflicts in Iraq and Afghanistan, along with the stressors of completing multiple tours overseas, which increases the likelihood that National Guard service members will sustain a physical or emotional injury (Kline et al. 2010; Milliken et al. 2007; Seal et al. 2009). Deployments that extend beyond 11 months have been associated with increased depressive disorders, sleep disorders, anxiety, and acute stress among Army wives (Mansfield et al. 2010). If resources are not available to support service members and their families, today's service members could suffer similar consequences to Vietnam service members who often did not receive effective services upon returning from combat and who had high rates of substance abuse, divorce, homelessness, and incarceration (Kulka et al. 1990). Since that time, we have learned a great deal about the psychological costs of war, and ensuring timely, affordable, and effective treatment for service members is a priority.

Policies at the state level that strengthen local communities' capabilities to provide direct supports might include allocating funds specifically for providing services to National Guard members. Communities could use these resources to offer readily accessible medical rehabilitation services, mental health care, parenting education, financial support for higher education/training, and employment opportunities specifically directed toward National Guard members. Funds could be allocated to train local providers in evidence-based treatment for combat related injuries. Systems that would benefit from support are community mental health, employment and workforce development organizations, the department of human services, as well as existing non-profits at the local level. Perhaps the bigger challenge is to identify the entity or entities in the community that can best deliver accessible care and services in a non-stigmatizing manner, as well as coordination, evaluation, and distribution of resources.

#### Prepare Communities

The policy stream suggests that states and communities must work together to establish supports at the local level in order to meet the growing demands of returning National Guard members and their families. This was especially noted in our survey of citizens in which few individuals endorsed the community level as responsible for National

Guard member wellbeing. State policy makers can establish and fund outreach programs that inform communities about the population of National Guard members and can implement a method for providing local administrators with information about the needs of these unique citizens. We believe that National Guard families will do best when their primary supports are coming from within the local communities in which they reside and where community members are aware of the needs of individuals in the military.

#### Establish Funding Priorities

The policy stream suggests that citizens are willing to fund National Guard service member well being through paying higher taxes. Funding priorities for returning National Guard men and women and their families must be addressed at the local and state levels in addition to the national level. Financial resources are considered necessary to support the types of services mentioned previously, such as mental health care, parent education, and employment training. Even though pro-bono work is being done in Michigan through such organizations as Give an Hour (<http://www.giveanhour.org>) and Strategic Outreach to Families of All Reservist (SOFAR, <http://www.sofarusa.org>), it is not feasible for mental health providers to sustain ongoing services to military families without a clear way to fund their training or be reimbursed for their professional expertise. Even community agencies' attempts to support National Guard families often are met with challenges for reimbursement, particularly if the family does not qualify for Medicaid. While public support currently exists for using tax dollars to generate revenue for these services, policy makers will need to make psychosocial care/intervention/programs to service members a top priority in order to make these funds available in a time of budget cuts.

Currently, the Michigan National Guard Systems of Care (formerly known as Road to Reintegration), Transitional Assistance, and youth programs are reaching out to communities and attempting to make them aware of the needs of returning service members. Many of the programs and contractor positions are connected to the deployment cycle. These Yellow Ribbon Programs, with the purpose of addressing the unique needs of National Guard and Reserve members and their families, are funded by the National Defense Authorization Act for Fiscal Year 2008. Of concern is that in tight budget times, funding to states for such activities is decreasing. Unfortunately, these outreach programs, aimed at connecting military and civilian resources and creating awareness within communities of military families, cannot be sustained without ongoing funding.

## Conclusion

Addressing the needs of National Guard members and their families remains an urgent priority. Even though service members have been withdrawn from Iraq, deployments to Afghanistan have been increasing. While the issue of responsibility for the needs of National Guard service members returning from combat is complex and potentially contentious, it must be addressed. On one hand, the decision to send troops into combat was made at the Federal level and, at least in Michigan, residents believe that the Federal government is responsible for providing services to these National Guard members upon their return. On the other hand, it is essential that states and local communities are highly involved in addressing the needs of service members in order to ensure their successful reintegration. Though military personnel and their families are resilient, it is unrealistic to believe that the current operational tempo can be maintained without increased state and community support.

Despite the complicated nature of this issue, our study findings clearly indicate that there is the political will on the part of citizens to do more to meet the needs of National Guard service members. For example, we were encouraged to find that Michigan residents overwhelmingly indicated they would support a state tax intended to provide resources for returning National Guard service members.

The multiple streams framework suggests that occasionally a policy window opens, allowing interested parties to focus on a particular problem and advocate for solutions. We argue that the critical needs of National Guard service members, in combination with current public support for this population, has created such a policy window. We urge policy makers to take advantage of this window of opportunity to address comprehensively the service needs of National Guard members and their families. The recommendations offered in this paper can guide policy makers as they attempt to better meet the needs of National Guard service members and their families at this critical point in time.

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