

Kids of Deployed Soldiers May Face More Mental Health Woes

Study found they needed more doctor visits to handle issues from parent's absence

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MONDAY, Nov. 8 (HealthDay News) -- Mental and behavioral problems cause children of U.S. soldiers deployed to Iraq, Afghanistan and other war zones to need considerably more outpatient medical visits than those with non-deployed parents, a new study suggests.

Researchers examined the medical records of more than 640,000 military children between the ages of 3 and 8, and found that those separated from deployed parents sought treatment 11 percent more often for cases of mood, anxiety and adjustment disorders. Visits for conditions such as autism and attention-deficit disorder, whose causes are not linked to deployment, also increased.

The study, reported online Nov. 8 and in the December issue of the journal *Pediatrics*, also revealed larger increases in mental and behavioral visits among older children, children with military fathers and children of married military parents.

"It's statistically significant, but I also think it's clinically significant," said lead researcher Dr. Gregory Gorman, an assistant professor of pediatrics at Uniformed Services University of the Health Sciences in Bethesda, Md. "These are also probably the worst cases."

Gorman said he was surprised to find that while these types of medical visits went up, the rates of visits for all other medical conditions dropped.

"I have no direct evidence, but we hypothesize that when a parent is deployed . . . and the other parent has to do all of the duties, they may want to handle other problems at home," Gorman said. "These parents who remain at home need to multi-task even more."

Gorman and his team studied records of children of active duty personnel during 2006 and 2007 that were linked with their parent's deployment records. Children from ages 3 to 8 were chosen in part because they were at the developmental stage in which Gorman had observed an increase in behavioral concerns at his pediatric practice.

Children of deployed military face numerous stressors, including frequent moves, prolonged parental absences and the risk of a parent's death, the study noted. Beyond that, the multiple, successive deployments many soldiers have faced in recent years hits their children especially hard, said Rick Olson, a retired Army general and director of strategic communications for the Child, Adolescent and Family Behavioral Health Proponency in Fort Lewis, Wash.

"There are statistics that show how multiple and extended deployments are causing increased problems in terms of the behavioral health of our kids," said Olson, whose organization supports behavioral health care for military children and their families. "We hear that all the time from our commanders."

"Those kids are growing up . . . without a family member, so that causes a lot of problems," Olson added. "The re-integration process gets harder every time, because the kids get used to the parent not being there, and when they come back, they interrupt patterns that have been set. And then mom or dad leaves again."

In Gorman's study, the most frequent primary diagnosis during mental and behavioral health visits was attention-deficit disorder (ADD). Adjustment and autistic disorders came next, while farther down the list were mood and anxiety disorders, oppositional defiant disorder, developmental delays, post-traumatic stress disorder, bedwetting and separation anxiety.

In the cases of ADD and autism, Gorman thinks outpatient visits increased because those conditions may worsen during the deployed parent's absence and/or become harder to manage for the remaining parent.

Finding that visits rose among children with deployed fathers, Gorman believes that in many families the mother "might be the primary caregiver and might be more attuned to the children's behaviors and changes, subtle as they may be," he said.

Children of single military parents, who had lower rates of mental and behavioral visits during their parent's deployment, usually stay with relatives or others, Gorman said. Their visits may have dropped, he noted, because guardians didn't know how to access health care for the child or were not familiar with the child's normal behavior, making changes harder to detect.

There have been 5,473 American casualties and 38,076 service members wounded in action from October 2001 to May 2010, the study noted. Among children whose parents are in combat areas, the ever-present fear of them being killed is particularly hard to bear, Olson said. He noted that Gen. George W. Casey Jr., chief of staff of the Army, is focusing on reducing multiple, successive tours of duty among soldiers because he understands their dramatic impact on family members.

"The Army can make [the deployment process] more predictable so that parents have an opportunity to work with their kids, prepare them for deployment, to know when they're leaving and when they're coming back," Olson said. "When we're talking about kids, it's a ticking time bomb effect. The problems are building, but they don't become critical until they get down the road a bit. So it's not just now when the wars are on, it's five to 10 years from now."

Gorman said he hopes his research will raise awareness among pediatricians and other health professionals serving children, since it may not be obvious that their young patients -- who could be seeking care for routine issues such as ear infections and the like -- are under stress from a parent's deployment.

About 65 percent of mental and behavioral health services for military children are provided by civilian pediatricians and other professionals, the study found.

"One of the routine questions we ask children is, 'Do you have a parent deployed right now?'" Gorman said. In the study, he noted that this should be followed up with: "How are you feeling?" This simple step, he said, "should help [pediatricians] to anticipate, screen and ask about it so they can help parents know what to expect."

More information

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