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NAMI Beginnings

National Alliance on Mental Illness

A Publication Dedicated to the Young Minds of America from the NAMI Child and Adolescent Action Center

A Focus on Military Families

The War at Home: Military Children and Families

Finding Strength Through Community

NAMI Beginnings
National Alliance on Mental Illness

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The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. NAMI has more than 1,100 affiliates in communities across the country that engage in advocacy, research, support and education. Members of NAMI are families, friends and people living with mental illness such as major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder.

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Capitol Hill and State House Watch

by Darcy Gruttadaro, J.D.,
director, NAMI Child and Adolescent Action Center

Politics in 2011 and Beyond

The November 2010 elections led to major political changes at the federal and state levels. There are many new lawmakers and governors across the country. This presents a tremendous and important opportunity for NAMI leaders, families and other stakeholders working to improve children's mental health to educate and inform lawmakers and new governors on the issues most important to them.

First, a look at the shift in power. In the U.S. House of Representatives, the Republicans gained 63 new seats with 84 new Republican members. The election resulted in 243 Republican and 193 Democratic members in the U.S. House. In the U.S. Senate, the Republicans gained six seats, resulting in 53 Democratic and 47 Republican Senators.

The governors' races also led to significant gains for Republicans in state houses around the country. In 2011, 29 states will have Republican governors, 20 states will have Democratic governors and one state will have an Independent governor. There was also a shift in power that brought many new state lawmakers in all 50 states.

Many of these lawmakers and governors are new to politics. Most know very little about children's mental health. Now is the time for a meet-and-greet and to help educate these politicians about children's mental health.

Here are five steps that you can take in the new year to help raise the visibility of children's mental health in your state and across the country:

1. Send letters to your new governor and legislative representatives. Congratulate them on their victory. Tell them why children's mental health is important to you. Ask them to strengthen mental health services for children and their families and tell them why it makes sense to do so.
2. Follow up on your letter by e-mailing or mailing fact sheets and resources about children's mental health. You can access fact sheets on children's mental health from the NAMI website at www.nami.org/stateadvocacy.

3. Look for media stories about how cuts in mental health services are seriously disrupting the lives of children and their families, leading to youth becoming entangled with law enforcement and the justice system, youth suicide and other tragic consequences. When you see these stories, which often appear in local news coverage, send them to your elected officials and tell them that cuts in services lead to devastating consequences for their constituents and the communities they represent. Ask them to block further cuts and to take action!

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Supporting Military Families: A View from the Inside

by Cinda Holloway, manager, Exceptional Family Member Program, Fort Leonard Wood, Mo.

Editor's Note: NAMI had an opportunity to engage in a lively discussion with Cinda Holloway, Exceptional Family Member Program manager from Fort Leonard Wood in Missouri. She graciously shared with NAMI information about supporting military families who have a child living with a mental health condition.

1. What is the Exceptional Family Member Program (EFMP)?
The military requires all service members who have a family member with special medical, mental health or educational needs to enroll in the EFMP. The EFMP exists on every military installation. It helps to ensure a family's identified special needs are considered when a service member is assigned to a post. This includes:

- matching up the types of services the family needs with the military installation that the service member is assigned to; or
- looking for a different assignment if the services are not available at the military installation.

The requirement to enroll in the EFMP exists so that the military knows the type of services a child and family need and the frequency with which the services are needed. The enrollment process does not allow the military to see information about diagnoses or medications or hospital records.

Unfortunately, many families who have a child living with a mental health condition do not want to enroll in EFMP because of the stigma surrounding mental health services. When I talk to these families I tell them that not enrolling in EFMP is one of the best ways to allow the military to know their business because when families cannot access services and supports for their child, the child's condition gets more serious. However, if families are enrolled in the EFMP, they will be assigned to a military installation where their child can access services and supports.

The EFMP is for family members only. There are other programs available for service members through the military.

2. How does the EFMP help military families who have a child living with a mental health condition?
The first step the EFMP takes is to identify the services and supports that are needed and available for both the child and his or her family. Information about what is needed usually comes from the family. Once we identify the services and supports that are needed and available, the next step is to link the family to these services and supports. We also help the family work with their doctors to get any necessary referrals.

If and when the family has to move, we can help them find the same services and supports they have used at the new military installation. We can also provide the new installation and the doctors there with all of the information they need. The EFMP can do all of the legwork for the family so they know exactly what services are available, who to talk to and who is going to help them when they arrive at a new installation.

Some military installations, like Ford Leonard Wood, are isolated. In other words, we have limited mental health services and supports available in the local community. Therefore, some of what we do for military families is identify exactly where services are and how they can be accessed.

We also do a lot of education and awareness about mental health conditions. Sometimes families have preconceived notions about a mental health diagnosis. We also find that military families often think they are alone in their struggles since, as a community, we do not openly talk about mental health issues. Sometimes what we do is educate families about where they can learn more about their child's diagnosis and where they can find support groups. It is important that these families do not isolate themselves or their child.

We also offer support groups on the Fort Leonard Wood installation. These groups are often hosted in conjunction with our local NAMI affiliate, NAMI Central Ozarks. We also provide individualized therapy. Lastly, we also work with schools on Individualized Education Programs (IEPs) and 504 plans.

I strongly encourage military families who have a child living with a mental health condition to get involved with their EFMP manager because he or she can best help them access mental health services and supports.

3. There is a national shortage of mental health providers, including psychiatrists, social workers and therapists, specifically trained to work with children and adolescents living with mental health conditions. In light of this, what do you do when a child really needs access to a child psychiatrist and there is not one in your community?
TRICARE, which is the health care program serving service members, retirees and their families worldwide, reimburses families if the location of services is 100 miles or more one way. It is basically a stipend for gas. However, if a child needs to be seen on a weekly basis, this can be a real hardship on families.

This is where military families are luckier than their civilian counterparts. If a family is enrolled in the EFMP, we

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4. Visit the offices of your elected officials and get to know them. When you go, bring others from your community—there is power in numbers. Plan your visits so that you are clear on the issues that you wish to cover and what you will say. For example, you may want to ask them to sponsor legislation or vote against further cuts in spending or thank them for their support of legislation—whatever you decide, just make sure you have an ask at the end of your visit. Do not forget to visit your federal representatives when they return for recess.
5. Find ways to help out your elected officials. For example, give them an award for their work in support of your issues and alert the media about the award. You can also take a photo of your elected representatives and run it in your newsletter. Be sure to send a copy of your newsletter to their offices. Volunteer to work on their campaigns. Elected officials greatly appreciate those constituents who support and work hard for them.

The bottom line is that the more your elected officials hear from you on the issues that matter most to you, the more likely they are to act on those issues. However, it is not just the number of times, but also the quality of your communications. These are busy people so be clear about what you wish to share and the action you wish them to take.

The operative word here is "representatives." These men and women were elected to represent your interests at the state and federal levels. It is our persistence and relentless pursuit of more effective services and supports that will lead to better lives for our nation's children. After all, children represent 100 percent of our nation's future. Thanks for all that you do!

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can go to the Department of the Army on behalf of the family and ask that they be moved, at military expense, to an area that can better support their child's mental health needs. This kind of request is typically honored. The decision to relocate a family often depends on the services and supports needed and the amount of documentation we can provide in support of the request.

4. If a family has a child living with a mental health condition and they get moved to an area that is more rich in mental health resources, would they have priority to stay there for a longer period of time given the resources?
The military is moving in the direction of wanting to stabilize families more, especially those who need mental health services and supports. One of the nice things that the EFMP can do is request stabilization for a family. A service member can also choose an "unaccompanied assignment," meaning the service member goes to a new assignment but his or her family stays where they are.

5. What are some of the greatest challenges military families face when they have a child living with a mental health condition?
Military families are very mobile. They are asked to move every 3-4 years. If a family has a child in the mental health system, this means they are regularly taking everything that has been working for their child, stopping it and going to a new place to start all over again. There is not only this disruption of services and supports but also the starting over of building a rapport and trust with new health care providers.

Another difference between military and civilian families is deployments, which is when the military sends service members away for a year to 15 months. Generally, they are sent to a place that is hazardous. When this happens, families not only have to deal with their child's mental health issues, but they also have to cope with the loss of a parent. They have to transition to a parent being gone and then back to a whole family unit when the parent returns. Unfortunately, sometimes during deployments, services members do not come back, which adds a tremendous strain on families.

6. In your experience, what have you seen to be most effective in supporting military families who have a child living with a mental health condition?
Continuity of care is very important at all times and can be challenging for military families. Also, support for the whole family is essential. So often the focus of services and supports is on the child living with a mental health condition while other family members are left out. However, it is important that every family member receives services and supports since they can all be affected by the child's mental health diagnosis.

It is also important to educate families on why their child may be acting the way he or she is. It is important to teach families how to interact with their child. Siblings need support groups of their own since they usually do not want to talk about their feelings and experiences in front of their family.

7. If you could create a wish list of services and supports that should be available to military families who have a child living with a mental health condition, what would be on that list?
Seamless transition of services from installation to installation. The EFMP tries to provide families with the information they need so that when they get to a new military installation, they are not left thinking, "Okay, what do I do now?" The EFMP provides families with information before they relocate on where to go and who to talk to if and when help is needed.

Support groups for families are also quite important. Every family member, not just the child living with the mental health condition, needs support and attention. Also, education and awareness would be on my wish list because often people need to understand that a mental health diagnosis does not define a person. Schools, churches, community groups and really every community member need more information and education about mental health conditions.

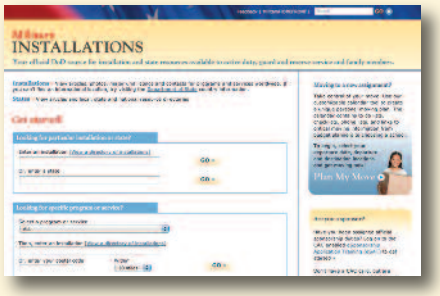
8. What resources do military families find most helpful?
It varies from family to family. If everything is working well, then families may not turn to us for resources or services. Sometimes all military families need is to know that there is someone out there who they can talk to and is willing to help. Having someone who understands what they are going through is important to military families.

9. How can NAMI state organizations and local affiliates better support military families?
NAMI can connect with military families in a meaningful way by providing NAMI education and support programs to them. For example, Fort Leonard Wood works with NAMI Central Ozarks to promote and provide NAMI Basics to families on and off-post. NAMI Basics is an education program for parents and caregivers of a child living with a mental health condition. Often, military families prefer to attend support groups and education programs off-post because of the stigma surrounding mental health issues. There is also a place at Fort Leonard Wood where families can go if they want to talk to a representative from NAMI Central Ozarks.

We provide different programs and information to military families, but it is really our link with NAMI Central Ozarks that is most helpful. They know what is going on with us and we know what is going on with them. If I cannot find help in my resources for a family, I can call NAMI Central Ozarks and vice versa. We have enough knowledge about each other that we can work together to help families. It is this kind of collaboration that really benefits military families.

10. What steps should NAMI state and local leaders take if they want to approach military families?
The first step is to contact the EFMP manager at their local military installation. The EFMP manager can get the word out about their programs by using the relationship he or she has with families. Having the EFMP manager promote a program gives it a little more power and credibility with military families. The EFMP manager can let military families know that the program is a good one and provide them with the reasons why they should participate in the program. Also, the EFMP may be able to pay for childcare so that parents can attend the NAMI meetings.

The EFMP is also generally able to provide NAMI leaders with a nice place on the military installation to meet and with the equipment they need to provide their programs to military families.



To find the contact information for a military installation's EFMP manager, visit www.militaryinstallations.dod.mil.

11. What other issues would you like to discuss?
One of the things that NAMI can do much better than the military is support our citizen soldiers. These are the people who are in the National Guard and Reserve and now suddenly are called up to serve. They are not around a military installation and do not live the military lifestyle so they may not have access to the services and supports other service members do.

Another issue this population faces is that although federal law guarantees National Guard members and reservists their jobs when they return from active duty, it does not require employers to continue to keep paying for health insurance. Some large companies keep paying the insurance, but many small companies do not. This means that National Guard members and reservists who are called up to active duty may have to switch to another health insurance plan, most commonly TRICARE. Their child may have been receiving mental health services and seeing the same health care providers for years, but now these same services and health care providers may not be covered by TRICARE. Families then must decide if they want to stay with TRICARE and start all over again or if they want to pay out of pocket to stay with the same services and supports. This can place a financial strain on families.

Unfortunately, the National Guard and Reserve families are going to be the families that do not know to call the EFMP because they are not required to enroll in this program. However, they can use the EFMP services; we never turn anyone away. Sometimes they may not qualify for the services and supports available to our other military families since the National Guard and Reserve are not part of the regular army. However, the EFMP can definitely work to get these families the services and supports they need and to let them know who to call if they need help.

12. What can NAMI do for National Guard and Reserve families?
It is important to educate these families about mental health service availability. NAMI state organizations and local affiliates should link up with their state's National Guard Reserve Center to reach these families. National Guard chaplains are also a great resource and can be reached through the National Guard Reserve Center. Additionally, there is always someone on what we call "rear detachment" when a unit is deployed. This includes those who are left behind to take care of deployed soldiers' families. It is a good idea to also reach out to them. To find contact information for National Guard Reserve Centers, visit the National Guard website at www.ng.mil (click "Resources").

National Guard and Reserve families should certainly be high on NAMI's list for outreach efforts. These families may not have a supportive and understanding community around them. NAMI can help to provide this much needed supportive community for these families.

This article continues on NAMI's Child and Adolescent Action Center website at www.nami.org/caac.

The War at Home: Military Children and Families

by Patricia Lester, M.D., child and adolescent psychiatrist

Since the start of the wars in Afghanistan and Iraq almost a decade ago, more than two million U.S. service men and women have served overseas in wartime duties and nearly half of them have deployed more than once. With markedly different demographics than prior wars in U.S. history, this conflict has relied on service members more likely to have families and dependent children. More than one million children in the United States have experienced a parent's departure to serve in combat, with a sacrifice to the country that often goes unacknowledged. For children aged ten and younger, their parent's military service may have meant an entire lifetime of anticipating or experiencing his or her departure to an uncertain and dangerous situation. Reuniting with a service member returning from war also presents unique challenges for military families as children and parents alike have to negotiate the transitions of reintegration. For some families, their service member's deployment may result in more striking disruptions in family life if their service member returns home with psychological and physical injuries. For other families, the cost of wartime deployment has meant the loss of a loved one.

Previous studies done during peacetime and prior wars have documented various indicators of psychological resilience in service members as well as their family members. As new reports emerge from the current war, there is increasing evidence that the cumulative stress of a prolonged conflict may have overtaxed this resilience. Suicide rates within the military continue to increase, rising as high as 20 per 100,000 service members. The risk for combat-related mental health problems, including posttraumatic stress disorder (PTSD), appears to increase during the year following return from combat. In addition, service members who have been deployed more than once to war have increased rates of mental health problems.

From a child's perspective, the experience of their parent's service presents many challenges—some common to children who have experienced parental separation for other reasons and some unique to the demands of wartime service. Shifting family roles and responsibilities may mean new opportunities of growth for children of military families who may be able to contribute to their family's well-being in meaningful ways. However, children may also experience a sense of loss when their parent misses important milestones, including learning to ride a bike, winning a championship game or graduating from high school. Children may also experience the "wear and tear" stress of persistent worry over their active duty parent's safety as well as awareness of their caretaking parent's stress level. With frequent media reports and electronic communications from service members, families now often have a more immediate relationship to the risk of combat than in prior wars, which can increase anxiety in children.

> Suicide rates within the military continue to increase, rising as high as 20 per 100,000 service members.

While separation in the context of danger presents difficulties for military families, return of a loved one from combat does not always resolve this stress. When a parent returns home from war with a combat-related mental health problem, traumatic brain injury or disabling physical injury, the caretaking parent left at home and any children must often deal with these issues.

With funding from the National Institute for Child and Human Development, a clinical research team from the UCLA Madigan Army Medical Center and the San Diego Naval Medical Center undertook a study of U.S. Army and Marine Corps families from two military installations with high rates of deployment. An article in the April 2010 edition of the *Journal of the American Academy of Child and Adolescent Psychiatry,* "The Long War and Parental Combat Deployment: Effects on Military Children and At-Home Spouses," describes the impact of both deployment and reintegration on active duty military families.

This study included 171 families with a parent either currently deployed or recently returned from service in Iraq or Afghanistan. In this group, the average number of deployments was more than two and the average length of time away due to combat deployments was 16 months. Previous studies on the impact of deployment on children have focused primarily on the period of deployment separation. This study looked at children during and after periods of deployment separation and suggests that children's reactions appear to be more complex than previously recognized.

About one-third of children affected by parental combat deployment had clinically significant symptoms of anxiety. Increased anxiety was present for

children whose parents were away at war and for those whose parents had returned home in the prior year. This finding of persistent anxiety even after the active duty parent has returned is consistent with reports from military families that their child continues to worry about the possibility of his or her parent deploying again.

Like their children, service members' spouses also showed increased levels of distress compared to the general adult population. Approximately one-third of the at-home parents and almost forty percent of the active duty parents showed increases in anxiety and depression.

Notably, the two key markers for emotional and behavioral distress in children are parental psychological stress and the number of months of combat deployments during their lifetime. Depression and disruptive behaviors in children increased the longer their parent was deployed.

This study helps us understand more about the of impact of parental combat deployments on school-aged children and their parents. Clinical experience with these children and their families supports the finding that there is persistent anxiety about a parent's possible departure, even after a parent has returned. Families often report that these children are sensitized to reminders of separation and can be highly reactive to cues that may indicate their parent's potential departure, such as coming home late from work. In addition, children often report ongoing worries about their parent's safety and possible death—both of the military and civilian parent.

Depression and disruptive behaviors in children increased the longer their parent was deployed.

Stress reverberates throughout families. Consistent with a long literature in the field of child development demonstrating a strong relationship between parental psychological distress and child emotional reactions, the UCLA study supports such findings in military families affected by wartime deployments. Many questions still need to be addressed through further research to understand the impact of parents' wartime deployments on their child's development over time. Further studies are needed to guide policymakers and program developers on the specific needs of military children and families affected by wartime deployments. These types of studies will be especially important as more service men and women are deployed multiple times and spend greater periods of time apart from their children, potentially during key times of development. Determining the relationship between specific childhood behaviors and the deployment of a parent is important and can help shape interventions to support military families and reduce family distress.

From a public mental health perspective, these findings provide guidance regarding the potential role of family-centered screening and interventions for veterans and their families. With more than a million children affected by a parent's wartime deployment since 2001, this is certainly an important issue not just for the military, but also for the national community as a whole.

Supporting Military Families: Tips for Advocates

There is much advocates can do to help military families who have a child living with a mental health condition access and receive mental health services and supports. Here are just a few action steps advocates can take:

- Help bring together the services and supports that exist for military families who have a child living with a mental health condition. These services should include those for civilian, military and National Guard and Reserve families. Create a blueprint that military families can use to navigate the various systems of care.
- Rally around the youngest children. These include those who are not in school yet but visit pediatric offices for well-child appointments. Work with health care providers to help these families feel less isolated.
- Remember to support National Guard and Reserve families. They often do not have a support community in place to help them cope with deployments and separations. Contact state-based National Guard Centers by visiting **www.ng.mil** (click "Resources").
- Advocate for legislation that helps military families access and receive mental health services and supports.
- Bring the military family perspective to any discussions about the mental health needs of children.
- Promote the fact that the way military families may feel is often a healthy response to difficult circumstances. Let them know it is okay to feel sad or angry and to seek services to feel better.
- Work with military personnel and leaders to promote education and support programs to ensure mental health is a priority throughout a service member's military career.
- Discover mental health programs that work for military families. Advocate for funding for the programs that work well for these families.

The Long War and the Impact on Military Families

by Colonel Elspeth Cameron Ritchie, USA, Ret., M.D., M.P.H.

The wars in Afghanistan and Iraq have been known by many names, including Operations Enduring Freedom, Iraqi Freedom, the Long War, Continuous Overseas Contingency Operations, etc. For this article, the term "the Long War" is used because that is how it feels for most military families. Since I am recently retired from the Army, the Army is my reference point. However, the issues in this article apply to all service members. This brief article covers the stresses of war for soldiers and their families, the evolution of programs to try and mitigate the effects of the prolonged conflict as well as the way ahead for military families.

The Long War began a decade ago for many service members and their families. Some senior soldiers were serving before that pivotal date while others have joined since. All of their lives were dramatically changed by the 2001 attacks in New York, Pennsylvania and the heart of the Department of Defense—the Pentagon.

There are many psychological effects of war that have been well documented over the last hundred years. Posttraumatic stress disorder (PTSD) has received much attention. Although not defined until after the end of the Vietnam War, we can now find examples throughout history. The symptoms of this disorder include intrusive thoughts, numbness and disconnected feelings, hyper-vigilance and impairment in social and occupational functioning. Feelings of isolation and difficulty reconnecting with family and former friends are often the most difficult issues for loved ones of service members living with PTSD.

Traumatic brain injury (TBI) is another major concern. TBI can present with many symptoms, some similar to PTSD, including irritability, impulsiveness and personality changes.

Elspeth Cameron Ritchie, M.D., M.P.H.

In the early years of conflicts, unanticipated and extended deployments were extremely taxing for military families. The support systems that were in place were barely adequate for active duty—and not helpful at all for most National Guard and Reserve soldiers. Incidents such as the murder/suicides at Fort Bragg, N.C. have highlighted the perils of rapid return from the battlefields in Afghanistan to civilian life.

Many soldiers are reluctant to engage in care for numerous reasons, including concerns about the effect it may have on their careers.

In response to this and other events, trainings were put into place to prepare soldiers for redeployment. One of the earlier trainings, Battlemind, was designed to help re-integrate service members and families. It recently evolved into Resilience Training (www.resilience.army.mil), which provides behavioral health training and information to soldiers, families and health care providers. Another tool is the Comprehensive Soldier Fitness program (www.army.mil/csf). It focuses on enhancing resiliency of soldiers and their family members.

Many soldiers are reluctant to engage in care for numerous reasons, including concerns about the effect it may have on their careers. Often, their families are the ones who try to get them to seek treatment. To try to reach all service members, new systems of evaluation and care have been added to the behavioral health services and supports returning solders receive. The Post Deployment Health Assessment (PDHA), which screens soldiers returning home, was implemented after the first Gulf War. However, soldiers often did not admit to symptoms since they just wanted to get home as fast as possible.

Beginning in 2005, the PDHA was joined by the Post Deployment Health Re-Assessment, which is done at three to six months after return from combat. It is designed to connect with service members after "the honeymoon is over" and they have begun to confront the stresses of civilian life.

The investigations at Fort Bragg and other installations revealed continuing problems with access to care as well as the reluctance of career-minded soldiers to seek treatment. As a result, the Army has dramatically increased their number of mental health providers, which increased about 70 percent between 2007 and 2010. Stigma, however, is a persistent problem.

A tremendous amount of money has been poured into family programs. For example, Family Readiness Groups (FRGs) have been greatly enhanced with paid FRG assistants. FRGs provide mutual support and assistance to soldiers and their families to increase their resiliency and enhance the flow of information and resources to help families adjust to military deployments. Whether these programs reach the most vulnerable families is still an open question. The young mother with small children who lives off-post with limited transportation may not be able to make FRG meetings. Previously, the National Guard and Reserve had little access to family programs and FRGs. Now there is The Yellow Ribbon Program in most states and virtual FRGs for the National Guard and Reserve. The Yellow Ribbon Program **(www.yellowribbon.mil)** is a Department of Defense effort to help National Guard and Reserve service members and their families connect with local resources before, during and after deployments.

Army-wide programs used to be aimed at the nuclear family (*e.g.*, spouses and children of deployed service members). Parents and siblings of deployed service members often felt left out. As one mother told me, "I wish I had known what to expect when he came home on leave; he was such a pain." Now there are numerous educational resources available for every family member.

There are specialized programs at Walter Reed Army Medical Center in Washington, D.C., and other facilities for the families of the wounded. These programs aim to prepare children for seeing their parent missing a limb or disfigured from a blast. Still, parents and siblings needing support may feel left out.

Another difficult area to address has been supporting families of the deceased. In the past, spouses and children have had to leave their housing on base and consequently, their support system, relatively soon after their loved one's death. Again, this has improved over time, with families having longer access to housing and health care.

www.yellowribbon.mil

Organizations such as the Tragedy Assistance Program for Survivors (**www.taps.org**) have been invaluable in providing support.

The rising suicide rate has also been a major concern for all in the Army. Risk factors for suicide include the high operations tempo, feelings of disconnectedness upon return home, problems at work or home, pain and disability, alcohol and easy access to weapons. The military leadership has consistently made attempts to reduce suicide with numerous trainings for service members that focus on buddy aid and gatekeepers. However, so far these efforts have only been partially successful. The prolonged effects of exposure to violence and death are not easy to change.

New efforts are being made to try to assist soldiers and their families in addressing these issues. The Defense Centers of Excellence (**www.dcoe.health.mil**) is focusing on best practices and stigma reduction regarding psychological health and TBI. Other efforts include the Comprehensive Behavioral Health Campaign Plan, the U.S. Department of Veterans Affairs Integrated Mental Health Plan and the National Intrepid Center of Excellence (**www.fallenheroesfund.org**).

An ongoing concern is the long-term effects of the Long War for the next twenty, thirty or fifty years. After Vietnam, too many veterans ended up on the streets unemployed, homeless and addicted to substances. We hope that the interventions described above will result in better outcomes for service members and their families. However, this will require a concerted effort by all on the homefront, including the U.S. Department of Veterans Affairs, state and federal agencies, churches, schools and communities.

NAMI Releases Family Guide on Adolescent Depression

NAMI has published an updated and expanded edition of *What Families Need to Know about Adolescent Depression,* a guide designed to provide families with guidance on getting an accurate diagnosis for their adolescent and on understanding the various treatment options that have been shown to be effective for adolescent depression.

The guide provides critical information about the common symptoms of adolescent depression, talking with adolescents about depression, self-harm, treatment options, suicide prevention, current research, advocacy and much more. The family guide was originally published in 2005 and soon sold out. NAMI is thrilled to be able to offer this valuable resource to families once again.

The family guide is available for download at **www.nami.org/adolescentdepression.**

Single and multiple copies can be ordered online from the NAMI Store at **www.nami.org/store.**

Finding Strength Through Community

by Anita Herron

"I am an Army wife—I can do anything." At least that is what the little placard hanging off of the door to my computer room says. Given to me by my brother-in-law nearly 10 years ago, the sentiment on that three-by-five-inch knick-knack was certainly put to the test when my husband deployed to Afghanistan for a year in September 2009.

When he stepped onto that airplane headed halfway around the world, I was left in North Carolina with a grieving 6-year old daughter convinced her father was never coming home, a 14-year-old son in therapeutic foster care about an hour from our home and an 18-year-old son and his pregnant 18-year-old girlfriend living in our home.

For some reason once her father stepped on that plane she was sure she would never see him again.

After the trials and tribulations of seeking mental health care for my youngest son (the one now living in a therapeutic foster home), I was hopeful—if not completely confident—that I would be up to the challenges this separation would bring. After all, a year is not that long when you are looking at a lifetime. Together, we had weathered a great deal and I had learned so much during the past 10 years as our youngest son's mental health deteriorated. While searching for something that could save him from the chemical imbalances in his brain that seemed to torment him and place so much stress on my family, surely I had also found ways to cope with the absence of my husband. Surely, I must be prepared to carry the load for the 12 short months he was required to spend in Afghanistan.

But, in fact, the absence of my best friend, my strongest supporter and my children's father and—buried so deep I could not even begin to let it surface—the idea that he might never return, combined with the continual challenges of having a child living with mental health issues was too much to prepare for. Although 12 months may not seem like a long time when talking about a lifetime together, day by day it can seem like forever.

I did discover that the things that had helped me and my family survive one set of challenges—having a child living with a mental health condition in a society that still chooses (for the most part) to look the other way—were the same things that I could rely on to help me and my family survive my husband's deployment. I could still rely on the support groups I had found through NAMI. I could still rely on the church and the wonderful people who breathed life into our faith (and sometimes life into me) and I could still rely on God to see me through difficult times.

Despite being in counseling and preparing for her father's deployment, our youngest child was convinced that once he left he would never return. For some reason once her father stepped on that plane she was sure she would never see him again. Perhaps she felt this way because she had lost her best friend (her brother) to a mental health condition two years before when he finally committed a crime and was able to be placed in a mental health facility for treatment.

The military has made great strides in allowing deployed soldiers the opportunity to communicate with their family members back home, but as far as my daughter was concerned, these attempts at communicating with her father seemed to do more harm than good. It was as if she was just being reminded of how much she missed him and how much she was going to miss him if—or when, in her mind—he never returned. Watching her fall apart was devastating. Listening to her father quietly cry as I told him over satellite telephone lines stretching halfway around the globe that our daughter had been diagnosed with depression and might be living with bipolar disorder was almost as difficult. The previous 10 years of searching for help for our son had left deep scars on all of us.

Even success was hard to enjoy. Even though our youngest son was rebuilding his life and actually finding a way to thrive in the therapeutic foster home, the monthly team meetings, the continued need to advocate on his behalf and simply making time to visit him and remain a part of his life was exhausting. It was ironic, given how hard we had tried to get to this point in his recovery, that when our hopes for him began to be realized, I could hardly enjoy it.

Shouldering all of this alone would have been impossible. In fact, I nearly did lose myself even while using all of the resources I had come to rely on over the previous 10 years. About a third of the way through my husband's deployment, I was diagnosed with situational depression and given medication to help balance the chemicals in my brain—chemicals that had become imbalanced as a result of constant stress.

Medication alone would not have seen me through my husband's deployment or allowed me to fulfill all of the roles and responsibilities inherent to being a suddenly single parent caring for children living with mental health conditions. Relying solely on my faith community through my church would not have been enough either. Relying on the few true friends who had not distanced themselves from me as my husband and I tried to help my son deal with his mental health condition would have been inadequate as well.

Additionally, as helpful and essential as the support groups I attended through NAMI were, had they been the sole resource available, I do not believe they would have been enough either.

What was enough was no one thing. It was everything, together.

I had learned this before through the NAMI support groups and classes I had been fortunate enough to find and cling to before my husband deployed. These support groups allowed me to meet others who had faced similar challenges, who could relate to our situation and who could offer me alternatives, assistance and insight on how to reach the seemingly hidden resources available to those facing mental health issues like we faced and continue to face.

In looking back on this year, I have a new perspective based on that three-by-five-inch placard and what it really means:

I am an Army wife—I can do anything.
With the help of God.
With the help of my friends.
And with the help of NAMI.

Everybody Is a Somebody

by Lisiane Valentine

"Everybody is a somebody and nobody is a nobody," is a powerful phrase engrained in my mind from a beautiful sermon my pastor once gave. I remember more than 10 years ago a senior ranking military doctor telling me that my son suffered from a mental health condition and that I should get rid of him because he would be bad for my military career. Who in society gives anyone the right to judge those battling with mental health conditions and to make the determination that they are nobodies and do not matter? Truth of the matter is my beautiful boy was not bad for my career. Instead, he gave me many gifts and is forever a treasure in my life. In fact, I believe my experiences with my son made me a better military officer, leader, mother, wife and friend.

Overcoming the stigma of living with a mental health condition or having a loved one with a diagnosis is a tough journey—whether or not you are in the military. You will always have people who judge you because of their fear and lack of understanding of mental health conditions. In the big scheme of things though, it does not matter what these negative people think. The people who truly matter will love you anyway. Sometimes people are so focused on the one "negative" about someone that they fail to see the good. As a parent of a child living with a mental health condition, I got caught up in trying to hide the fact that my son, Justin, was different and did not always fit into society's box. My goal

Justin Valentine

was to maintain a perfect family façade. I have to admit that at times I got so wrapped around achieving a "zero defect mentality" that is so engrained in my military mind, that I lost sight of what truly mattered.

My belief is that mental health conditions need to be redefined. When many think of mental illness, they envision the old asylums and the abuses that used to occur to people living with mental health conditions. However, how we treat mental health conditions now is different than in the past. Today, many children and adults successfully live with mental health conditions. I believe we can redefine what mental illness is through education. Mental illness is a dysfunction of the brain—no different than heart disease or liver disease. However, because it involves the brain, mental health conditions are difficult for many to understand. Some people still think that overcoming mental illness is a matter of choice or willpower. Not having a mental health condition myself, it was hard for me to comprehend it in my son. I am guilty of not acknowledging my son's feelings because of my lack of understanding of his condition. I would tell him that he was actively making bad choices while he would tell me he was trying and wanted to be good. Truth of the matter is, he was trying hard and he was amazing.

Just like with other physical conditions, medication and/or various therapies may be needed to treat mental health conditions. If you have a child living with a mental health condition, it is important to gather as many tools for your "rucksack" as possible. Some tools will work and some tools will not. For example, some medications may work for your child while others may not. Battling mental illness as a parent meant that I had to be persistent. I had to collaborate with service providers and coordinate with my community and the schools my son attended for resources.

A great resource in the military is the Exceptional Family Member Program (EFMP). Military family members living with disabilities are enrolled in this program so they can receive the services and supports they need. For the Army, the local Army Community Services has events and resources (*e.g.*, respite care, summer camps available for children living with mental illness and much more) available to families. I am still learning today about available services that I had no idea existed. I am sure others

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fail to access services that might be available simply because they are unaware they exist.

Overcoming mental illness can be a tough battle. Some people lose their lives to mental illness while others are able to manage their illness and become successful. There are so many stories of families battling mental illness, and, amazingly enough, many of us have the same story. There is so much we can learn from each other if we were more open instead of trying to hide the truth because of the stigma that society places on this complicated journey.

Support groups for family members can make a huge difference. I am glad to see the military moving forward in improving mental health care for its personnel and their families. My advice to those who live with or have a loved one who lives with a mental health condition is to seek information through various avenues. Most importantly, do not let anyone take your hope away. If at first you do not succeed, keep trying, and never give up hope.

Our son lost his battle to mental illness. We will never know all the circumstances surrounding Justin's death but our faith carries us through each day. We donated his brain to science and it is being used for about seventeen different studies. We hope that through these studies, a cure for mental illness can be found and that another family does not have to suffer the horrible pain of losing a child.

Justin loved doing random acts of kindness. He taught me patience and unconditional love. He had a heart of gold and made a difference. He continues to make a difference even in death. His life mattered. It mattered regardless of how different he was or how complicated some days were. He mattered and impacted our lives in many positive ways. I would trade losing my son for many difficult days of fighting the battle against mental illness. My family and I miss him every day. Through my journey, I have learned that everybody is a somebody, and nobody is a nobody, especially in the eyes of God.

YOUTH VOICE

Military Deployment through the Eyes of a Daughter

by Mariah Ashley Couture, age 16

Having a parent in the military is hard. My dad has been in the military ever since I can remember. It is always difficult moving around and having to make new friends. My dad just recently came back from his second deployment to Afghanistan. There are not only a lot of problems when he is gone but also when he returns home.

As the oldest child, I have a lot of responsibilities when my father is deployed. His most recent deployment was the hardest. My fourth sibling was born when my dad came home from deployment for R&R (rest and relaxation). Things got really difficult for my family then. My mom was always taking care of the baby. I, on the other hand, had to take responsibility for my other siblings. I had to make sure they did their homework, did their chores and more. When my dad is gone I do not feel safe—my sense of security is gone and I feel unprotected. There are days when I just want to break down and cry or punch something.

It is not all negative though. I have learned that life is not all fun and games. I have learned about responsibility and I have grown up a whole lot. Every day he is gone, I worry a lot about him but my Mom told me he could die from a car accident or something else even if he was here with us. I can imagine that it is hard for my dad too. He is millions of miles away from home so he does not get to see his wife or see his kids grow up. When he calls and we do not want to talk to him he thinks that we do not miss him even though we do. I guess it does not get better, but it does get easier.

There is a lot of joy when my dad returns. We are a whole family again. I feel protected and I am not angry and sad all the time. Just the fact that my dad is home again makes me feel great. But after the first two weeks it gets crazy. Mom and dad start arguing. Dad and I start arguing too. I get so used to being in charge when he is gone that it is hard to let him be in charge and be a dad when he returns. It is frustrating because I am so used to being in control, just like my dad. Since we are so much alike, our personalities clash. Dad is third in command in his unit so when he comes home he is still in soldier/boss mode. It is hard for him to transfer from that mode to daddy mode. He loses his patience easily and sometimes it is hard for us to understand. Things do get better though and everyone gets back to their normal responsibilities eventually.

Deployments are full of ups and downs but when it comes down to it we are still a family and we all love each other. I am extremely proud of my dad and what he does to protect me, my family and our country. I am so glad that he is home safe and sound. I am so blessed to have a man like him to call dad. I do not know what I would do without him.

A social networking site for young adults

join the conversation at

strengthofus.org

Developed by young adults, this user-driven social networking community allows young adults to connect with their peers and share personal stories, creativity and helpful resources by writing and responding to blog entries, engaging in discussion groups, posting status updates on "The Wire" and sharing videos, photos and other news.

Strengthofus.org offers a variety of resources on issues important to young adults, including healthy relationships, family and friends, independent living, campus life, employment, mental health issues and much more.

NAMI
National Alliance on Mental Illness

Deployment Health: The Role of Health Care Providers

by Ruth Perou, Ph.D., child development studies team leader, Division of Human Development and Disability, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention

Health care providers need to be aware that there are military children and families in every community. As a consequence of deployment, these families may be at an increased risk for mental and behavioral health issues.

Deployment is a common occurrence that impacts service members and their families across the nation. These military families are facing a unique set of challenges that may affect their health and well-being, especially their mental and behavioral health. As a result, it is important for health care providers to be familiar with and respectful of military culture. One of the best ways to honor service members is to support what to many is their legacy—their children.

Ruth Perou, Ph.D.

Almost two million children are living in military families. At least 19,000 children have had a parent wounded in action and more than 2,000 children have lost a parent in Iraq or Afghanistan. These numbers do not include the families of other federal and private entities that have been deployed. A large number of these children are at critical ages of development, increasing the potential for deployment stressors to have a great impact. With multiple deployments and frequent moves, the military lifestyle can be a source of psychological stress for children. Additionally, having a parent injured or die is a reality for many children in military families. As a result of these stressors, children of military families can experience emotional and behavioral difficulties, such as sadness, anxiety and anger.

New studies indicate that children in military families experience high rates of mental health trauma and related problems. Studies have shown depression in one in four children and academic problems in one in five children. One in three children with deployed parents seriously worries about what could happen to his or her deployed parent. Deployment can negatively impact peer relationships, parent/child interactions and sleep patterns. School-age children may display irritable behaviors, aggression and regressive behavior patterns. Adolescents may engage in high-risk behaviors, such as drug and alcohol use. Also, a recent study has indicated that adolescents of deployed families have higher heart rates and systolic blood pressure and show more symptoms of depression than their non-military peers.

A substantial portion of military families will be accessing health care and social services from the civilian health care system. Health care providers need to be aware that there are military children and families in every community. As a consequence of deployment, these families may be at an increased risk for mental and behavioral health issues. Deployment of a primary caregiver is a stressful event for children and for the parent who is left behind. A study examining the spouses of deployed soldiers showed high rates of depression, anxiety, sleep disorders and acute stress reaction and adjustment disorder diagnoses. Another study documented higher rates of child neglect and maltreatment during deployment, especially in young families. Additionally, a recent study published in the November 2010 edition of *Pediatrics* showed that children of young, single military parents are less likely to access health care for either acute or well-child visits than children of married service men and women. It also showed that mental and behavioral health visits increased by 11 percent in children when a military parent deployed. Behavioral disorders

http://pediatrics.aappublications.org

increased 19 percent and stress disorders increased 18 percent. To access this study, "Wartime Military Deployment and Increased Pediatric Mental and Behavioral Health Complaints," visit http://pediatrics.aappublications.org.

In order to understand military culture, it is critical for health care providers to know that most military families will rise to the occasion. Resiliency is a very important factor in their ability to cope and deal with deployment. Families who feel ready to deal with deployment and feel connected to and supported by their social network are more likely to adapt to deployment. Family preparedness for deployment is critical to their ability to cope and adjust. A positive mental health status of the at-home parent can lessen the psychological impact and stress of deployment for the child. This is why it is important for health care providers to discuss these issues when seeing military families.

There is a culture within the military of not seeking out mental health services. Thus, a general health visit may be the only opportunity to discuss a service member's and his or her family's deployment-related health issues and any mental health concerns. Health care providers should consider screening children at checkups to see if they are members of a military family, and if so, they should consider screening the non-deployed parent for stressors and functional impairment. Ongoing assessment of mental health before, during and after deployment can build resilience and a family's capacity to deal with the stressors of military life.

There are numerous resources available to clinicians treating veterans, active service members and their families. The U.S. Department of Veterans Affairs, the U.S. Department of Defense Military Health System, the Substance Abuse and Mental Health Services Administration and other organizations all offer training and information for health care providers on deployment-related health issues. Here are some of the resources available:

1. **U.S. Department of Veterans Affairs**
   - Mental Health Homepage
     www.mentalhealth.va.gov
   - National Center for Posttraumatic Stress Disorder (PTSD)
     www.ptsd.va.gov
   - Veterans Centers
     www2.va.gov/directory/guide/vetcenter.asp
2. **U.S. Department of Defense Military Health System Mental Health Homepage**
   www.health.mil/Themes/Mental_Health.aspx
3. **Substance Abuse and Mental Health Services Administration (SAMHSA) Veterans Homepage**
   www.samhsa.gov/vets
4. **Veterans Suicide Prevention Hotline: 1-800-273-TALK** *(Veterans press 1)*
   www.suicidepreventionlifeline.org/Veterans/Default.aspx
5. **The American Academy of Pediatrics (AAP) Military Youth Deployment Support Website**
   www.aap.org/sections/uniformedservices/deployment/index.html
6. **National Military Family Association**
   www.militaryfamily.org
7. **American Psychological Association (APA) Military and Veterans Issues**
   www.apa.org/about/gr/issues/military/index.aspx
8. **American Academy of Child and Adolescent Psychiatry (AACAP) Military Families Resource Center**
   www.aacap.org/cs/MilitaryFamilies.ResourceCenter

Editor's Note: The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

www.ptsd.va.gov

www.health.mil/Themes/Mental_Health.aspx

www.samhsa.gov/vets

www.aap.org/sections/uniformedservices/deployment/index.html

It is for the Children: Services to Meet the Mental Health Needs of Military Children

by Robin Nobling, communications coordinator, NAMI Tennessee

NAMI Basics is something tangible NAMI Clarksville can offer to military families to help them help their children.

"It is the children who need help," states Rev. Jodi McCullah, founder and director of The Lazarus Project. This project, hosted by the Wesley Foundation at the campus of Austin Peay University, was started to help college students returning from war address battle fatigue and combat stress. After a short time it became obvious that the project helped serve and support soldiers and their spouses. However, their children's issues, including acting out, depressive symptoms, anxiety, migraines and self-inflicted injuries, were not being addressed. The university psychologists were not prepared to handle the emotional and behavioral issues of these children. As avenues of support were sought, families in The Lazarus Project found their way to NAMI Clarksville. Clarksville, Tenn. sits outside the gates of Fort Campbell, Ky. and is home to the 101st Airborne. The two organizations, along with local community and military resources, are now working together to provide peer support, education and advocacy to children of military families.

In May 2010, NAMI Tennessee joined Fort Campbell, The Lazarus Project, the Veterans Administration, National Guard and others for a day-long, interactive symposium to address the increase of suicide among soldiers at Fort Campbell. The outcomes that day focused on the perceptions of seeking help within the military culture, the need to screen for posttraumatic stress disorder (PTSD), the coordination, whenever possible, between off-base and on-base providers to provide services for active military personnel, soldiers in transition and their families as well as the development of a single-portal resource directory of services available to veterans, families and service providers both on and off-base. In particular, the symposium emphasized the need for resources for children.

With soldiers experiencing multiple deployments, a seven-year-old child whose parent has served three tours is likely to have spent half of his or her life apart from his or her deployed parent. For children, multiple deployments can lead to a sense of impermanence in parental relations. To cope with separation, children may create an image of their absent parent that may not match up with the parent who arrives back home. The parent left behind is forced to maintain discipline and a sense of family in a quasi-single parent unit. There is also the very real threat of harm coming to the deployed parent or even death. Families are now connected more than ever through Skype, an internet communications tool, and other technology. This can be a good thing, but can also present challenges. For example, Mary Vaughn, NAMI Basics co-leader, knows of children asking their parents, "are both of your arms and both of your legs okay?"

NAMI Basics is an education program for parents and caregivers of children living with mental health conditions. It consists of six classes that provide parents and caregivers with the information and support necessary to take the best care possible of their child, their family and themselves. NAMI Basics is something tangible NAMI Clarksville can offer to military families to help them help their children.

Army officials at Fort Campbell are dedicated to working with families during periods of deployment and

reintegration and child specialists on the installation are doing all they can to keep up with the needs of the children. However, we learned during the NAMI Tennessee symposium that there is a concern among military families of appearing too needy, which may impact their decision to access valuable services and supports. They are afraid of the military seeing problems at home as a distraction to soldiers on active duty. A soldier's life and those of his or her comrades depend on the soldier's ability to focus. Families are sometimes concerned that their soldier's career advancement could be affected if there is a perception that his or her responsibility at home will impact his or her responsibility in the field.

NAMI support groups and classes offer military families a "safe" place to learn about behavioral issues related to the dynamics of the military lifestyle. Especially valuable to families seeking help through NAMI Clarksville is the availability of childcare. NAMI Clarksville is fortunate to have a teacher's assistant from Fort Campbell, who is experienced in working with special needs children, provide childcare services. Parents are at ease with this arrangement, which allows them to focus on the benefits of the classes available to them.

The Lazarus Project is starting a therapy group for children in January. Rev. McCullah will continue to direct families to NAMI Clarksville. "The biggest message we can share is 'you are not alone,'" says Mary, the NAMI Basics co-leader.

To learn more about NAMI Tennessee's efforts with military families, contact Robin Nobling at rnobling@namitn.org. For more information on The Lazarus Project, visit **http://web.mac.com/apsuwesley/The_Lazarus_Project/Welcome.html.**

NAMI support groups and classes offer military families a "safe" place to learn about behavioral issues related to the dynamics of the military lifestyle.

NAMI Basics: Meeting the Needs of Military Families

by Barbara French, executive director, NAMI Central Ozarks

For NAMI state organizations and local affiliates interested in offering NAMI Basics and other NAMI education programs to military families, I would strongly recommend contacting the EFMP manager at the local military installation.

Ever since Teri Brister, Ph.D., NAMI director of programs for young families, came to Missouri to train us on NAMI Basics, we have had one of the most incredible years ever. I have been quite impressed with the impact NAMI Basics has had on NAMI Central Ozarks. NAMI Basics is an education program for parents and caregivers of children and adolescents living with mental health conditions.

Since the founding of our affiliate 12 years ago, NAMI Central Ozarks has expanded to include nine rural counties, including a county with one of the largest military training bases in the United States—Fort Leonard Wood.

Recently, Fort Leonard Wood co-sponsored NAMI Basics, giving military families the opportunity to take the six-week education program. For the last six years, NAMI Central Ozarks has had an agreement with Fort Leonard Wood to provide NAMI education programs and support groups on base authorized by the Exceptional Family Member Program (EFMP). The EFMP is a mandatory enrollment program that works with other military and civilian agencies to provide comprehensive and coordinated community support, housing, educational, medical and personnel services to families with special needs.

We have also taught NAMI Basics twice within the nine-county area around our central office in Rolla, Mo.

In the spring of this year, Ruth Thompson, NAMI Missouri children's director and I taught NAMI Basics in Moberly and Marshall, which are two small towns in Northern Missouri. The Moberly class was extraordinary because it included 22 parents, some of whom were foster parents.

We also had success in Farmington, which is located in the Southeastern part of Missouri. The class included 18 parents and, again, many were foster parents.

As NAMI Missouri became aware of how beneficial the course was for foster parents, Cindi Keele, NAMI Missouri executive director, made an agreement with the Missouri director of social services to give 15 contact hours for each foster parent who completed the course.

Since Fort Leonard Wood has shown so much interest in NAMI Basics, my objective for the program next year is to focus on Pulaski County, which includes Fort Leonard Wood, so that NAMI Basics can reach and support more military families.

For NAMI state organizations and local affiliates interested in offering NAMI Basics and other NAMI education programs to military families, I would strongly recommend contacting the EFMP manager at the local military installation. He or she can help promote and co-host your programs so they reach military families impacted by mental health issues.

To learn more about NAMI Central Ozark's efforts with military families, contact Barbara French at bfrench@fidnet.com.

Military Deployments: Tips for Families on Helping Children Cope

The multiple and frequent deployments characteristic of military life today can have a great impact on children of military families. Deployments, often lasting 12-15 months, can cause a tremendous amount of stress for service members and family members before, during and after deployment. There are three stages to deployment, including pre-deployment, deployment and post-deployment, with each having unique effects on children. Below are some tips for families to help children cope with deployments.

Pre-deployment

Since notice of deployment can come either months in advance or within 24 hours, it is helpful to think about and develop a plan ahead of time. During pre-deployment, children may feel angry, sad, afraid, confused, anxious or proud. Here are some suggestions for helping children cope.

- Talk about the deployment and share as much as possible about where the deployed parent is going and what he or she will be doing there.
- Ease concerns about the safety of the active duty parent, family and home. Most often, children worry about who will protect their house or them once the active duty parent leaves.
- Discuss how to communicate with the deployed parent (by phone, e-mail and letters) and how often communication will occur.

Deployment

It is important to make children feel supported, stable and secure during deployment. Even though a parent is deployed, it is important to maintain consistency and routines. Sometimes, children may be forced to take on more responsibility. They may feel unsafe, anxious and depressed. Here are some tips for helping children feel at ease during deployment.

- Find ways to combat nightmares. Nightmares are not uncommon for children with a deployed parent. Sometimes putting a pair of their deployed parent's shoes under their bed can help children feel protected during the night.
- Take photos and record important events. It is helpful for children to keep a list or calendar of what happens while their deployed parent is away. This can help them remember to share important milestones with their deployed parent.
- Ensure that children do not think it is their fault that their parent was deployed. Sometimes children think they have done something wrong and that is why their parent was deployed.
- Let children know that they are still needed and valued by the deployed parent.

Post-deployment

This can be both a happy and hectic time for children since the return of their parent can fall below their expectations. The reintegration of service members into their family and society can take up to six months or longer.

- Talk about realistic plans and expectations for the deployed parent's return.
- Let children know that things may be different and that they may need to be flexible. For example, sometimes returned service members need time alone and personal space before interacting with their family.
- Involve children in planning for the homecoming and any reunion activities.
- Encourage children to express their feelings and to ask questions of the returned parent. It may take time for the parent/child relationship to be re-established.
- Acknowledge that children may be distant at first to protect themselves. Accept their feelings.

Adapted from The National Association of School Psychologists (2010). Helping Children at Home and School III: Handouts for Families and Educators.

Deployments, often lasting 12-15 months, can cause a tremendous amount of stress for service members and family members before, during and after deployment.

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ADHD

Attention-deficit Hyperactivity Disorder

Resource Center

NAMI's newest web section explores every angle of Attention-deficit Hyperactivity Disorder. Parents and caregivers, as well as school professionals, can get tips for recognizing and managing children who live with ADHD, while adults and transition-age youth can find resources for living with the condition. Videos, a podcast and special sections provide information straight from a team of mental health professionals.

Visit www.nami.org/ADHD

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