

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Parental Iraq/Afghanistan Deployment and Child Psychiatric Hospitalization in the US Military

Millegan, J., Engel, C., Liu, X., & Dinneen, M. (2013). Parental Iraq/Afghanistan deployment and child psychiatric hospitalization in the US Military. *General Hospital Psychiatry, 35*(5), 556-560. doi:10.1016/j.genhosppsych.2013.04.015

SUMMARY: In this retrospective cohort study of children of Active Duty military personnel, administrative records were evaluated to assess the effect of parental deployment on the rate of psychiatric hospitalization among children ages 9-17. The risk of psychiatric hospitalization increased among children with a parent who deployed, particularly for children with prior psychiatric histories. The risk of psychiatric hospitalization also increased with the length of parental deployment.

KEY FINDINGS:

- According to administrative records, less than 1% of the children in the study were hospitalized for psychiatric reasons.
- The risk of hospitalization was 10% greater for children of deployed parents, even after adjusting for demographic variables, child and parent psychiatric history, and residential moves.
- The odds of child hospitalization increased substantially for children with a past psychiatric history.
- Parental deployment greater than six months was associated with increased risk of hospitalization for the child.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Offer education for Service members and their co-parents about mental health resources for their children
- Provide workshops for young children of military families to promote healthy coping with parental deployment and to possibly stem future mental health problems
- Disseminate information regarding the impact deployment can have on child functioning

IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage the development and provision of preventive strategies for children to minimize the negative impact of parental deployment
- Recommend continuing education for program staff regarding targeted interventions for at-risk children of military families (e.g., children with prior psychiatric problems)
- Support programs that work with families throughout the deployment cycle

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METHODS

- This retrospective cohort study of children of Active Duty military personnel aimed at evaluating the effect of parental deployment on rates of psychiatric hospitalization among children ages 9-17 who were Military Health System beneficiaries.
- De-identified health care utilization records and demographic characteristics were evaluated in a longitudinally.
- Child's previous psychiatric history, history of geographic moves in 2007, parental deployment in 2008, and child hospitalization in 2009 were assessed.

PARTICIPANTS

- The final sample consisted of 377,565 children of members of Active Duty US military.
- Thirty-two percent of the children had a parent who deployed in 2008.
- The average age of the sample was 12 years (range 9-17 years). Similar numbers of males and females were included.
- The Active Duty parents of the children were primarily male (93%), married (90%), and White (62%). Forty-one percent were in the Army; Air Force and Navy each represented about a quarter of the Active Duty parents.

LIMITATIONS

- Children of dual military families and those with a parent in the Reserves and National Guard were excluded, limiting generalizability to those populations.
- Relatively few variables were evaluated in terms of their potential impact on psychiatric hospitalization among children of military families; other variables may have contributed to increased psychiatric hospitalization among children of deployed military personnel.
- This study did not assess the impact of multiple deployments on children's psychiatric hospitalizations which could influence the outcome measured.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Identify children of military personnel who are at greatest risk for mental health problems
- Evaluate how factors involving both the deployed parent (e.g., exposure to combat, injury, readjustment difficulties, number of deployments) and nondeployed parent (e.g., stress, mental health problems, and family disruption associated with partner deployment) each contribute to psychiatric hospitalization among children
- Replicate this study among dual military families and children of National Guard and Reserve personnel

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