

## Children of Deployed More Likely to Seek Mental Health Care

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American Forces Press Service

WASHINGTON, Nov. 16, 2010 – Young children from military families are more likely to seek mental and behavioral health care when a parent is deployed than when a parent is at home, a military study has concluded.

Findings also show that children of married couples -- with the father as the servicemember -- are more likely to seek care than children with a married military mother or with a single servicemember parent, said lead researcher Navy Cmdr. (Dr.) Gregory H. Gorman, a staff pediatrician with the Uniformed Services University of the Health Sciences.

The study, which included more than a half million children from active-duty families, will be published in the December issue of the journal "Pediatrics" and was posted on the journal's website Nov. 8.

From fiscal 2006 to 2007, a team of researchers examined the records of more than 642,000 military beneficiaries ages 3 to 8. They looked at all outpatient visits -- whether to military or civilian facilities -- billed to Tricare, the military's health care system. They then matched those records up with parents' deployment records.

Compared to a baseline of care established prior to deployment, researchers found that military children are 11 percent more likely to seek care for behavioral and mental health issues during deployments than when the parent is at home, Gorman said.

Gorman said he broke issues down into three categories: anxiety disorders; pediatric behavioral disorders, such as attention deficit disorder; and stress disorders, which include post-traumatic stress disorder and other types of stress reactions. The study indicated an overall rate increase of 15 to 19 percent within these categories, with rates of anxiety and stress disorders showing the highest increases.

The findings substantiate what the military community has anecdotally known for a long time: deployments affect children. However, Gorman said, "It's the first time ... we've quantified how it really affects children and how it affects the military community as a whole."

The findings are particularly significant when set against the backdrop of an overall decrease in medical visits for issues such as colds or routine care, Gorman said. The study indicated a 10 to 11 percent drop in visits for physical ailments while a parent was deployed, he explained.

The drop in medical treatment makes sense, Gorman said, since the spouse is acting as a single parent.

"They're juggling a lot more responsibility, so perhaps the threshold for bringing a child in for a doctor's visit may change," he said. They may defer on routine visits, for example, until the parent returns from deployment, he said.

Researchers also found distinctions based on a child's age and a parent's gender, and they noted a gradual increase in care-seeking rates as children increased in age.

Gorman attributes this to older children's wider array of emotional and behavioral responses. However, children's gender didn't seem to play a significant role, he said, with girls and boys experiencing the same impacts.

However, gender did play a role among parents. Researchers found that when the caregiver back home was the mother, the mental health visit rates increased. However, if the caregiver was the father, less of an increase was seen, Gorman said. He also noted an increase in care for children of married servicemembers, as opposed to those of single servicemembers.

Gorman chalked up these distinctions to recognition. Mothers typically are the primary caregivers, and may be more in tune with a child's behavioral and mental health needs than the father, he explained. And, during a deployment, a child of a single servicemember may go to live with an extended family member or close family friend, who may not be as aware of the child's behavioral norms, so is less likely to recognize variations, he added.

"We probably underestimated [the increase] in those populations," Gorman said.

Gorman said he hopes the study will go a long way in helping to identify issues among military children and how to better address them, particularly among civilian providers.

The study examined 6.5 million outpatient visits, of which two-thirds were with civilian doctors, he said. Many civilian providers may not be aware of the unique stressors military children face or the resources available to help them, he added.

“Hopefully, this will help to inform civilian pediatric providers,” he said. “They also need to be aware of the resources that they can call on for these families.”

Gorman also said he sees a positive application among military providers. While the military has made great progress in addressing military children’s issues with deployment-cycle training and resources such as Military OneSource, the study can help in targeting training efforts for providers, specifically in the areas of recognition and prevention efforts for children, he said.

He’d also like to see targeted interventions in the future, such as for children of female servicemembers, he said, as well as studies specifically aimed at children of the Guard and Reserve and teenagers. He also called for a closer look at individual diagnoses, such as attention deficit disorder.

Overall, studies like this one add to the discussion of how the nation wages war, Gorman said.

“It’s very important to take care of military beneficiaries,” he said. “It adds as much to preserving the fighting force as providing bullets and beans to the front lines.”

It’s also the right thing to do, he said.

“These are people we are sworn to take care of,” he said, “and we need to find exactly what they need.”

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