



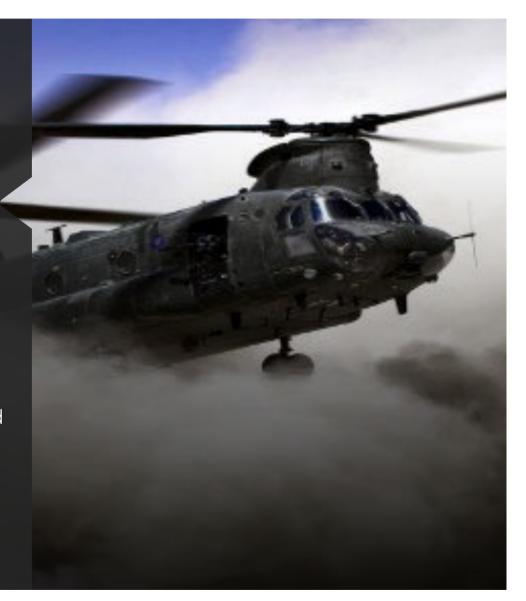
Is paternal depression and PTSD associated with adolescent anxiety-related disorders and depression? A study of UK serving and exserving military families

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KCMHR health and wellbeing study cohort

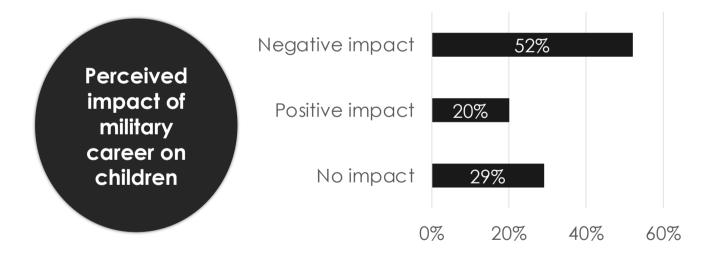
- Started in 2003 to look at health and wellbeing of those deployed to Iraq (Operation TELIC) – includes Afghanistan (Op HERRICK)
- Tri-service (Army, Royal Navy, Royal Air Force)
- Serving and ex-serving, regulars & reserves, men & women
- 16,000 personal & veterans have participated
- Not just deployment
 - O Mental health
 - Family & relationships
 - Leaving Service



What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study

Nicola T Fear, Margaret Jones, Dominic Murphy, Lisa Hull, Amy C Iversen, Bolaji Coker, Louise Machell, Josefin Sundin, Charlotte Woodhead, Norman Jones, Neil Greenberg, Sabine Landau, Christopher Dandeker, Roberto J Rona, Matthew Hotopf*, Simon Wessely*

https://doi.org/10.1016/S0140-6736(10)60672-1



Children of Military Father's Study (KIDS)

- Examine relationship between paternal deployment and PTSD & children's emotional & behavioural difficulties
- Online survey for fathers, mothers, children (aged 3-16 years) & teachers/caregivers
- Telephone clinical interview (CAPS, alcohol dependence) for fathers
- Main outcome measures:
 - SDQ, SCARED, MFQ
- O 621 military fathers, 1044 children
- Funded by the US Department of Defense



Previous findings of the KIDS Study

Impact of paternal deployment to the conflicts in Iraq and Afghanistan and paternal post-traumatic stress disorder on the children of military fathers

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https://doi.org/10.1192/bjp.20

Paternal alcohol misuse in UK military families: A cross-sectional study of child emotional and behavioural problems

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Depression or PTSD in fathers and anxiety-related disorders or depression amongst their adolescent offspring

- The objective of this study was to
 - 1. examine the prevalence of anxiety-related disorders and depression in adolescents whose father is, or has been in the UK armed forces,
 - and to explore the association with paternal depression and PTSD
- Fathers, and where available, mother and adolescent offspring, were asked about the health and emotional wellbeing of their adolescent offspring aged between 11 and 16 years
- Measures:
 - Paternal PTSD: Clinician-Administered PTSD Scale (CAPS)
 - Paternal Depression: Patient Health Questionnaire (PHQ)
 - Adolescent Anxiety-related Disorders: Screen for Child Anxiety Related Emotional Disorders (SCARED)
 - Adolescent Depression: Short Mood & Feelings Questionnaire (SMFQ)

Why focus on adolescents?

- Adolescence is time of change physical, hormonal and brain development
- Rates of common mental disorders rise steeply at this time
- Changes in prevalence and distribution of psychiatric disorder
- Family environment impacts on stress and coping
- To date, research has focused on retrospective reports of adolescent wellbeing (often from mothers)
- Lack of data from multiple informants

Characteristics of fathers included in the study

Age of fathers at interview (years), mean and 95% confidence interval:			42.51 (41.89-			
73/		.oniidence imervai.		.12)		
Serving status	-	Serving	189	61.53		
	-	Ex-service	117	38.47		
Service	-	Royal Navy/Royal	47	15.12		
		Marines				
	-	Army	204	67.16		
	-	RAF	55	17.72		
Rank	-	Officer	73	20.27		
	-	Non-	208	70.01		
		Commissioned				
		Officers				
	-	Other rank	25	9.72		
Health factors						
CAPS criteria met for PTSD	-	Full PTSD/ Sub-	26	9.24		
		threshold PTSD				
	-	No case	280	90.76		
PHQ-9 criteria met for depression						
	-	Case	41	14.59		
	-	No case	265	85.41		

	Overall	Boys	Girls	Comparison between boys		
00405		1) 0 11	1.0	and girls		
SCARED (Adolescent) Combined Caseness						
Anxiety disorder	254 (07 20)	172 (00 57)	101 (02 40)	0.5075		
- No Case	354 (86.32)	• •	181 (83.40)	2.5075		
- Case	56 (13.68)	21 (10.43)	35 (16.60)	(p=0.113)		
Panic disorder						
- No Case	380 (92.95)	180 (92.99)	200 (92.91)	0.0055		
- Case	30 (7.05)	14 (7.01)	16 (7.09)	(p=0.941)		
Generalised anxiety disc	rder					
- No Case	345 (84.45)	169 (87.40)	176 (81.79)	2.4301		
- Case	65 (15.55)	25 (12.60)	40 (18.21)	(p=0.119)		
Separation anxiety disorder						
- No Case	342 (83.62)	171 (88.55)	171 (79.19)	5.9543		
- Case	68 (16.38)	23 (11.45)	45 (20.81)	(p=0.150)		
Social anxiety disorder	Social anxiety disorder					
- No Case	351 (85.75)	168 (86.78)	183 (84.83)	0.2919		
- Case	59 (14.25)	26 (13.22)	33 (15.17)	(p=0.589)		
Significant school avoidance						
- No Case	351 (85.68)	171 (88.06)	180 (83.54)	1.9202		
- Case	59 (14.32)	23 (11.94)	36 (16.46)	(p=0.166)		
SMFQ – Depression (Adolescent) Combined Caseness						
- No Case	•	164 (84.58)	179 (82.46)	0.2074		
- Case	67 (16.54)	30 (15.42)	37 (17.54)	(p=0.649)		

Prevalence of anxiety-related disorders and depression, as measured by the SCARED/SMFQ for adolescents

- Overall, 16.54% were cases for depression; prevalence of anxiety-related disorders ranged from 7.05% to 16.38%
- The most prevalent disorder amongst boys was **depression** (15.42%), whereas amongst girls, **separation anxiety disorder** (20.81%) was the most prevalent
- There was no statistically significant difference between anxiety-related disorders or depression in boys and girls

	Number (%)		AOR (95% CI)	
	Non-case	Paternal subthreshold/full-case	Paternal subthreshold/full-case	
Anxiety disorder				
- No Case	329 (87.55)	25 (73.95)	1.0	
- Case	47 (12.45)	9 (26.05)	3.02 (1.28-7.14; 0.012)	
Panic disorder				
- No Case	351 (93.63)	29 (86.08)	1.0	
- Case	25 (6.37)	5 (13.92)	2.82 (0.98-8.14; 0.054)	
Generalised anxiety disorder				
- No Case	318 (85.04)	27 (78.47)	1.0	
- Case	58 (14.96)	7 (21.53)	1.88 (0.81-4.31)	
Separation anxiety disorder				
- No Case	317 (84.69)	25 (72.95)	1.0	
- Case	59 (15.31)	9 (27.05)	3.06 (1.30-7.19; 0.010)	
Social anxiety disorder				
- No Case	325 (86.60)	26 (77.19)	1.0	
- Case	51 (13.40)	8 (22.81)	1.91 (0.75-4.84; 0.170)	
Significant school avoidance				
- No Case	325 (86.47)	26 (77.74)	1.0	
- Case	51 (13.53)	8 (22.26)	1.95 (0.65-5.82; 0.229)	
Depression				
- No Case	316 (83.93)	27 (78.76)	1.0	
- Case	60 (16.07)	7 (21.24)	1.39 (0.55-3.53; 0.480)	

Associations with paternal PTSD

	Numb	AOR (95% CI)				
	Non-case	Case (PHQ-9 > 10)	Case (PHQ-9 > 10)			
SCARED (Adolescent) Combin	ed Caseness					
Anxiety disorder						
- No Case	310 (87.63)	44 (78.79)	1.0			
- Case	44 (12.37)	12 (21.21)	2.14 (0.94-4.86; 0.067)			
Panic disorder						
- No Case	332 (94.04)	48 (86.64)	1.0			
- Case	22 (5.95)	8 (13.36)	2.72 (1.04-7.13; 0.041)			
Generalised anxiety disorder						
- No Case	300 (85.05)	45 (81.01)	1.0			
- Case	54 (14.95)	11 (18.99)	1.64 (0.71-3.78; 0.238)			
Separation anxiety disorder						
- No Case	300 (85.02)	42 (75.64)	1.0			
- Case	54 (14.98)	14 (24.36)	2.49 (1.16-5.33; 0.018)			
Social anxiety disorder						
- No Case	305 (86.25)	46 (82.89)	1.0			
- Case	49 (13.75)	10 (17.11)	1.39 (0.64-3.01; 0.398)			
Significant school avoidance						
- No Case	312 (88.27)	39 (70.80)	1.0			
- Case	42 (11.73)	17 (29.20)	3.57 (1.64-7.74; 0.001)			
SMFQ – Depression (Adolescent) Combined Caseness						
- No Case	303 (85.36)	40 (72.60)	1.0			
- Case	51 (14.64)	16 (27.40)	2.37 (1.10-5.13; 0.027)			

Associations with paternal Depression

Summary

- Recap: The objective of this study was to examine the prevalence of anxiety-related disorders and depression in adolescents whose father is, or has been in the UK armed forces, and to examine the association with paternal depression and PTSD
- Overall, this study found that approximately a quarter of adolescents had an anxiety-related disorder or depression, as measured by the SCARED/SMFQ, with the most common disorder being depression
- Adolescents whose fathers had PTSD were more likely to report anxiety and separation anxiety disorders compared to adolescents whose fathers did not
- Adolescents whose fathers had depression were more likely to report panic and separation anxiety disorders, significant school avoidance and depression

Thank you – Questions



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