



## Position Statement on Veterans' Families

### **The Inner Wars Come Home: The Traumatic Impact on Families and Children When Our Veterans Return**

Approximately 1.4 million children have parents who are active military personnel and 1.6 million U.S. troops have been deployed to Iraq and Afghanistan since 2001, (5). It has been estimated that at least one third, or 500,000 troops will be in need of mental health services to address symptoms of depression, post traumatic stress disorder (PTSD), and traumatic brain injury (TBI) (5,1).

Research has shown that these syndromes have significant negative impact on family relationships and on children in particular who are the most vulnerable (6,7,8). This vulnerability has been exacerbated by parents being deployed more than one time and in some cases when both parents have been deployed.

In addition to human costs, it is estimated that the societal cost (treatment and productivity) during a two year post-deployment period will range from \$4.0 to \$6.2 billion (5). These estimates do not include costs of mental health needs of children as they develop towards adulthood. A recent study funded by the National Institute of Mental Health showed that adult children of depressed parents have a much higher risk of mental and physical illness (10). Incidence of aggressive behavior, academic problems, and related symptoms in children can be expected to be very high due to the greater incidents of diagnosed and undiagnosed PTSD and TBI (4,2). Almost 50% of veterans in need of mental health services do not seek treatment (5) which could create greater costs later on.

The American Psychoanalytic Association supports the following actions to prevent a devastating public health crisis that could impact our children and families for generations to come:

- 1) Greater public and private access and support for mental health services to veterans, their families and children.
- 2) Guaranteed privacy (5), a foundation of effective treatment and patient right, with release of information only with patient's permission or legal compulsion (11).
- 3) Preventative support services for children and families when a family member is deployed (9).
- 4) Education of mental health students and providers about the long term effect of parental trauma on children (7).
- 5) Support for public awareness and education through the media of the impact of depression, PTSD, and brain injuries not only on the veteran but on his or her family and children (5, 7).
- 6) Advocacy for any legislation that will support diagnosis, immediate, and longer term care for veterans, their children and families.

### References

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