The Effect of Father Absence on the Psychiatric Hospitalization of Navy Children

118 Navy and 103 civilian children and adolescents who were psychiatrically hospitalized over a three-year period participated in a study to examine deployment as a risk factor for hospitalization. 60% of Navy youth who were hospitalized had a Navy parent whose job required long-term deployment. Of the Navy youth who were admitted, 58% were hospitalized while their father or stepfather was at sea.

- Of the Navy youth, 60% of the children and adolescents had a Navy parent in a job requiring long-term deployment.
- Of the youth with an Active duty Navy parent on deployable status, 58% were admitted to the hospital when their father or stepfather was at sea.
- Of the Navy youth, 63% of the younger children were admitted during their parent’s deployment whereas 42% of the teenagers were hospitalized during that time.

Key Findings:

Implications for Programs:
- Programs could consider outreach to youth with deployed Service member parents, via United States mail, email groups, social media, and posters in community centers.
- Programs could host social events for families and children during the Service member’s deployment.

Implications for Policies:
- Policies could recommend routine screening of family members of deployed Service members for mental health concerns.
- Policies could allocate funding for wellness promotion activities and mental health services for deployed Service members’ families.

Avenues for Future Research:
- Future research could use a comparison group of civilians and non-hospitalized Navy youth in order to facilitate a better understanding of these distinct groups.
- Additional studies could use clinical interviews with the hospitalized youth to better understand their concerns.
Participants were civilian and Navy children and adolescents who were admitted to a private psychiatric hospital in Jacksonville, Florida from 1987-1990. Although specific details on recruitment were not specified, most of the youth were from the private practice of one of the researchers.

On admission to the hospital, parents completed a questionnaire including demographics, medical history, family history, and history of child abuse and social stresses. Deployment data was obtained from Servicemen.

Youth were categorized into three groups: intact family (child lives with both parents), blended (natural and a stepparent present), and single-parent family.

No statistics beyond percentages were calculated.

118 Navy children and adolescents and 103 civilian children and adolescents participated.

Gender of the youth was not specified.

64% were adolescents (age 13-17), 27% were children (age 4-12).

45% of the youth were from single parent households, 36% from intact families, and 19% from blended families.

No additional demographic data was presented.

Limited demographic data was presented, making it difficult surmise the generalizability of the findings.

The sample was not random and was primarily from the private practice of one psychiatrist; therefore, these results may be biased.

All data were self-reported by parents which may introduce biases.

The study is cross-sectional, so causal conclusions are inappropriate.

It is difficult to know how these children and adolescents compared to their non-hospitalized peers.

There were essentially no comparisons between the Navy and civilian children in this paper, so the inclusion of the civilian youth is not clear.

The design of the study (e.g., research plan, sample, recruitment) used to address the research question was...

The research methods (e.g., measurement, analysis) used to answer the research question were...

The limitations of this study are...

The implications of this research to programs, policies and the field, stated by the authors, are...