

Army psychiatrist: Military children have increased mental-health risk

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By **Elizabeth M. Collins**

WASHINGTON (Army News Service, Oct. 8, 2009) -- The increasing mental-health needs of military children are taxing both the military and civilian health care systems.

The Army psychiatrist in charge of the Military Child and Adolescent Center of Excellence at Madigan Army Medical Center, Fort Lewis, Wash., told Army spouses and support group leaders about the issue at the third Family Forum of the Association of the United States Army annual meeting Wednesday.

Col. Kris Peterson explained that eight years of repeated, lengthy deployments have resulted in higher rates of anxiety and depression among Army children, as well as misbehavior in school.

For example, yearly mental health visits for children under the age of 15 have increased from 800,000 in 2003 to 1.6 million in 2008. One out of three school-age children are at risk for psychological problems and about 30 percent of children have significantly increased anxiety.

"So what we're dealing with now is the cumulative impacts of parents, moms and dads, gone for not months but years," Peterson said.

"Those impacts are now clinically significant to the point where it's not psycho-educational, it's fact and prevention all the way to clinical support and clinical interaction in an office, for instance, to be able to address increasing levels of depression and anxiety. And that's across the spectrum of preschool, school age and adolescence.

"And it's also our spouses who are left behind during the deployments. There's depression and anxiety in each of these categories."

The increased need has led to a severe shortage of mental-health-care facilities for families, both on post and off, especially as post behavioral health centers are already filled to capacity with Soldiers.

"The long-term impacts are unclear of all this. We know from the literature and data on depression in adolescents that outcomes are poor in this group who are untreated or unhelped -- are left dealing with depression, anxiety on their own. There's issues of drop-out rates, there's issues of school failure and difficulties with socialization," Peterson explained.

In an effort to deal with that trend and provide a central place for Army children to get mental and physical help, Peterson and other experts at Madigan developed the Military Child and Adolescent Center of Excellence.

The multidisciplinary team - pediatricians, psychologists, social workers and child and adolescent psychiatrists at the center -- looks at the latest research, strategically plans the way forward for caring for Army children and tries to sift through the many grassroots programs to find what actually works.

"A lot of people put their heads together and said, 'Look, we really need to develop some strategic thinking to identify what the impacts are, what the gaps are, what the programs that we can vet and we can propagate through the system and look at it in a strategic way.

"The issue frequently is that our providers and our thinkers are engaged; they're in the front lines; they're in combat, if you will, in regards to delivering critical care; and to develop a plan to program and think strategically is like saying, 'Let's put an extra rock in your rucksack as you climb that mountain.'

"It's the same thing with research. We really are saturated and it makes it difficult to think along those lines. The leadership got this very readily, and said 'Let's dedicate people to strategically think and plan and move a way forward,'" he said.

Peterson hopes the center will continue to build and become a one-stop resource for behavioral and mental programs for military children. He also said that he wants to take their best practices and export them to the rest of the Army.