



Understanding the Experience and Mental Health Challenges of National Guard and Reserve Service Members

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Vignette: David

David is a 26-year-old male Corporal in the Marine Reserves who is 3 months post a 7-month deployment to Kuwait. Along with his service in the Marines, David works as an assistant manager at a sporting goods store. David is married to Maddie, who is 23-years old and works as a nursing assistant. The couple has been struggling to adjust after David's return. David blames these issues on his difficulty at work. He has reported reduced hours and responsibilities since his return, as well as the denial of an expected promotion to manager. These changes are frustrating for David as he feels it is a direct result of his time away. The reduced hours have also caused financial strain as the couple is no longer receiving the active duty pay earned during David's deployment.

Maddie feels there is more going on beyond the work and financial stress. She has noticed David having a shorter temper than usual and that he doesn't discuss his feelings about his deployment or return with Maddie. She was surprised David didn't receive much in terms of reintegration support from the Marines. She has encouraged David to spend time with their friends and family but he has resisted, saying he just doesn't feel like it. Maddie suggested throwing a barbeque for his Reserve buddies who he deployed with, but realized the distance between them would make such an event difficult. When she confronts David about how he is feeling, he responds that she doesn't understand, that no one does.

David hasn't shared much of what he is struggling with since his return from deployment. He feels a bit like a stranger in his own life. Just 3 months ago he was

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servicing his country in Kuwait, and now he's back like nothing has changed. David knows his deployment has changed him, but has resisted taking the time to understand and process that change. He wasn't prepared for these feelings and is having trouble finding his way back. David also feels guilty for having these difficulties. He knows Marines who deployed to more dangerous places who experienced severe injuries and losses in their unit. Although stressful, David's unit deployed without any major incidents. He doesn't understand why he can't adjust back and feels weak for not being able to do so.

When Maddie finally suggested counseling, it took time to get David on board as he was worried about how getting help might impact his career in the Marines. He didn't want people to know he was getting help. It also took time to find someone who could help. David's insurance switched back to TRICARE after his deployment, and Maddie struggled finding a provider in their city. The first provider she called didn't seem to know much about the military or the experience of a Reservist. Maddie knew that would be a red flag for David. After a continued search, she found a suitable provider and booked an appointment.

Introduction to National Guard and Reserve Service Members

The National Guard and Reserve are unique components of the U.S. military. The National Guard (NG) is an element of the U.S. military that consists of the Army National Guard and the Air Force's Air National Guard. Composed of civilians who joined the military to primarily serve in part-time roles, the NG has a home in each state in the U.S. and the following territories: District of Columbia (DC), Guam, Virgin Islands, and Puerto Rico. The NG serves a unique dual role by standing ready to be activated by the President of the United States or mobilized by state governors through their state Adjutant Generals [1]. On the other hand, the U.S. Military's Reservists are divided by each branch of the military. The Reserve's purpose is to train and maintain reservist service members that are qualified and ready to support the active duty units and their efforts [2]. The most common responsibility of the Reserves is to fill in for stateside active duty units when they are deployed overseas. Similar to the NG, the majority of the Reserves are in uniform part-time but can be activated to serve either stateside or internationally on full-time status.

Throughout literature and research, it is not uncommon to observe a discrepancy in the language used to refer to NG and Reserve service members. Often, "National Guard" and "Reserve" are used interchangeably, leading to a confusion and blending of the two components. While the distinction between the two components may be evident for service members, it can add to the already confusing terminology for civilians working with service members. The NG and Reserves together form the "Reserve component (RC)" [3]. The RC is comprised of the Army National Guard, Air National Guard, Army Reserve, Air Force Reserve, Navy Reserve, Marine Corps Reserve, and Coast Guard Reserves. Together, the collective seven components have supported and stood beside their active duty counterparts, representing 38% of the total United States Armed Forces [4]. With all five military branches

possessing a reserve force, training and operations are often conducted at major military installations, joint Reserve bases, airfields, armories, and Reserve centers within the U.S and across the Nation [5]. Professionals that work with service members within the RC need to be competent not only on the overall military culture as a whole, but also the unique subcultures, languages, and operational structures within the seven components.

As of 2019 more than 800,000 selected RC members make up the NG/Reserves, with approximately 440,000 in the NG and 360,000 in the Reserves [6]. Of the seven components of the selected reserve, the Army National Guard and Army Reserve are responsible for roughly 65% of the entire force. Similar to the active duty component, the selected reserve consists of 83.5% enlisted and 16.5% officers [7]. Although the gender representation in the military has steadily increased towards a more diverse force, the selected reserve members are predominantly 80% male and 20% female. Racial and ethnic minorities are not evenly represented across the military as racial minorities makes up 26.4% of this component, with the remaining 73.6% being white. Whereas nearly 90% of officers have obtained a bachelor's degree or higher, only 12% of the enlisted possessed at least a bachelor's degree. While 81% of the selected reserve members are age 40 years or younger and 19% are age 41 years or older, only 43.7% are reported as being married.

In the NG/Reserves, service members typically sign contracts to perform inactive duty for training (drill) for a weekend each month and 2 weeks of active duty training (annual training) [8]. It is important to note however, that the commitment to NG/R often goes beyond the drill and 2 weeks training initially outlined. Weekend drill can turn into 4 days due to extra training, members may be called to drill two weekends in a row, or be required to attend extra weeklong training. The RC does produce Active Guard Reservists (AGR) that serve full-time while enjoying the same pay and benefits as active duty members. On top of fulfilling the original duties one weekend a month and 2 extended weeks as selected reserve members, AGRs fill critical billets within NG and Reserve units that require full-time staff to adequately support the ongoing missions and tasks at hand. As a result, many AGRs often find themselves working longer hours and having more responsibilities than their active duty counterparts. AGR positions are slotted as commitments that can last from 180 days up to 3 years and are exclusive to the Army National Guard, Army Reserve, Air National Guard, and Air Force Reserve [9]. A key difference however between AGRs in the National Guard and the Reserves is that an AGR in the NG will generally be stationed in their home state in which they are serving whereas an AGR in the Reserves will be subject to possibly being stationed to an entirely different state or country.

Service members in the NG/R can be activated to full-time status through two different U.S. Codes: Title 10 and Title 32 [10]. Title 10 orders are issued by the President or Secretary of Defense and obligate service members to full-time duty to primarily support federal missions. Title 32 orders on the other hand, allow governors of each state to activate their service members and still have jurisdiction over them as they are mobilized within their home states to respond to emergencies. While some activations onto full-time status can involve deployments overseas for combat missions and humanitarian missions, examples of stateside activations

include natural disaster support, counterdrug efforts, or civil disturbances. As these two types of orders simply require activation periods that are 30 days or longer, the duration as to how long the service members are mobilized can vary. It is important to note that while activated on federally funded, the selected reserve members receive or can accrue the exact benefits that active duty members do such as tuition assistance and full health care coverage [11].

The RCs role and involvement have dramatically shifted and intensified since the attacks on September 11, 2001. Immediately after the attacks, the U.S. government at the time launched a campaign called the Global War on Terrorism which has heavily impacted the NG/R and their roles the past two decades. NG/R have since been activated and deployed in unprecedented numbers and they continue to serve as key components of the total forces overseas [12]. Many NG/R members have found themselves activating more than once in order to meet wartime demands. Although the military initially found justification in the increased activations of the RC in support of overseas missions, the frequency of deployments eventually became a large concern. Whenever NG/R members deployed, their families and full-time employers were heavily impacted and affected the members' willingness to continue serving beyond their original obligations [13]. Secondly, leadership within the military quickly identified that a large proportion of reserve units were underprepared and needed additional substantial training to effectively work alongside their active duty counterparts.

While there was overall roughly 150,000 service members deployed to Iraq during the beginning years of the Global War on Terrorism in 2004, there is less than 5000 maintaining a presence in the same country today [14]. Despite the RC members' large reductions to those deployment numbers over the past few years, the rate as to which they are being activated and mobilized domestically continue to maintain volatile and high levels. In 2020 and 2021, over 50,000 NG/R members were activated across the nation to respond to the COVID-19 pandemic and support efforts in combating and mitigating its devastating impact [15]. Prior to addressing the COVID-19 pandemic, many RC members were mobilized to fight ravaging fires in the west coast and will continue to be relied on whenever natural disasters impact the nation. Most recently, many U.S. governors activated their states' NGs to ramp up security at their state capitols after the U.S. Capitol was attacked on January 6, 2021 [16]. While federal mobilizations for overseas support have decreased, this federal and state reliance on NG continues to increase.

Unique Features of NG/R Service Members

In order for practitioners to understand the vulnerabilities to challenges NG/R may face, it is important to recognize their unique experience. The most distinctive feature of NG/R are their dual roles as civilians and service members. Unlike their active duty counterparts, NG/R have civilian jobs and live in civilian communities. The service member uniform comes on and off, requiring NG/R to balance life between two very different worlds, while at the same time being prepared to be

quickly activated or deployed in times of need. This duality creates unique occupational stress for NG/R members. Challenges include difficulty finding and sustaining employment and stress on relationships with employers, finding understanding within a civilian community, access to competent care, frequent disruptions to civilian life, and added stress on the family, who unlike active duty families are not part of the military community their loved one serves in. These stressors have become more prevalent as the military commitments required of NG/R have increased.

NG and Reserve service members wear the same uniform and comply to the same rank and pay structure [17]. When conducting training, members of the RC often train with units that are established within their own communities. However, if availability is limited, it is not uncommon for service members to require driving several hours to their training locations. This is a significant cultural and geographical counter experience than an active duty service member who lives on or significantly near military posts or installations [18]. Additionally, whereas active duty service members are reassigned to a new duty station every 3–5 years, NG and Reserve members take a more active role in choosing their duty stations, electing to be chosen by units 50, 75, 100 or more miles away from their home of record.

It is a common misconception that NG and Reserve service members rarely deploy or deploy less often than active duty components. While the RC typically spend less time engaging in military training and service, they are eligible for deployment, representing one third of all deployed personnel [4]. It is now common practice that the RC receive more notice prior to being mobilized, which allows them to get their personal and professional lives in order [3]. Previous policy did not require a time limit of which to give notice and thus lead to various issues with pre-deployment and re-integration adjustment. There are several challenges that the RC faces during a deployment, especially in comparison to active service members. Members of the RC are not accustomed to being engulfed into the military lifestyle on a full-time basis and are much less likely to access or accept aid from support programs and mental health services [4, 18]. Family members of reserve families are often geographically isolated from their duty stations, leading to a discrepancy in the access of social support and mental health resources during a deployment. This could contribute to the difficulty in reintegrating that NG and Reserve service members have with their families and civilian lives upon return. Whereas active-duty service members return to their full-time military jobs and a military community that understands the unique challenges service in the military may create, service members within the RC return to their civilian lives, civilian jobs, civilian community and part-time military careers.

While there are legal implications for civilian employers who choose to reprimand or discriminate against deploying service members, these laws are filled with loopholes and there are still many issues with income loss during the service member's deployment and financial issues upon resuming their civilian jobs post deployment. This is additionally informed by the unstable schedules of part-time service members that come with activations, drill, trainings, military schools, and mobilizations. Thus, it is not uncommon to see an inconsistency or a reduction of work hours assigned prior to deployment, and a difficult reintegration process for the service

member at their civilian jobs as employers value consistency. This can lead to a loss of income, increased economic instability, and distress about finding a new job. Thus, it comes to no surprise that young NG and Reserve service members are more likely to be unemployed than civilians of the same age [3]. This is further exacerbated by the fact that employers who hire veterans are eligible for the Work Opportunity Tax Credit (WOTC) [19]. This is not applicable for hiring Guardsmen that have not been deployed, regardless of their participation in state emergencies or 2-week training deployments.

NG components alone represent the world's 11th largest army and fifth largest Air Force [20]. On average, NG service members are older and more likely to have a family than active duty service members [21]. This can have implications for how professionals understand, prepare, and implement interventions that are appropriate to the service member. Understanding the culture and environment in which they are submerged and how it can be affected by the service members age, identity, culture, and beliefs can be essential to better understand the service member's influences, and stressors.

The NG is well regarded as a community-based organization that primarily serves local communities and its respective states [22]. Though it responds when called to action on a global level, its main focus remains domestic, integrated within their respective communities and in close relationship with civilian agencies, law enforcement, and other emergency responders due to its community-based knowledge and integration, geographically and financially [22]. Due to this unique relationship, communities more often identify with Guardsmen than any other component due to their accessibility. Most civilians never see an active duty service member in person, as they do the guardsmen that support their community in times of crisis and uncertainty.

The Reserves are commanded by the President to be mobilized for Federal missions of the Nation [18]. One of the biggest responsibilities of reservists is filling in for active duty positions in times of war or national emergencies, serving as drill sergeants, instructors, and security personnel [23]. This is a unique responsibility to Reserve service members, and as such, reservists often travel around the world more often than Guardsmen. Reservists have deployed to every major combat zone and fought in various wars such as WWI, WWII, the Cold War, the Korean War, the Vietnam War, and the Persian Gulf War [24]. Unlike the NG, Reservists do not have a state mission, and thus cannot be called to respond to state emergencies such as floods and hurricanes [25]. This leads to a different relationship and perceptions from community members towards reservists in comparison to Guardsmen.

The military culture as a whole is a strong dominating identity that can often feel more prominent among a service members many identities. Service members of different components become exposed to multiple subcultures based on their job, duty station, position, and even their disability status. Due to the dramatic differences among active duty and the RC's level of integration with the military lifestyle, there are cultural differences and perceptions that have often caused a divide. Although NG, Reserve, and active duty service members all receive the same initial training into the armed forces together, there is a long history of negative

perceptions from the active components towards the RC [26]. This cultural divide can be dated back as far as the Vietnam War, where it is argued that the feud initially began [3]. During the Vietnam War, President Lyndon Johnson received advice from his joint Chiefs of staff to mobilize the RC, however his advice was ignored as the president refused to activate them. This led to the active component's negative perception and loss of respect for the RC, which was further exacerbated by the fact that young men began to join the NG and Reserves as a refuge from the War. Later during the Gulf War, many NG infantry units were not activated to assist in the fight. This caused the already existing friction to increase between the active component and the RC. Active-duty service members felt that guardsmen were "amateurs" and lazy [26]. As a result, the divide between the active-duty component and the RC has been measured in levels of readiness to deploy and commitment to the armed forces, all of which significantly influence the military subcultures and the service member's identities and their perception of self.

One of the most consequential differences between active duty and NG/R service members are the access to benefits after service. Benefit eligibility is a complex issue, what is important for practitioners to know is that NG/R veterans are not always eligible for the same benefits (e.g. healthcare, education, disability compensation, etc.) as their active duty counterparts. In general, the distinction in eligibility is defined by whether a NG/R service member served in a full-time capacity. For Reservists, this most often requires unit deployment. For the NG, this requires activation by the federal government. This could include a deployment or responding to national emergencies. NG service in response to activation by state Governors does not count towards benefit eligibility.

Mental Health Challenges of NG/R

Although the mental health experiences of service members and veterans are well documented within the literature, limited research explores mental health in those serving or with prior service in the NG/R. The following describes what we do know empirically about the mental health challenges of NG/R service members and veterans.

Deployment

The majority of the research that does exist on NG/R examines mental health challenges around combat and deployment, and were conducted at the height of NG/R deployments in the conflicts in Iraq and Afghanistan. In general, research has found NG/R service members to be vulnerable to mental health issues during and post deployment. These include posttraumatic stress disorder, depression, anxiety as well as issues that impact overall well-being such as increases in substance use, chronic pain, readjustment challenges, engagement in aggressive and risky behaviors, and relationship issues [27–29]. While mental health concerns have been

reported in NG/R immediately following deployment, research has demonstrated significant increases in mental health challenges 3–6 months post return [27, 28]. This indicates the importance of assessing mental health status beyond the initial post deployment screen.

Some research has found NG/Rs to be at higher risk for mental health issues after deployment than their active duty counterparts [27]. While the literature on this comparison is mixed, what is important for practitioners to recognize is how the unique features of NG/R service may create vulnerability for challenges after deployment. The first factor is deployment preparedness. NG/R are often less prepared for the occupational stressors associated with deployment. Historically, NG/R receive less training than active duty military personnel. Additionally, information regarding upcoming deployments can be vague, with little certainty until close to the leave date. While active duty populations are prepared for this, NG/R have civilian obligations to sort out. Lower levels of deployment preparedness have been associated with increased likelihood of PTSD, depression, and drinking problems in NG/R [29].

A second unique factor related to NG/R vulnerability after deployment is their community. This is an important factor as research has found high perceived social support and having a large and diverse social network to be significantly associated with lower likelihood of mental health conditions in NG/R [30]. Unlike their active duty counterparts, NG and Reserve service members return to civilian communities. They are not embedded within a community and culture where people have had similar experiences and where there is a shared understanding of and support for readjustment needs. This dynamic creates many vulnerabilities for NG/R, including a sudden shift to civilian life, limited contact with the social network development during deployment, feelings of isolation, lack of access to military culturally competent care, and a lack of adjustment resources most often found on military installations. NG/R return home from mobilizations and deployments abruptly, often without the numerous support services (decompression, reintegration) provided by military installations. While some states have worked to provide resources, a nationally coordinated approach to demobilization for NG/R does not exist.

Finally, unlike active duty personnel, NG/R service members have civilian circumstances (family, jobs), that are less-suited for the prolonged absence of a deployment [31]. Most NG/R have civilian careers that may be severely impacted by a long absence. NG/R families have less support during deployments, are more isolated than active duty military families, and live in civilian communities with little understanding of military deployments. These issues can cause additional stress during and following deployments.

NG/R Suicide

While risk for suicide continues to be a major concern in all military and veteran populations, some recent reports have highlighted rates of suicide in NG members. The Defense Department Annual Suicide Report for calendar year 2018 showed

rates of suicide to be the highest in the NG [32]. However, the 2019 report saw a significant decrease in the rates of suicide for NG service members [33] and found suicide to be most frequent in the active component. Generally, the RC has the lowest rates of suicide. While trends in rates may fluctuate, what practitioners must recognize is the unique stress NG/R may experience due to factors described above. In addition to what has been previously discussed, literature has described additional risk factors for suicide in NG/R. Financial stress and income instability can be contributors to depression and suicide ideation. It has been established that NG/R are often unemployed or underemployed, and experience employment difficulties related to their military service. Financial difficulties also can create barriers to receiving mental health care [34]. Barriers to mental health care, discussed in more detail below, also create risk for NG/R. Lastly, data has suggested that NG/R suicide is most likely to happen while members are not on active duty. Unlike active duty service members, NG/R do not have frequent interactions with their military leaders and co-workers, thus limiting peer's ability to recognize behaviors that may indicate risk [34]. This lack of military community can also create isolation, an additional risk for suicide. Lastly, NG/R face challenges that are local to their own communities. This variability creates difficulty in developing service wide prevention and intervention strategies.

NG/R Mental Health Care Utilization

Although limited, research available suggest NG/R utilize mental health care at similar rates as active duty service members and report similar barriers (stigma, concern over career impact, difficulty scheduling and time off work, not knowing where to get help, handling issues on their own) [35, 36]. Kehle et al. [21] examined mental health care utilization in NG service members who spent 16 months in Iraq. Over half of service members who screened positive for a mental health problem were not engaged with mental health treatment. Authors found NG who had positive attitudes about mental health treatment, were injured during deployment, had an illness-based need, and received mental health treatment during deployment were more likely to have received treatment.

There are some mental health care barriers that are specific to the population of NG/R. While these service members are eligible for TRICARE insurance coverage, access and affordability remain concerns. TRICARE requires premiums, deductibles and cost shares when receiving care and finding mental health care providers who participate in the network can be challenging, particularly in rural areas [34]. Cost sharing for mental health services to out-of-network may be too expensive for many NG/R. These service members may also have challenges finding health care providers who are culturally competent in the experience of military populations. NG/R often report feeling civilian providers are not prepared to handle their concerns.

NG/R Mental Health Post Service

Those who previously served as NG/R service members are most often represented in the literature on mental health of veterans in general. It is hard to explore unique mental health challenges in NG/R veterans as most research doesn't separate results based on those who served active duty and those who served as NG/R. One study examining trends and risk factors for mental health diagnoses in Iraq and Afghanistan veterans utilizing VA healthcare from 2002 to 2008, found higher rates of PTSD, depression and all other mental health diagnoses in NG/R veterans seeking care when compared with active duty veterans [37]. In general, it is important for practitioners to recognize NG/R veterans are at risk for experiencing mental health issues post service. What may make NG/R particularly vulnerable to these challenges are the access to care and benefits issues described above. This makes ensuring NG/R veterans have military culturally competent options for care outside of the VA especially important.

Impact of Events of COVID-19 Pandemic and Civil Unrest

It is essential to note that we can expect the NG to be impacted by the occupational stress of the events of 2020 and beyond. NG members were deployed at record rates to deal with the COVID-19 pandemic, civil unrest, and the events related to the Jan. 6th insurrection. The year 2020 was described as unprecedented and the "year of the Guard" due to the high levels of mobilization and is expected to continue through 2021. Practitioners should be prepared to recognize the potential impacts of these events, including increases in mental health challenges and suicidal behaviors.

Vignette: Jacky

Jacky is a 25 year old female serving part time as a proud Private First Class in the National Guard. She is also completing the last year of her dual graduate school program that includes a 20 h a week internship. Recently, Jacky filed for divorce and is adjusting to a single income household. She has two kids, a 2-year-old boy and 8-month-old baby boy. She is a full time single parent, lives alone with the boys, and works multiple part time jobs.

As a National Guard service member, Jacky attends drills once a month. Drill length is often inconsistent, ranging from 2 to 4 days. Once a year, Jacky must attend a 2-week annual training. While for the most part she has ample time to plan to be away for drill, it has become more difficult now as a single parent to find childcare for 3–4 days. Her closest relative, a younger brother, lives 40 min away. Jacky relies on her friends or an overnight day care facility for childcare when she needs to be gone for more than 2 days. The day care charges are expensive, and her National Guard commitment has required her to need the service more frequently, causing financial strain.

When Jacky shows up to drill, the schedule is often unpredictable. She never knows what time she will be home or when she will have a break. This can be

particularly stressful on days when she needs to complete important school work. As a result, when her fellow battle buddies are resting or sleeping, she uses any spare moment to tackle to study or write papers while at drill.

Jacky has a history of anxiety that has become more frequent in recent months. She has also experienced several panic attacks and trouble sleeping. This becomes more prominent when she feels the stress of school and work pile up. She has also noticed increased anxiety as many of her National Guard peers have become activated responding to the pandemic and civil unrest. Jacky worries about how she would manage a month or longer activation. What would she do with the kids? Would her professors understand? What if she can't complete the program? She knows her anxiety is becoming too much to handle but doesn't want to get help. Jacky is frequently encouraging her National Guard peers to get care when it is needed and works to push back against the stigma of mental health care in her unit. However, when it comes to her own mental health care, she can't seem to overcome her internal dialogue telling her she should handle it on her own.

Conclusion

NG/R service members represent a unique and vital subpopulation within the military. Although there is much more to be learned about the experience of NG/R, outlined throughout this chapter is the information practitioners can use to provide culturally competent care to NG/R. Practitioners should take the time to understand what differentiates NG/R service members and veterans from their active duty counterparts, recognize the unique stressors and vulnerabilities NG/R service members and veterans may experience and develop ways to incorporate this knowledge into work with NG/R. As our country continues to depend heavily on the service of NG/R, our commitment to their care must match the commitment National Guard and Reservists have made to all of us.

Clinical Pearls

- NG/R are service members who serve in a part time status. These service members typically sign contracts to perform inactive duty for training (drill) for a weekend each month and 2 weeks of active-duty training (annual training).
- It is important to note commitment to NG/R goes beyond drill and training and often includes additional trainings, mobilizations and deployments. The use of NG/R at the state and federal level has significantly increased over the last 20 years.
- NG/R are unique in that they have dual roles as service members and civilians. The service member uniform comes on and off, requiring NG/R to balance life between two very different worlds, while at the same time being prepared to be quickly activated or deployed in times of need, creating unique occupational stress.

- Challenges NG/R experience include difficulty finding and sustaining employment and stress on relationships with employers, finding understanding within a civilian community, access to competent care, frequent disruptions to civilian life, and added stress on the family.
- Unlike their active-duty counterparts who live on or near military installations, NG/R live in civilian communities which limits their access to supportive services as well as a shared military community.
- NG/R service members and veterans are not always eligible for the same benefits (e.g. healthcare, education, disability compensation, etc.) as their active duty counterparts.
- NG/R are vulnerable to challenges after deployment, including posttraumatic stress disorder, depression, anxiety as well as issues that impact overall well-being such as increases in substance use, chronic pain, readjustment challenges, engagement in aggressive and risky behaviors, and relationship issues.
- The unique stressors of NG/R service may create vulnerability for risk for suicide.
- NG/R report similar barriers to care as active-duty service members (stigma, concern over career impact, difficulty scheduling and time off work, not knowing where to get help, handling issues on their own) but also experience unique barriers, such as eligibility for care, access to providers and affordability.

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