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RESEARCH BRIEF #56

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How Are Parental and Sibling Military Service Related to Adolescent Depression and Mental Health Service Use?

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Depression is common among adolescents. In 2017, 13.3% of adolescents experienced at least one major depressive episode (MDE) in the prior 12 months, with 71% of them experiencing severe impairment, but only 40% of them receiving treatment.[1] Documented increases over time in the prevalence of MDE, MDE with impairment, and associated suicide risk among adolescents are significant public health concerns in the United States.[2,3]

KEY FINDINGS

- U.S. adolescents aged 12-17 are more likely to have an older sibling than a parent in the military.
- Having an older sibling currently in the military is associated with increased major depression among adolescents.
- Current parental military service is not associated with major depression among adolescents.
- Parental but not sibling military service is associated with increased mental health service use among adolescents.
- Younger siblings of currently serving military personnel are an under-recognized at-risk population for depression and may have unmet needs for mental health care.

Emotional distress and mental health problems among children and adolescents who have a parent currently serving in the military are well-documented.[4] Having a parent in the military can increase distress via numerous mechanisms, including parental absence, loss of support, anxiety when a parent deploys, stress associated with changes in the family system, and spillover distress associated with the distress of family members.[5] For many adolescents, the loss and worry they experience when a parent is serving in the military also occurs when they have a sibling who is serving. Parental and sibling ties to the military may differentially affect use of mental health services among adolescents because all adolescents who are the dependent children of currently serving parents are covered by TRICARE (military health care), which may enhance their use of needed health services. The military also provides special services and programs to the children of deployed parents. However, having a sibling serving in the military does not create enhanced access to needed health care.

This brief summarizes the findings from my recent study published in SSM - Population Health.[7] I focus on U.S. adolescents aged 12-17 over the years 2016-2019 to examine MDE and mental health service

use among adolescents who have a parent or sibling serving in the military, as well as among adolescents with no familial tie to a currently serving family member.

Having a Sibling Currently Serving in the U.S. Military Is More Common Than Having a Parent Currently Serving in the U.S. Military

U.S. adolescents aged 12-17 years are more likely to have a sibling than a parent currently serving in the military (4.3% versus 3.6%). While there may be geographic variation in the percentage with a parent or sibling currently serving in the military, these prevalence estimates suggest that it is important to examine how both parental *and* sibling ties to the military are associated with adolescent well-being.

Having a Sibling Currently Serving in the Military is Associated with Lifetime and Past-Year Depression among U.S. Adolescents

Depression is common among U.S. adolescents. Overall, 19.9% of U.S. adolescents aged 12-17 reported experiencing a MDE in their lifetime, 14.5% experienced a MDE in the past year, 10.2% experienced a past-year MDE with severe role impairment in relation to: doing chores at home, the ability to do well at school or work, the ability to get along with family, and the ability to have a social life.

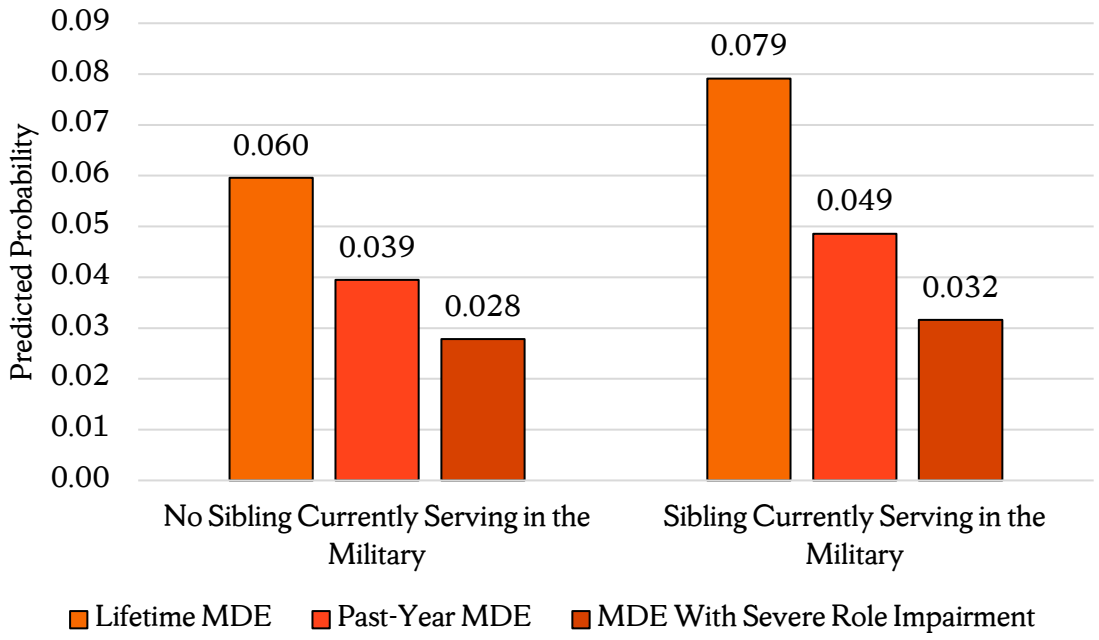

Figure 1: Predicted Probabilities of Lifetime Major Depressive Episode (MDE), Past-Year MDE, and Past-Year MDE with Severe Role Impairment among U.S. Adolescents (ages 12-17) by Older Sibling's Current Military Service Status.

Source: Calculations based on models estimated on pooled data from the 2016-2019 National Survey of Drug Use and Health (NSDUH) published in London[7].

Having a sibling currently serving in the military increases the odds of lifetime and past-year MDE, but not MDE with severe role impairment (see Figure 1). In regression models that control for various demographic, social, economic, and health characteristics, the odds of lifetime MDE are 36% higher

among adolescents with a sibling currently serving in the military relative to adolescents who do not have a sibling or parent currently serving in the military. The odds of past-year MDE are 24% higher. In contrast, having a parent currently serving in the military is not significantly associated with any of the MDE outcomes observed in this study. These finding suggest that having a sibling currently serving in the military may be more consequential for MDE, and possibly other aspects of adolescent mental health, than having a parent currently serving.

Having a Parent Currently Serving in the Military is Associated with Increased Mental Health Service Use among U.S. Adolescents

Access to health care in the United States is not universal. However, all military personnel have access to military health care. Moreover, the dependent children of currently serving adults also have access to military health care (TRICARE). Importantly, the siblings of currently serving military personnel do not have the same access to military health care and may experience barriers to accessing mental health care services similar to adolescents who have no parental tie to the military.

In this study, I examined adolescents' use of any mental health care, any specialty outpatient mental health service, any specialty inpatient/residential mental health service, and any non-specialty mental health service. For each mental health care measure, I found that adolescents with a parent currently serving in the military had a higher likelihood of mental health service use than adolescents who did not have a parent currently serving net of MDE and other factors (see Figure 2). There were no differences in mental health service use between adolescents with siblings currently serving and their peers with no sibling or parental tie to the military.

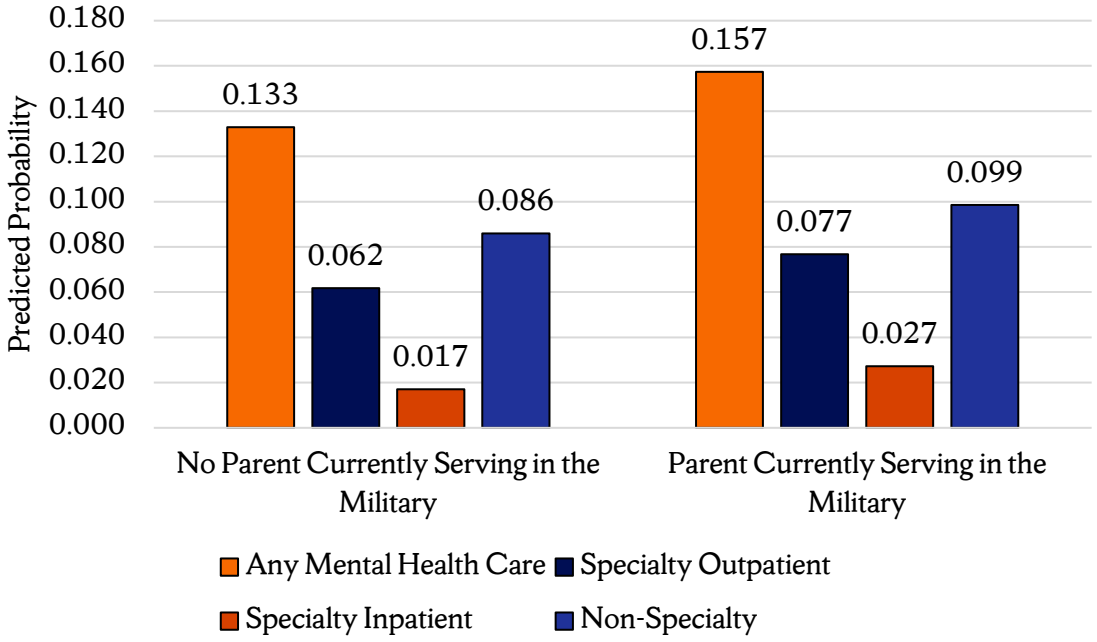

Figure 2: Predicted Probabilities of Mental Health Care Use among U.S. Adolescents (ages 12-17) by Parent's Current Military Service Status

Source: Calculations based on models estimated on pooled data from the 2016-2019 National Survey of Drug Use and Health (NSDUH) published in London[7].

Younger Siblings of Military Service Members are an Under-Recognized At-Risk Population for Depression

Although more attention has been paid to children and adolescents who have a parent currently serving in the military, having a sibling serving is more common. Younger siblings of currently serving military personnel are an under-recognized at-risk population for depression. They also may be at risk for unmet needs for mental health care because they do not have the same access to mental health care as adolescents who have a parent currently serving in the military.

My findings have implications for various professionals who work with adolescents. Health care providers, social workers, and other professionals who work with adolescents should screen systematically for parental and sibling ties to the military and consider the extent to which adolescents' emotional and behavioral problems are anchored in changes, losses, or worries related to a family member's military service. Teachers, guidance counselors, and coaches, who sometimes interact with adolescents on a daily basis, can help identify and refer adolescents who are experiencing emotional problems due to a parent's or a sibling's military service. My findings also have implications for the military, which could develop outreach and programs to support the younger siblings and other family members of current service members. The U.S. government should also more systematically collect and release data on both parent and sibling ties to the military so that researchers can assess a broad array of outcomes that may be associated with such experiences.

Data and Methods

Data are from the National Survey on Drug Use and Health for the years 2016-2019. The analytic sample includes 48,211 adolescents aged 12-17. Regression models control for sex, age, race/ethnicity, education level, criminal justice system involvement, self-rated health, living arrangements, family income, metropolitan status, and survey year. The predicted probabilities shown in the figures are calculated with all control variables held constant at preset reference categories. Please see the published paper[7] for additional details about the data and methods.

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