

Length of parental military deployment associated with children's mental health diagnoses

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Children with a parent who was deployed in the U.S. military efforts Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) for longer periods were more likely than children whose parents did not deploy to receive a diagnosis of a mental health problem, according to a report published Online First today by *Archives of Pediatrics and Adolescent Medicine*.

According to background information in the article, previous research has attributed children's depression and negative affect to parental [military](#) deployments. However, there has not been much research into this topic with regards to the United States' present conflicts, OIF and OEF. "As troops face dynamic and evolving threats (e.g., an increasingly sophisticated array of roadside explosive devices)," write the authors, "the need to anticipate the [psychological consequences](#) for their [children](#) and to offer timely intervention becomes increasingly important."

Alyssa J. Mansfield, Ph.D., M.P.H., then of the University of North Carolina at Chapel Hill, now of the National Center for Posttraumatic [Stress Disorder](#) in Honolulu, and colleagues examined electronic medical record data for outpatient care received at military facilities or through military health insurance between 2003 and 2006. The study included children ages 5 years through 17 years who had at least one parent serving on active duty in the U.S. Army. (Children of Reserve and National Guard personnel were excluded.) Researchers used the

International Classification of Disease, Ninth Revision, to identify [mental health](#) diagnoses.

The study included 307,520 children, of whom 16.7 percent had a mental health diagnosis (most often for stress disorders, depression, behavioral problems, anxiety, and sleep disorders) during the study. More than 62 percent of parents were deployed at least once during the period, for an average of 11 months. The researchers found that mental health diagnoses were more common among children who had a parent who was deployed at least once for military operations in Iraq or Afghanistan. After adjusting the data for age, sex and mental health history, they showed that the likelihood of a mental health diagnosis increased with increases in parental deployment length; other factors included older age groups and male sex. The strongest associations were for acute stress reaction and adjustment disorders, depressive disorders, and behavioral disorders, among the total of 6,579 mental health diagnoses observed in children of deployed parents.

"We observed a clear dose-response pattern such that children of parents who spent more time deployed between 2003 and 2006 fared worse than children whose parents were deployed for a shorter duration," write the authors. "Similar to findings among military spouses, prolonged deployment appears to be taking a mental health toll on children." They urge further research of this issue among other branches of the military as well as the National Guard and Reserves.

In a commentary, Stephen J. Cozza, M.D., from the Uniformed Services University School of Medicine in Bethesda, Md., provides perspective on the scope of U.S. military deployment and the population it touches. As of 2009, he notes, 44 percent of active duty military members have children (for a total of 1.2 million children), as well as 43 percent of Reserve and National Guard members. Furthermore, since combat operations began in 2001, roughly 2 million U.S. military personnel have

deployed at least once.

The article by Mansfield and colleagues, writes Cozza, provides "an important contribution to our understanding of a child's health and its relationship to parental combat deployment." The study, he adds, appears to confirm earlier research into this topic. But it also raises questions, such as what long-term consequences, if any, deployments have on children's health and development.

Cozza recommends that these findings be used to raise national awareness of the problem, both within the military community and without. Since affected children are likely to at some point receive care outside the military health system, he urges civilian clinicians to pay special attention to these patients. "Brief screening for anxiety, depression, behavioral problems, academic difficulties, peer relational problems, or high-risk behaviors (such as substance misuse or unsafe sexual practices) is warranted and will help identify treatment needs," Cozza concludes.

More information:

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