

## 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.”

### RESEARCH HIGHLIGHTS

- Addressing adolescent mental health is a public health priority identified by Healthy People 2020. In the United States, approximately 11% of youth experience clinical depression, 28.5% report feeling sad or hopeless every day for two weeks during the last 12 months, and 15% report seriously considering suicide. Military-connected adolescents may be at greater risk for a variety of mental health difficulties as compared with the general population; experiencing the deployment of a parent or sibling may increase their risk. This study aimed to examine the influence of military connectedness on adolescents in a population-based sample in California. Feeling sad or hopeless, suicidal thoughts, well-being and depressive symptoms were assessed with the goal of identifying key differences between military-connected and non-military connected adolescents.
- Findings confirm that adolescents connected to the military are more likely to report depressive symptoms and suicidal ideation. Compared to their peers, rates of feeling sad or hopeless as well as rates of suicidal ideation were higher among military-connected youth in this sample; they were also higher when compared to a national sample of adolescents who participated in the Youth Risk Behavior Survey. Additionally, few studies have examined the impact of having a sibling serving in the military. In this sample, adolescents who were connected to the military via a sibling had the highest rates of sadness and suicidal ideation.
- Furthermore, adolescents who have experienced a familial deployment have a higher likelihood of reporting feeling sad or hopeless, depressive symptoms, and suicidal ideation than adolescents who have not experienced a familial deployment. Multiple deployments are associated with increased likelihood of adolescents reporting depressive symptoms and suicidal ideation.
- Girls were more likely to report suicidal ideation than boys, however there was no significant difference between ages. Additionally, Asian/Pacific Islanders and mixed race youth were more likely to report suicidal ideation in this sample.

## IMPLICATIONS

### FOR PRACTICE

Parents and caregivers of adolescents with a deployed family member should be aware of the increased risk of depressive symptoms and suicidal ideation associated with a military deployment among this population. They should also consider offering multiple opportunities before, during, and after the deployment for the adolescent to voice their feelings. Military connected adolescents with a deployed family member should seek the support of trusted individuals, such as a family member or physician, if experiencing feelings of hopelessness or sadness. Military connected youth may benefit from support groups with other military-connected adolescents, which could provide opportunities for increased social support. Practitioners and school officials should monitor military-connected adolescents, particularly those with a family member deployed, for depressive symptoms using available screening tools. Given that many military-connected families use physicians and attend schools not associated with the military, both school officials and practitioners in civilian communities should remain up-to-date on the best ways to serve military connected adolescents and their families.

### FOR POLICY

The DoD should continue helping families prepare for and adapt to deployment through its planning tools. Since military-connected female adolescents as well as mixed race and Asian/Pacific Islander adolescents may experience more mental health stressors, the DoD might include in the current planning tools ways to further address impending deployments specific to these groups. To fully address the mental health needs of military connected adolescents with a deployed family member, the U.S. Department of Health and Human Services might include updated recommendations for the Healthy People 2020 that are unique to adolescents with a deployed family member. Including recommendations unique to military connected adolescents might be an effective way to address how deployments could affect mental well-being and behavior.

### FOR FUTURE RESEARCH

This study was limited by the self-report responses and cross-sectional data. These limitations prevented the authors from inferring causation or further understanding the long-term impact of deployment on the mental health of military-connected adolescents. Future research should examine the mental health of adolescents pre-deployment, during deployment, and post-deployment to examine trends over time. Another limitation of this study was that socioeconomic status was not included, which should be considered and controlled for in future research. A strength of this study is that it compares military- and nonmilitary-connected adolescents; however, this also resulted in limited information on deployments experienced by military-connected families in the sample. Future research should examine the influence of deployment on adolescents by deployment length, location, or type of deployment (i.e. combat mission, peacekeeping, or military installation training). Examining deployment influences will help future researchers learn more about the impact of different military branch deployments on adolescents.

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