

## Parents' Deployment Tough on Military Kids

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When a parent in the military is deployed, children have an 11% increased risk for requiring mental and behavioral health doctor visits, compared with when the parent is home.

Pediatric behavioral and stress disorders increased 18% and 19%, respectively, when a parent was deployed, according to study findings.

The results "reinforce the importance of providing additional support to children of parents who are frequently deployed and the parent or caregiver who remains at home to care for them," Dr. Gregory H. Gorman and his associates wrote in an article published online in *Pediatrics* ([doi:10.1542/peds.2009-2856](https://doi.org/10.1542/peds.2009-2856)).

Using the [Defense Enrollment Eligibility Reporting System](#), Dr. Gorman, a pediatrician at the Uniformed Services University of the Health Sciences, Bethesda, Md., and his associates looked at all military beneficiaries aged 3-8 years who were enrolled in the military health system at the end of fiscal year 2006-2007. Children of parents in the National Guard or in the military reserves were excluded.

All deployment dates and demographic information about the military parents was garnered from the [Defense Manpower Data Center](#), and each subject's outpatient visits were merged with the parental deployment record.

Overall, the researchers tallied 642,397 children linked to 442,722 active-duty parents. The mean age of the children was 5 years. Half were male; 68% were white and 22% were black.

Among the parents, 90% were male, and 90.5% were married. Thirty-two percent were deployed during the 2-year study period for a mean of 196 days.

According to an unadjusted analysis, the incidence rate ratio (IRR) of all outpatient doctor visits during a parent's deployment, compared with when a parent was home, was 0.89. However, the IRR for mental health visits was 1.11 while a parent was deployed, compared with when the parent was home, Dr. Gorman and his associates reported.

These deployment-time mental health appointments included 26.7 excess visits per 1,000 person-years for anxiety disorders, compared with when the parent was at home, 6.5 excess visits for behavioral disorders, and 22.3 excess visits for stress disorders.

When Dr. Gorman and his associates adjusted for the child's age and gender as well as the parental age, gender, marital status, and military rank, they found that older children experienced significantly greater rates of mental health visits while the military parent was deployed, compared with younger children. For example, among 8-year-old children with married parents and deployed fathers, the IRR was 14.2.

Having a father deployed, vs. a mother, also carried a greater IRR of mental health visits – 1.19 vs. 0.70, respectively.

The results are limited by several factors. For one, diagnoses such as autism, developmental delay, and speech disorders are categorized as mental health or behavioral disorders in the database used for this study.

Additionally, the researchers lacked data about the parents' mental health history and current status. That's important, because according to the "depression-distortion hypothesis," depressed mothers perceive their children's mental health problems more frequently than did nondepressed mothers, and this may have altered the findings as well, they said.

Nevertheless, Dr. Gorman and his associates concluded, these findings are important, especially for nonmilitary pediatricians "who provide almost two-thirds of outpatient care for the children of military parents." Indeed, "Providers and policy makers should continue their focus on supporting military families before, during, and after deployments."

"Future analyses will be needed to determine if the effects of deployment on parent-child separation persist into adulthood," they said.

Dr. Gorman and his associates stated that they have no financial relationships relevant to this article.

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