



Original article

Well-Being and Suicidal Ideation of Secondary School Students From Military Families



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ABSTRACT

Background: The mental health of children is a primary public health concern; adolescents of military personnel may be at increased risk of experiencing poorer well-being overall and depressive symptoms specifically. These adolescents experience individual and intrafamilial stressors of parental deployment and reintegration, which are directly and indirectly associated with internalizing behaviors.

Purpose: The present study sought to better understand the influence of parental military connectedness and parental deployment on adolescent mental health.

Methods: Data from the 2011 California Healthy Kids Survey examined feeling sad or hopeless, suicidal ideation, well-being, and depressive symptoms by military connectedness in a subsample ($n = 14,299$) of seventh-, ninth-, and 11th-grade California adolescents. Cross-classification tables and multiple logistic regression analyses were used.

Results: More than 13% of the sample had a parent or sibling in the military. Those with military connections were more likely to report depressive symptoms and suicidal ideation. Controlling for grade, gender, and race/ethnicity, reporting any familial deployment compared with no deployments was associated with increasing odds of experiencing sadness or hopelessness, depressive symptoms, and suicidal ideation.

Conclusions: Findings emphasize the increased risk of mental health issues among youth with parents (and siblings) in the military. Although deployment-related mental health stressors are less likely during peace, during times of war there is a need for increased screening in primary care and school settings. Systematic referral systems and collaboration with community-based mental health centers will bolster screening and services.

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IMPLICATIONS AND CONTRIBUTION

This study's findings indicate an increased risk of mental health issues among youth with a parent or sibling in the military and a need for screening and referral systems in primary care and school settings.

The mental health of adolescents (specifically, reducing teen suicide attempts and the prevalence of major depression) is a major public health issue and a priority of Healthy People

2020 [1]. These mental health issues may be more prevalent among adolescents with parents in the military [2,3]. Since the initiation of the wars in Iraq and Afghanistan, many families have experienced an increasing number of deployments (and reintegration) [4,5] influencing adolescents' individual and intra-familial stress, which are directly and indirectly associated with externalizing [4,6] and internalizing [3] behaviors. There

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is little survey research on the mental health of adolescents with military-connected parents compared with their non-military-connected peers. Even less is known about the influence on adolescent mental health of having a sibling in the military. To better understand the relationship between military-connectedness and adolescent mental health, this study examined how having a parent or sibling in the military and military-related deployment influence adolescent mental health.

Mental health of adolescents with a military parent

It is estimated that 11.2% of all United States youth experience clinical depression [7]. Up to 28.5% reported feeling sad or hopeless almost every day for two or more consecutive weeks during the past 12 months [8]. Depression can be associated with social isolation, poor communication, difficulty with relationships, absence, and poor school performance, and may be expressed as thoughts of suicide or other self-destructive behavior [9]. More than 15% of adolescents reported seriously considering attempting suicide during the past 12 months [8]. Beyond general stressors in adolescence, deployment of a parent during a time of war is known to have direct negative consequences on adolescent mental health [3,10,11]. Youth with a parent in the military have higher levels of psychosocial distress compared with their non-military peers [12], including symptoms of psychopathology [13].

Compared with younger children, adolescents may have a better understanding of the consequences of war and its effects on their families. Although they are proud of deployed parents, youth perceive deployment as challenging (having a negative impact on their family and life) and sad [14]. Adolescents may support their deployed parents but also perceive deployment as a burden on them and on non-deployed parents [15,16]. Length of deployment is also associated with emotional challenges [17] and clinical mental health diagnoses [18]. These youth can experience separation and generalized anxiety, grief, secondary posttraumatic stress disorder, and depression [4,19].

Adolescents with parents in the military may also experience instability in the home, such as frequent relocation, the stress of the left-behind parent, the reintegration of the deployed parent, and connectedness to other military families (mental health may be exacerbated by collective stress) [11]. Adolescent well-being may be somewhat dependent on how well non-deployed parents cope with the deployment of their spouse. Caregivers' emotional well-being contributes to both the caregiver's and youth's ability to cope with a military parent's deployment; girls and older youth experience greater difficulties [17]. The deployed parent's well-being is also linked to youths' well-being [20–23].

Changes in family climate and roles, including awareness of parental distress, have also been found when a sibling is deployed [24]. Although less is known about the influence of sibling deployment on an adolescent, the emotional nature of sibling relationships (feelings, both positive and negative, are generally more freely expressed) may help maintain connections with family during a developmental period when adolescents are striving for independence from parents. This increases the potential of siblings to influence one another [25,26], particularly in terms of psychosocial adjustment [27].

All of these studies indicate that children of military personnel are at increased risk of developing symptoms of depression among other mental health issues. Most samples within the described studies have been derived from clinical

settings and summer camps focused on reducing the stressors of deployment. Few studies have been able to compare adolescents who have a military-connected parent with non-military peers from the same classes, schools, neighborhoods, and communities [3,28]. This work examined the influence of military connectedness on adolescents in a population-based sample in California. These school districts and communities included bases from multiple branches of the military, increasing the density of military-connected adolescents in the region. Specifically, feeling sad or hopeless, suicidal ideation, well-being, and depressive symptoms were assessed with the goal of identifying key differences by military connectedness and correlates of mental health issues among adolescents. We hypothesized that (1) adolescents with a connection to the military would be more likely to report feeling sad or hopeless, suicidal ideation, and depressive symptoms, and to have poorer well-being compared with their non-military-connected peers and (2) more parental or sibling deployments would negatively influence adolescent well-being and increase depressive symptoms.

Methods

Data for these analyses were collected as part of the California Healthy Kids Survey (CHKS), a statewide survey of public school students. The CHKS is administered biennially by schools receiving Title IV funding to meet student data collection requirements of the Elementary and Secondary Education Act of 2001. A representative district-wide, grade-level sample of students in the fifth, seventh, ninth, and 11th grades must be surveyed [29]. The CHKS includes a core survey as well as supplemental, topic-specific surveys administered at the discretion of the school district. The military module is one such supplement. All districts in this study had students complete the military supplement. Surveys were given in both English and Spanish. Student participants completed a paper-and-pencil survey during one class session. Student participation was voluntary, anonymous, and confidential. The parental consent rate was 96.7% and the final completion rate of students present in class was 86.5%. Appropriate institutional, district, and state permissions and reviews were completed. In these analyses, fifth-grade students are excluded because their CHKS core did not include the outcome variables of interest.

Survey items

All demographics and single-item mental health measures are derived from the core CHKS survey; deployment experience, and the depressive symptoms and well-being scales were derived from the military supplement (completed by all students regardless of military connectivity). Each measure is described below.

Independent variables

Self-reported descriptive variables included in analyses were gender (male/female), grade (seventh, ninth, and 11th), and race/ethnicity (Asian/Pacific Islander, black, Hispanic, mixed race, and white). We also collected data on the respondent's current military connectedness (whether the student had a family member currently serving in the military: no one, parent, or sibling) and familial deployment history (number of times a family member was deployed overseas during the past 10 years: none, once,

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